

WEBINAR

HNN | HEALTHY
NEWBORN
NETWORK

Stillbirths: Reducing preventable deaths and improving care for every affected family

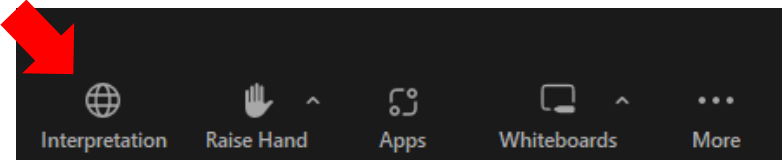
Thursday, 20 Jul 2023

Interprétation simultanée en français

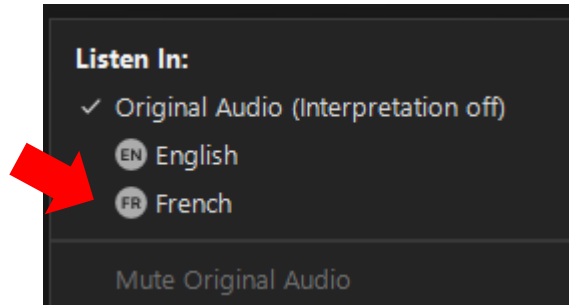


A écouter en français

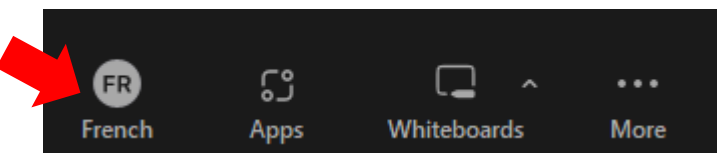
1. Cliquez sur "interprétation" dans votre menu Zoom/ Click "interpretation" in your Zoom menu



2. Sélectionnez pour écouter en français/ Select to listen in French



3. Vous pouvez alors voir sur votre menu Zoom que vous écoutez la chaîne francophone./ You can then see on your Zoom menu that you are listening to the French language channel.



Agenda

Topic	Speaker
Welcome and introductions	Theresa Shaver - Senior Maternal and Newborn Health Advisor, USAID
The situation of stillbirth around the globe	Lucia Hug – Statistics Specialist, Data and Analytics, UNICEF
Introduction to the Stillbirth Advocacy and Implementation Guide	Dr. Paula Quigley – Chair, International Stillbirth Alliance
Raising voices	Claire Storey – Director of Bereavement, Community & Parent Voice, International Stillbirth Alliance
What's next and Q&A	Theresa Shaver - Senior Maternal and Newborn Health Advisor, USAID
Closing	Dr. Hannah Blencowe – Associate Professor, Co-Programme Director MSc Public Health for Development, MARCH Centre, LSHTM

STILLBIRTHS

**Reducing preventable deaths
and improving care for every affected family**



Speakers

Theresa Shaver - Senior Maternal and Newborn Health Advisor, USAID

Lucia Hug – Statistics Specialist, Data and Analytics, UNICEF

Paula Quigley – Chair, International Stillbirth Alliance

Claire Storey – Director of Bereavement, Community & Parent Voice, International Stillbirth Alliance

Dr. Hannah Blencowe – Associate Professor, Co-Programme Director MSc Public Health for Development, MARCH Centre, LSHTM

Definitions

Stillbirth: A baby born following a fetal death (22 weeks) or more of gestation

Early gestation stillbirth: A stillbirth at (22 to 27 weeks)

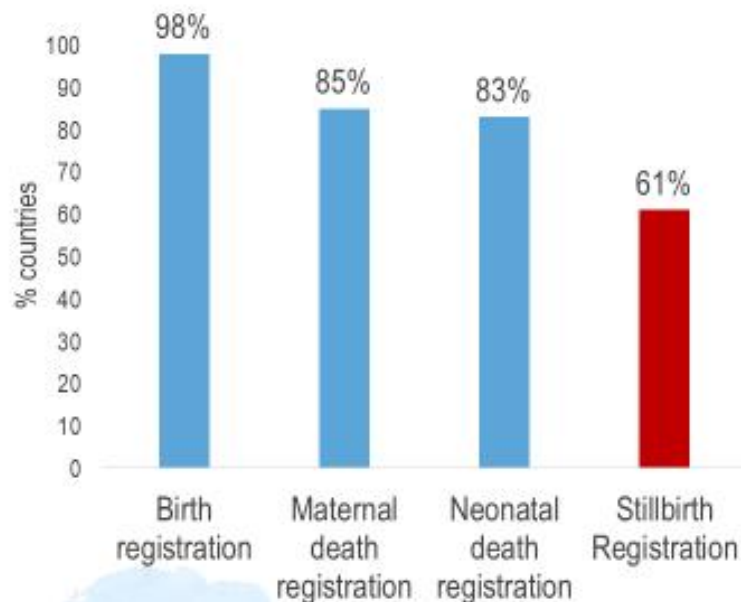
Late-gestation stillbirth: A stillbirth at (greater than 28 weeks)

Intrapartum stillbirth: A stillbirth following intrapartum fetal death

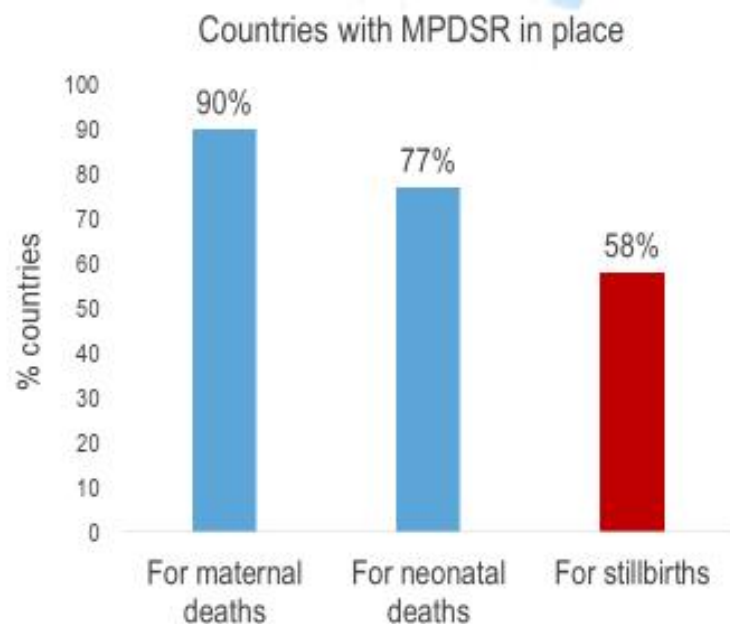
Preventing and Addressing **STILLBIRTHS** Along the Continuum of Care: A Global Advocacy and Implementation Guide



Focus on stillbirths missing at all levels



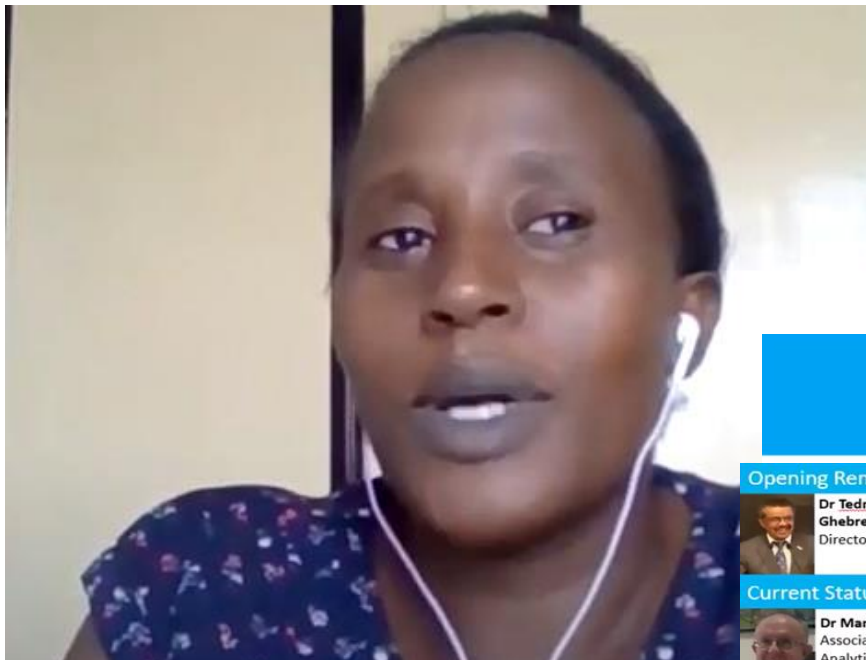
Countries with policy for birth/death registration



MPDSR by each component

Parents as experts, Parents as allies

Parents are the experts. Give them a local or national platform to call for change.
<https://www.youtube.com/watch?v=kedm54zBVXc>



Ending preventable stillbirths A renewed call for collective action

21 October 2020, 8-10 a.m. EDT

Christine, stillbirth mom from Kenya:

- It's alarming... almost 2 million babies are lost every year
- We need to **create awareness** ...
- We need to **empower these mums**

Opening Remarks	
 Dr Tedros Adhanom Ghebreyesus Director General, WHO	 Dr Osagie Ehanire Minister of Health, Nigeria
Current Status and The Way Forward	
 Dr Mark Hereward Associate Director, Data & Analytics, UNICEF	 Dr Anshu Banerjee Director, Department of MNCAH and Ageing, WHO
Experiences of Bereaved Parents and Midwives	
 Mrs Akindoyin Oyeleke Parent, Nigeria	 Ms Christine Wangechi Parent, Kenya
 Hilma Shikwambi Chairperson IMANA, Namibia	 Ms. Diana Jepkosgei Lead Psychologist and
 Mrs Istiyani Purbaabsari Registered Midwife	

Perspective of Country Representatives	
 Dr Ghutai Sadeq Yaqubi Acting Director, RMNCAH, Ministry of Public Health, Islamic Republic of Afghanistan	 Dr Bhim Singh Tinkari Director, FWD, Ministry of Health and Population, Nepal
 Dr Katie Allen Member of Australian Parliament	 Dr Salma Ibrahim Anas-Kolo Director, Family Health Department, Federal Ministry of Health, Nigeria
Engagement of Partners	
 Dr Amy Pollack Director of MNCH, The Bill & Melinda Gates Foundation	 Mr Darren Welch Director for Policy, Foreign, Commonwealth and Development Office, UK
Critical Actions	Closing Remarks
 Dr Luwei Pearson Acting Associate Director and Chief of Health Programme, UNICEF	 Henrietta Fore Executive Director, UNICEF



Thank you

The situation of stillbirth around the globe



 IGME

unicef 

 World Health Organization

 WORLD BANK GROUP

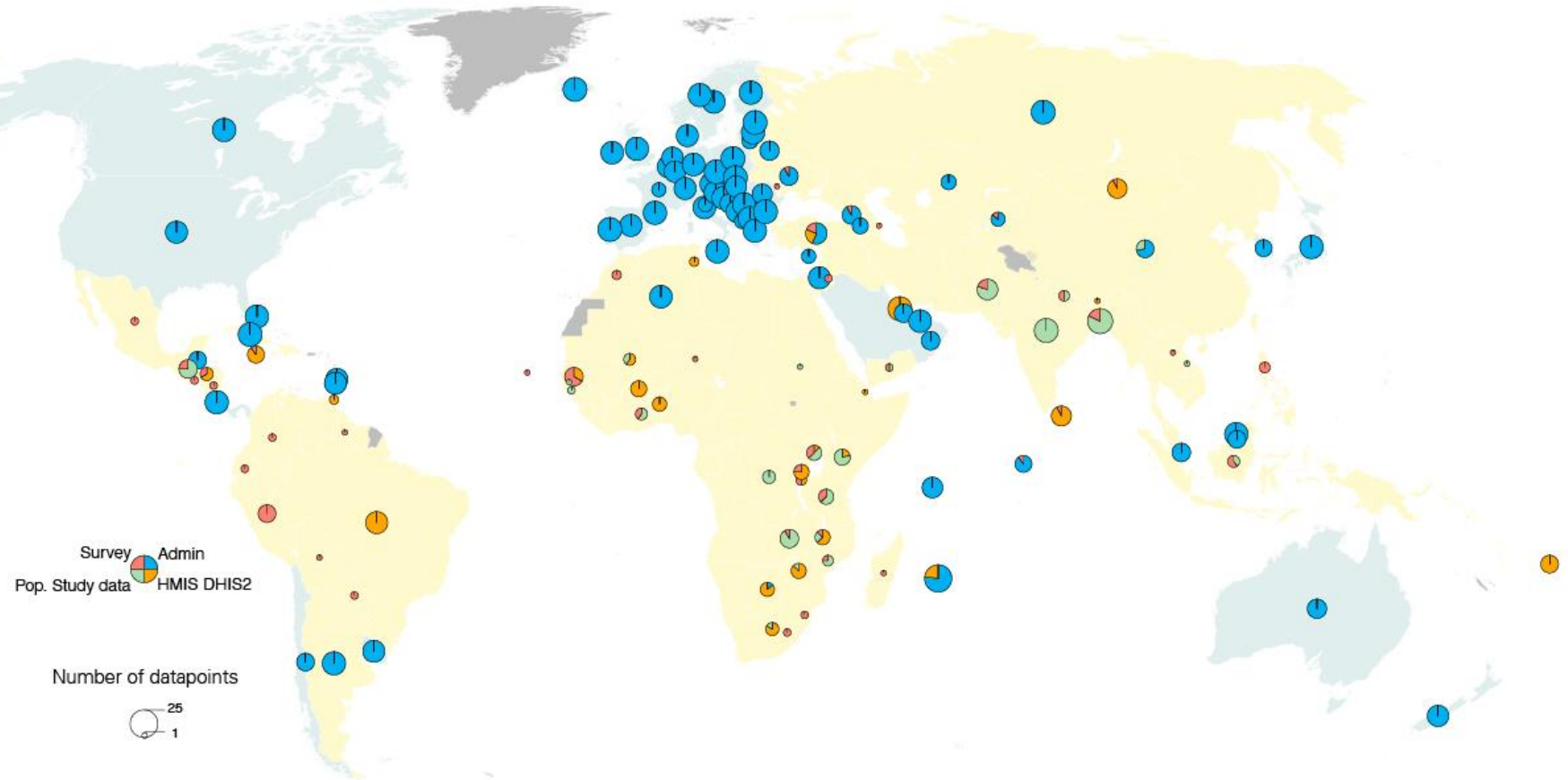
 United Nations

Substantial data gaps

60 countries have no stillbirth data or quality data available

Almost half (40%) of countries in sub-Saharan Africa have no stillbirth data or quality data available

Lack of data at subnational level obscures marginalized populations



Note: Map does not reflect a position by UN IGME agencies on the legal status of any country or territory or the delimitation of any frontiers.

Enormous loss

1 in **72** births is a **stillbirth**

Every

minute nearly **4**

hour over **200**

day over **5,000**

year nearly **1.9 million**

babies are stillborn

Unnecessary
Unseen
Unrecognized
Uncounted
Unprioritized
Underfinanced

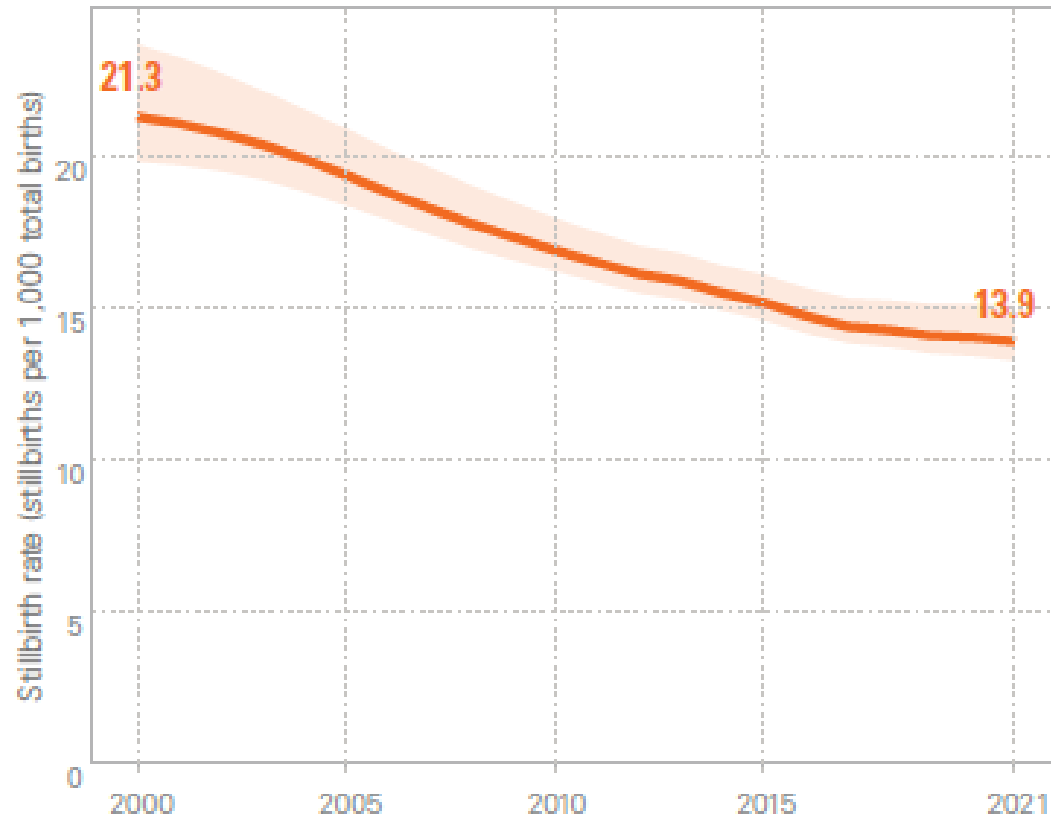
Taboo
Stigma
Misconception

Trends

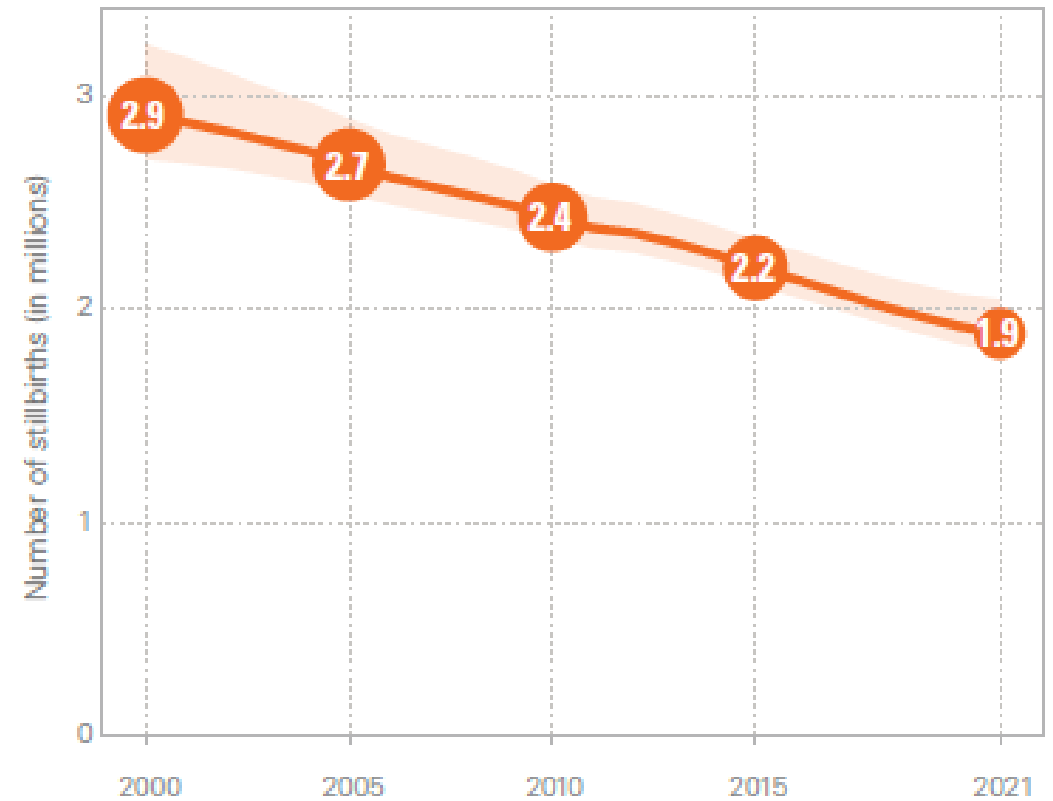
Globally, nearly 2 million babies are stillborn

Global stillbirth rate and number of stillbirths, 2000-2021

a) Stillbirth rate



b) Number of stillbirths

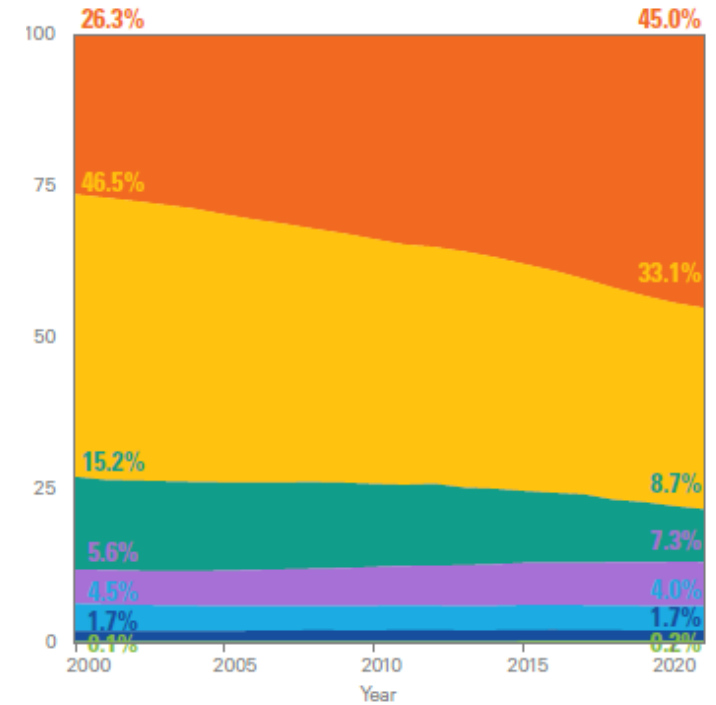
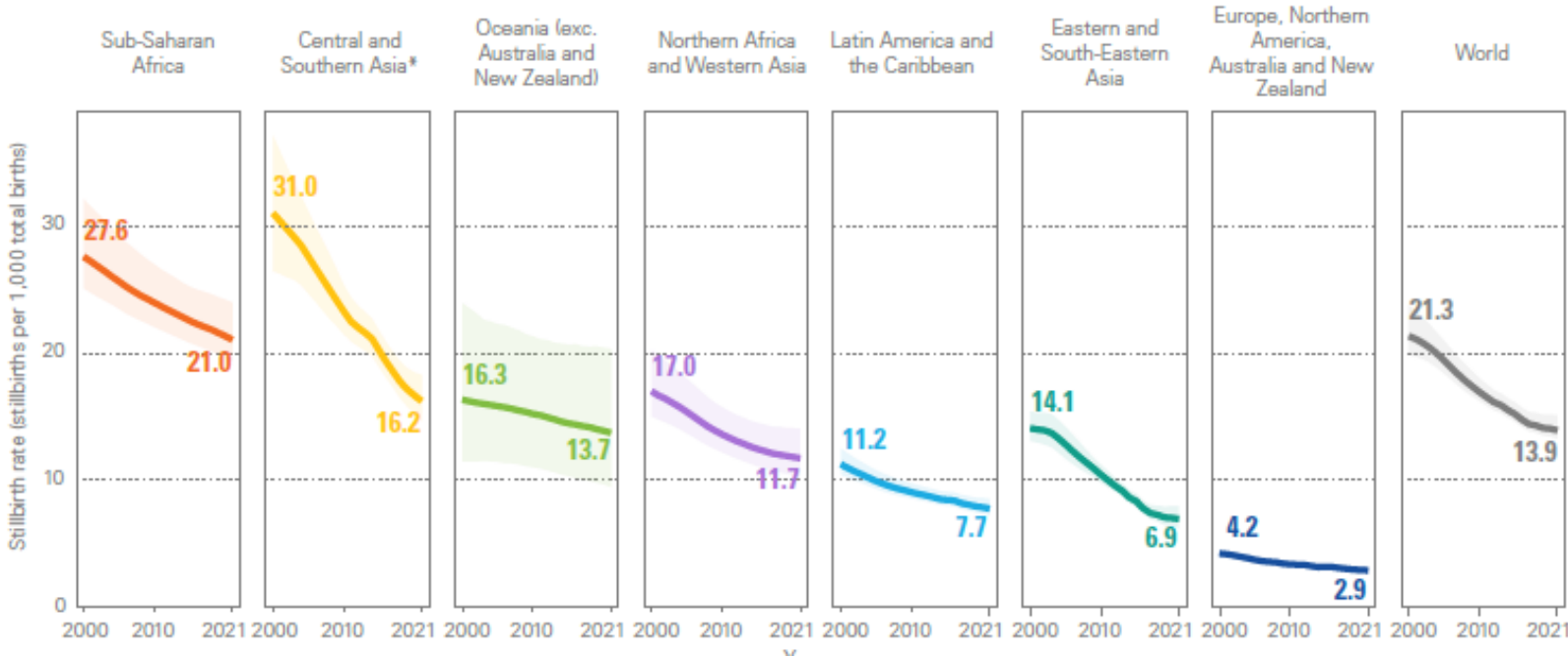


Burden

The share of stillbirths is growing in sub-Saharan Africa

Stillbirth rates, 2000-2021

Number of stillbirths and regional share, 2000-2021

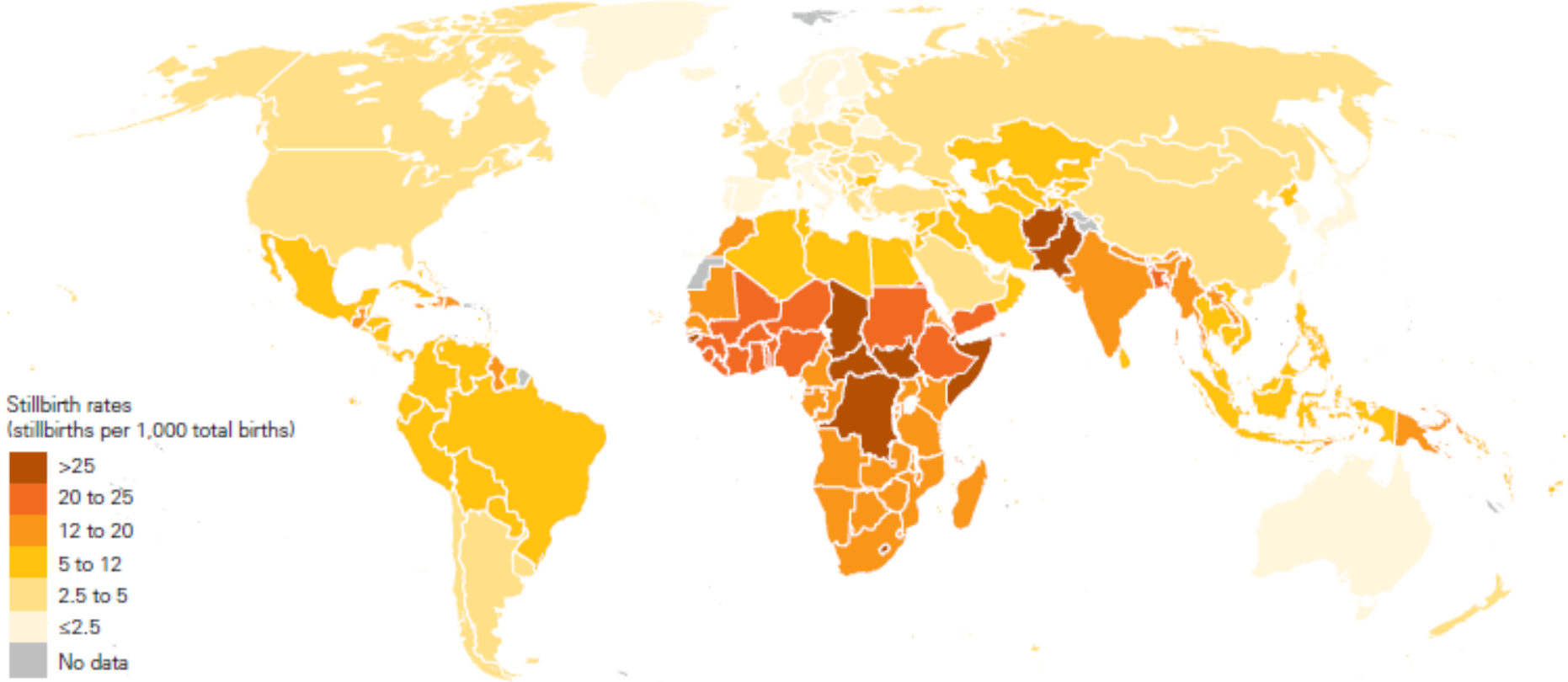


Source: United Nations Inter-agency Group for Child Mortality Estimation 2020 (UN IGME 2020).

Large disparities

Stillbirth rate by country, 2021

A **20-fold difference** in the stillbirth rates across countries

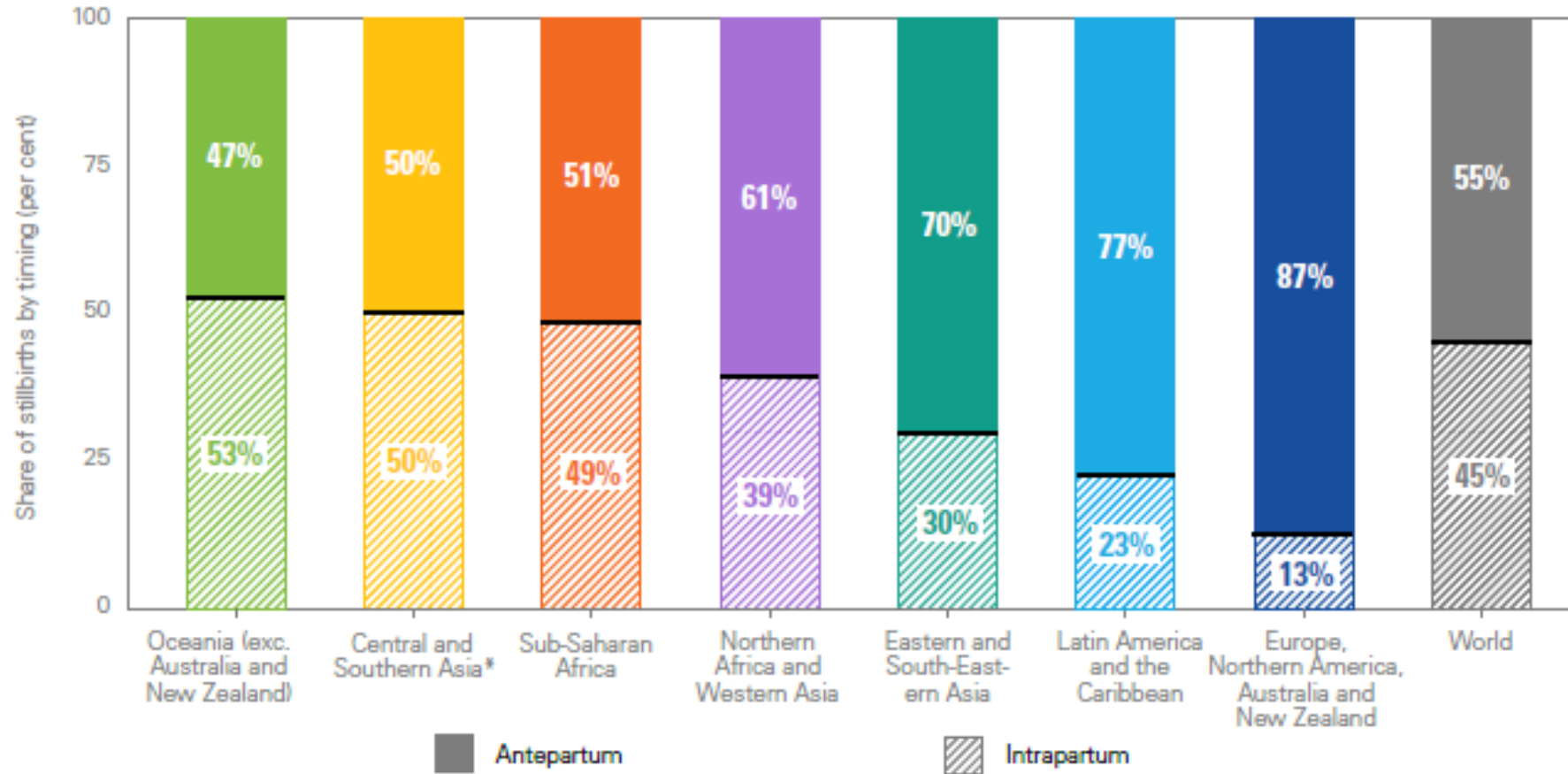


Note: Map does not reflect a position by UN IGME agencies on the legal status of any country or territory or the delimitation of any frontiers.

Timing

Almost half of stillbirths occur during labour

Proportion of intrapartum and antepartum stillbirths in 2021 (%)



Source: United Nations Inter-agency Group for Child Mortality Estimation 2023 (UN IGME 2023).

Slow progress

Progress is slower than in child mortality



Annual rate of reduction (ARR) in stillbirth rate, 2000–2021
2.0%



ARR in under-five mortality rate, 2000–2021
3.3%

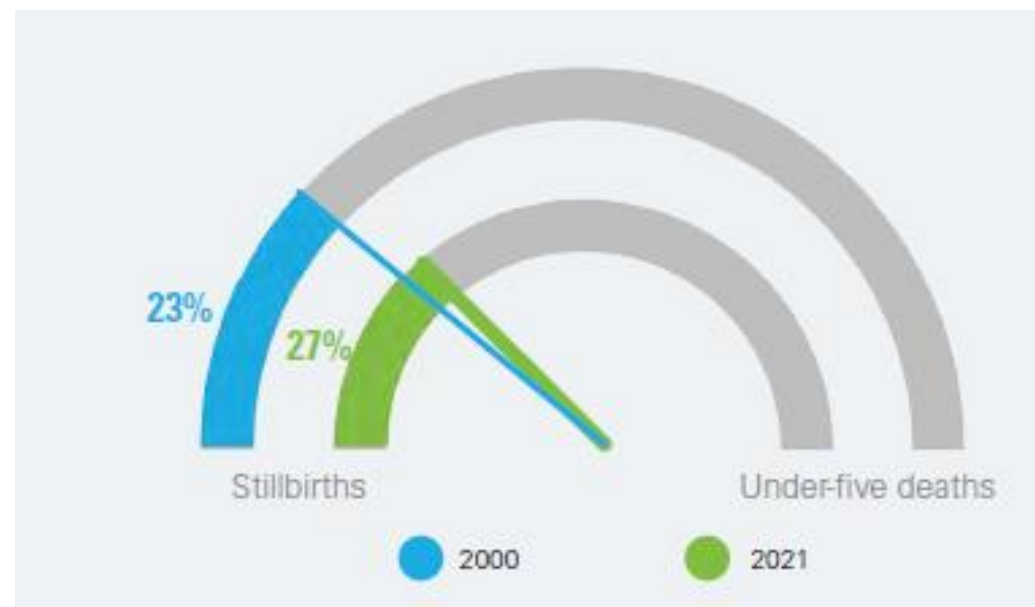


ARR in stillbirth rate

2000–2010	2011–2021
2.3%	1.7%

Stillbirths are an increasingly important global public health problem

Share of stillbirths out of total stillbirths and under-five deaths (%)



Urgent action

We must do better and faster



16 million babies are projected to be stillborn in the next decade, if trends observed between 2000 and 2021 in reducing the stillbirth rate continue



56 countries are at risk to miss the ENAP target of 12 or fewer stillbirths per 1,000 total births by 2030

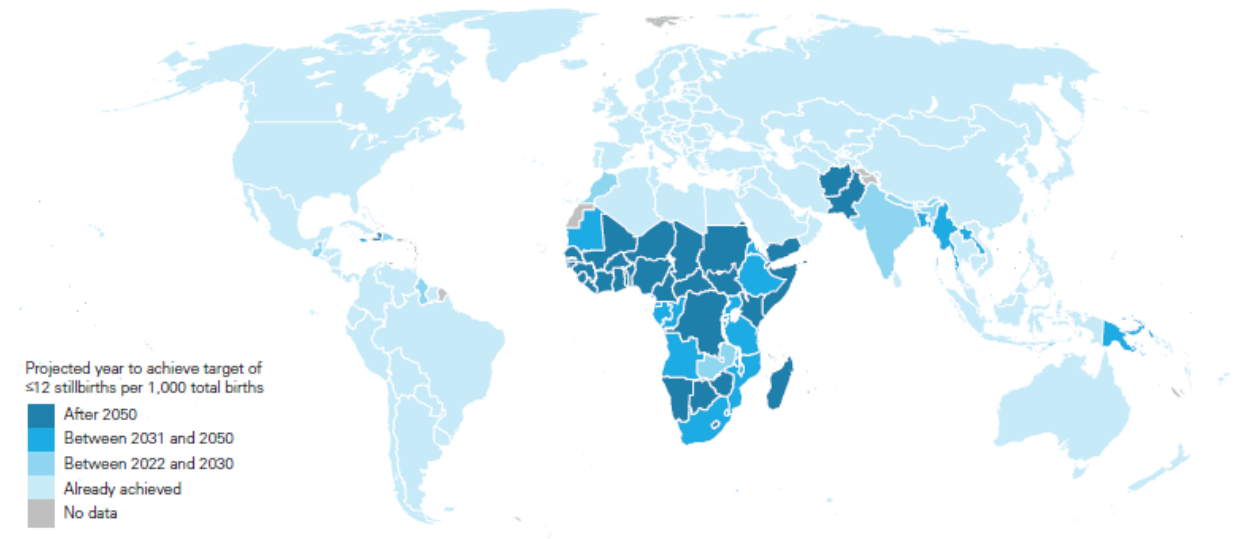


35 countries will only meet the ENAP stillbirth target after 2050



46 countries need to more than double their progress in reducing stillbirths in order to achieve the ENAP target

Projected year to achieve the 2030 stillbirth target

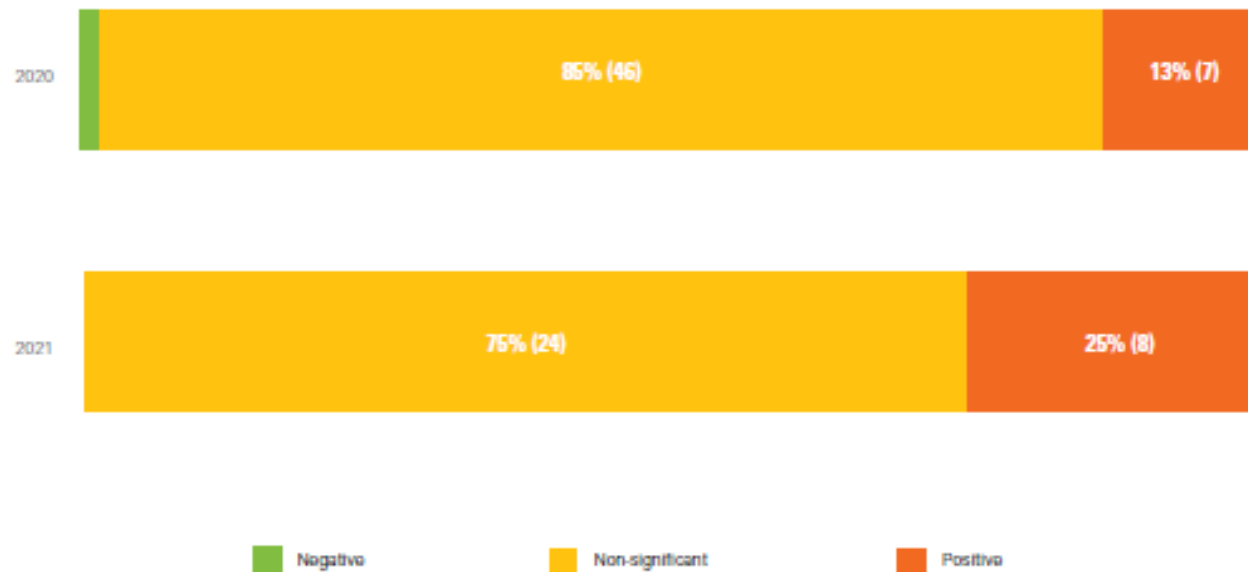


Note: Map does not reflect a position by UN IGME agencies on the legal status of any country or territory or the delimitation of any frontiers.

COVID-19 pandemic threatened additional lives

A majority of countries have not shown deviation from expected number of stillbirths

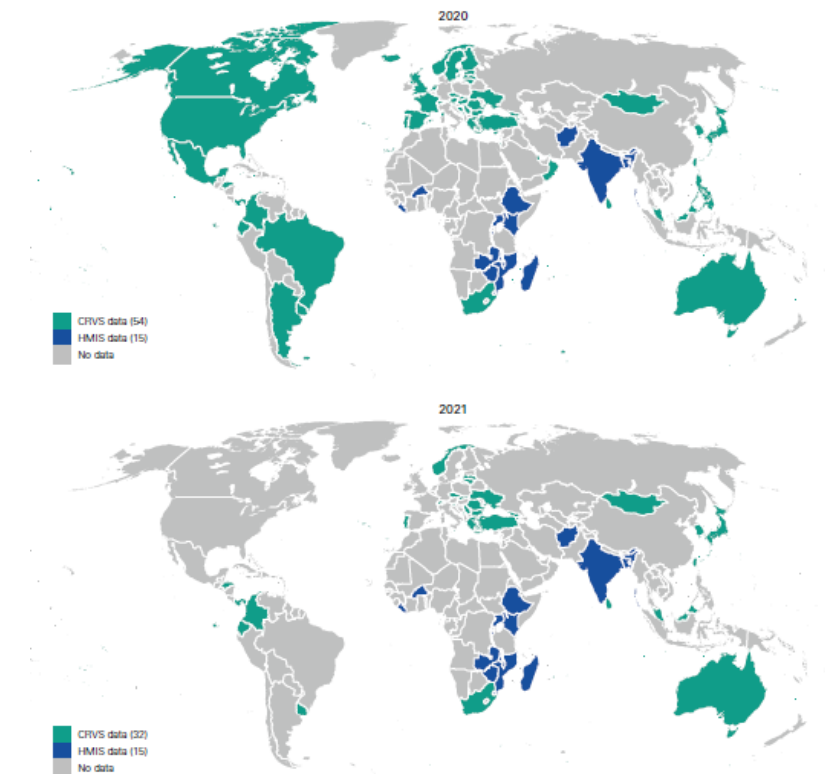
Proportion of countries with significant excess stillbirths in CRVS data for 2020 and 2021



The effects of COVID-19 on pregnancy and childbirth are not yet fully understood

A decrease in prenatal care visits and strained health care infrastructure could have further increase stillbirth risks

Stillbirth data availability for the years 2020 and 2021 in HMIS and registration



Progress is possible and data gaps can be closed



Using the health system to strengthen the **data collection** on stillbirths



Standardize stillbirth definition and measures to align with **international standards**



With sound policy, investment and programs, 21 countries – including 7 low- and lower-middle income countries– cut their stillbirth rate by more than half (2000-2021)



Over 40% of stillbirths occur after the onset of labour

More information available at:

UN IGME stillbirth report

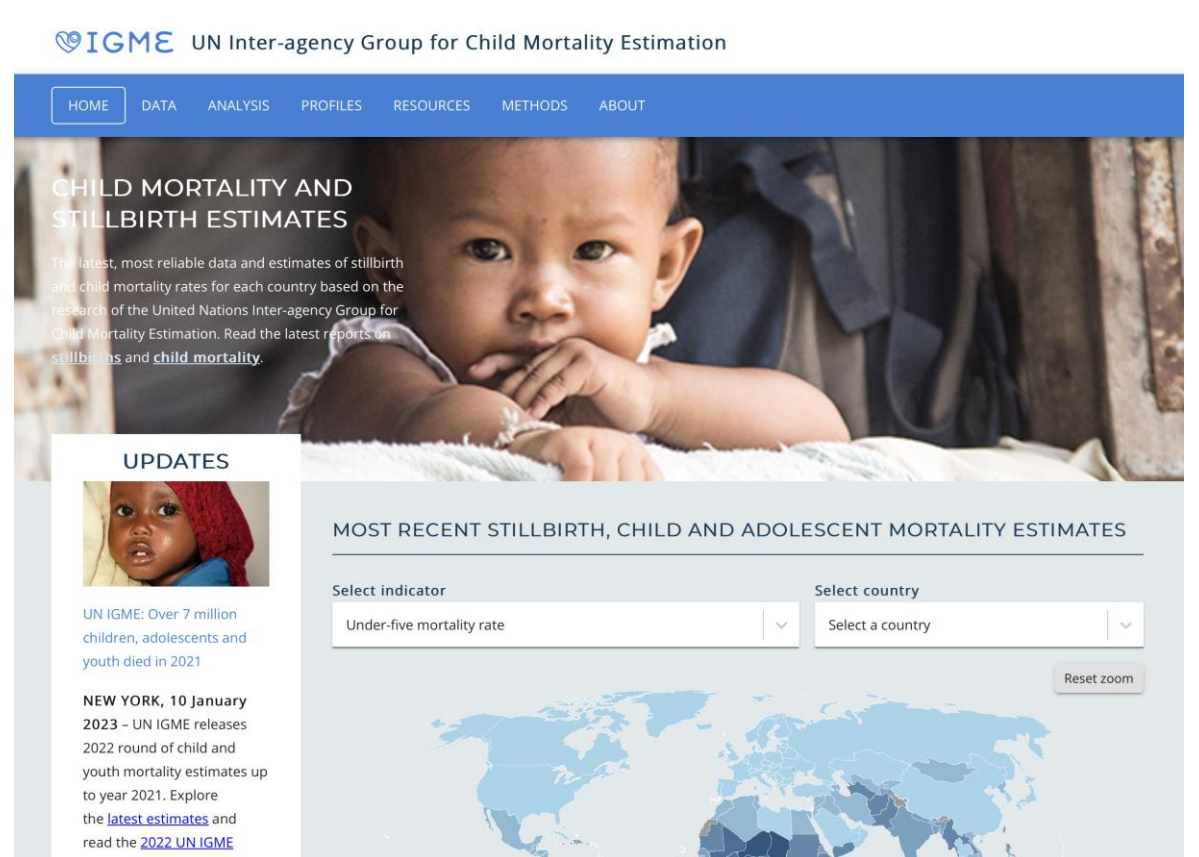


Never Forgotten
The situation of stillbirth around the globe

Report of the United Nations Inter-agency Group for Child Mortality Estimation, 2022

IGME | unicef | World Health Organization | WORLD BANK GROUP | United Nations

UN IGME data portal – www.childmortality.org




IGME UN Inter-agency Group for Child Mortality Estimation

HOME DATA ANALYSIS PROFILES RESOURCES METHODS ABOUT

CHILD MORTALITY AND STILLBIRTH ESTIMATES

The latest, most reliable data and estimates of stillbirth and child mortality rates for each country based on the research of the United Nations Inter-agency Group for Child Mortality Estimation. Read the latest reports on [stillbirths](#) and [child mortality](#).

UPDATES



UN IGME: Over 7 million children, adolescents and youth died in 2021


NEW YORK, 10 January 2023 – UN IGME releases 2022 round of child and youth mortality estimates up to year 2021. Explore the [latest estimates](#) and read the [2022 UN IGME](#)

MOST RECENT STILLBIRTH, CHILD AND ADOLESCENT MORTALITY ESTIMATES

Select indicator: Under-five mortality rate

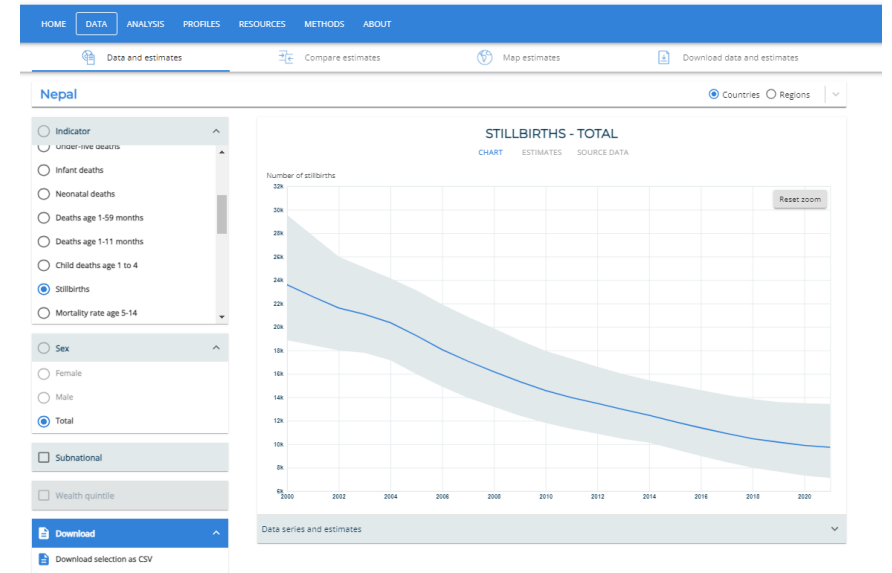
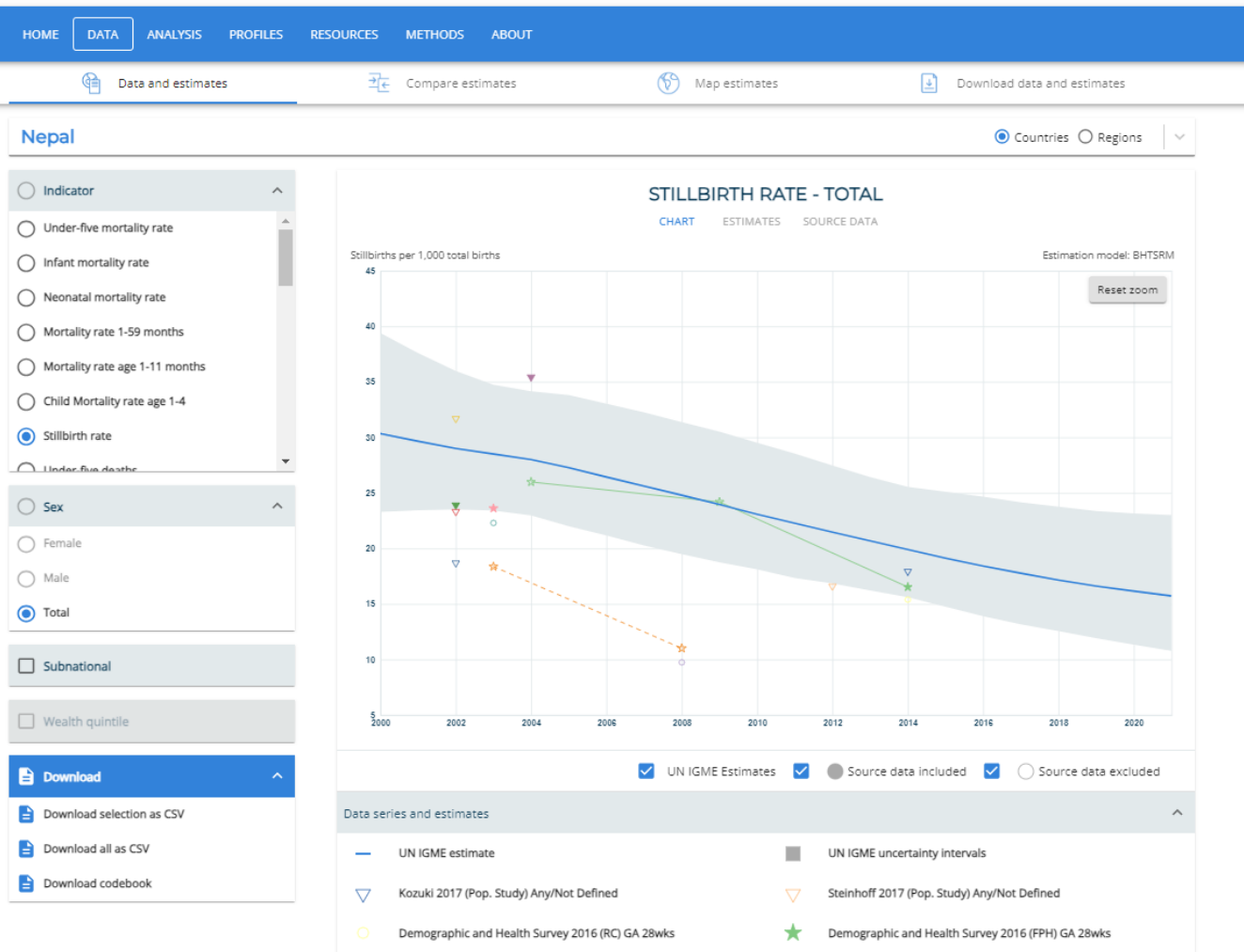
Select country: Select a country

Reset zoom

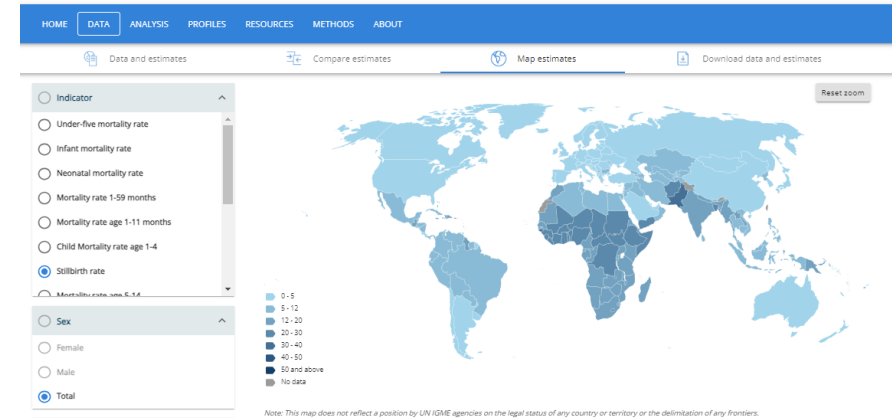


Stillbirth estimates and source data on UN IGME data portal – to disseminate evidence and transparency

IGME UN Inter-agency Group for Child Mortality Estimation



IGME UN Inter-agency Group for Child Mortality Estimation



Country, regional and global Stillbirth Profiles on UN IGME data portal – to bridge data and estimates with programmatic and advocacy efforts and

IGME UN Inter-agency Group for Child Mortality Estimation

HOME DATA ANALYSIS **PROFILE** RESOURCES METHODS ABOUT


Stillbirth Country Profile Stillbirth Region and World Profile

Unless otherwise indicated, data sources are the latest UN IGME estimates

Download data

West and Central Africa

Select a reference year 2019



BURDEN AND LOSS PROGRESS THE FUTURE WE WANT SOURCE DATA AVAILABILITY HEALTH SERVICES

Demographic data

Number of live births, 2019	Total population, 2019	Population under age 5, 2019	Women of reproductive age, 2019
19,969,328	533,923,275	88,731,700	123,849,472

Data source: United Nations Department of Economic and Social Affairs, Population Division, World Population Prospects 2019, United Nations, New York, 2019

BURDEN AND LOSS [Back to top](#)

Stillbirth rate (SBR) is defined as the number of babies born with no sign of life at 28 weeks or more of gestation per 1,000 total births.

- Guide and inform advocacy and action around stillbirths
- Interactive charts on burden and loss, progress, future we want, data availability and health interventions with data to download

Guidelines to improve health sector data and understanding the factors that contribute to stillbirths

Stillbirth Definition and Data Quality Assessment for Health Management Information Systems (HMIS)

A Guideline

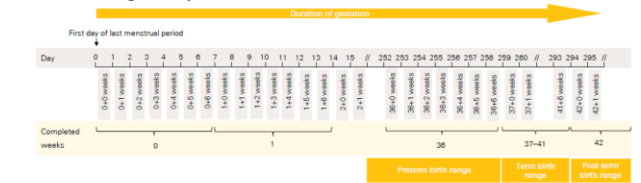


Stillbirth in Low- and Middle-Income Countries A conceptual framework



What data to collect

Gestational age in days and weeks



- Completed weeks= number of days since the first day of gestation/7

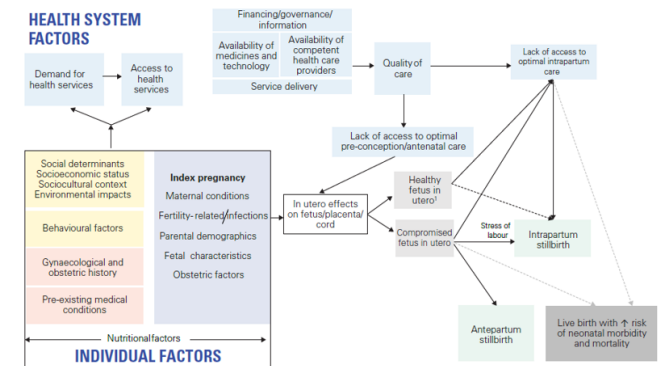
Birthweight

- As soon as possible after birth and using suitable, well-maintained and calibrated weighing scales

Timing (Antepartum/ Intrapartum)

- Assessment of fetal heartbeat, skin appearance as poor proxy

High-level Framework – drilling deeper





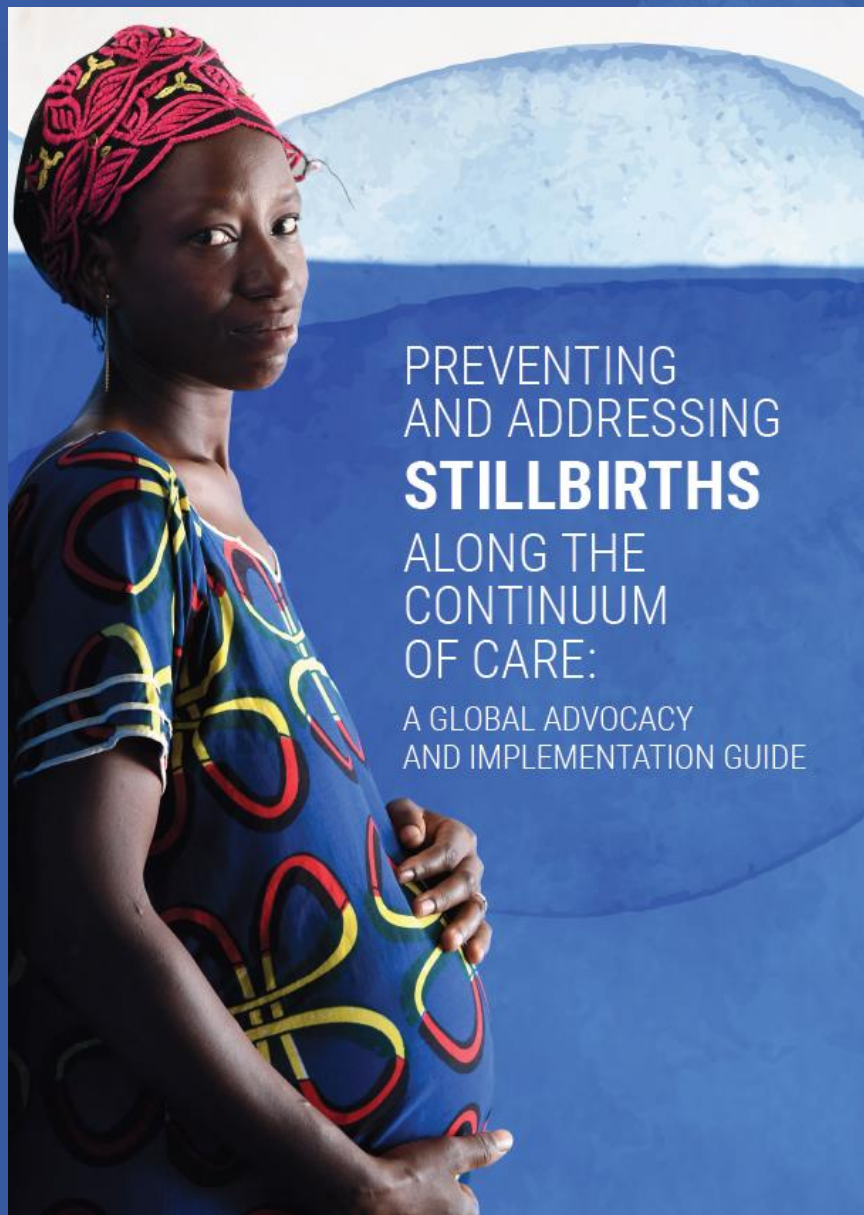
THANK YOU!

UNICEF
On behalf of  **IGME**

unicef 
for every child

Preventing and Addressing **STILLBIRTHS** Along the Continuum of Care: A Global Advocacy and Implementation Guide





 stillbirthalliance.org/global-guide

#IMNHC2023 #GlobalStillbirthGuide #EndStillbirths
#RespectfulCare #BereavementSupport #Advocacy
#Implementation #ContinuumOfCare

Purpose and target audience



Purpose

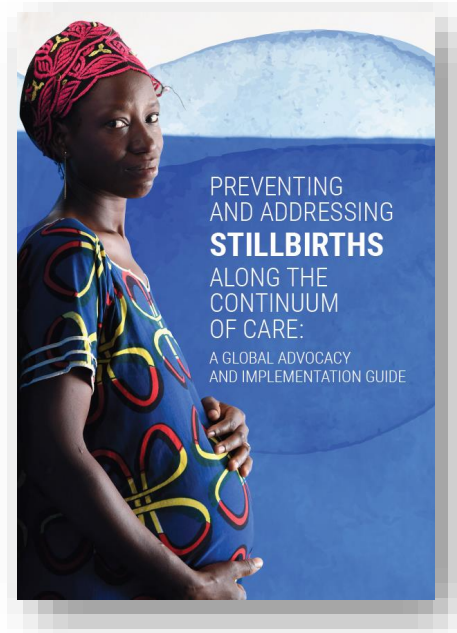
To bring together existing technical resources and practical guidance in one place to inform national and subnational planning, investments and programmes aimed at ending preventable stillbirths and improving care for all women and families who experience stillbirth.



Target audience

1. National and subnational governments, civil registration authorities, national statistics offices, health-professional organizations, health facility directors, managers and administrators.
2. Parents, parent organizations, community leaders, individual clinicians, and others

Chapters



1

BACKGROUND

- The toll of stillbirth
- Underlying risk factors associated with stillbirth

2

OPPORTUNITIES TO OVERCOME CHALLENGES

- What are the challenges?
- Opportunities along the continuum of care

3

BEREAVEMENT CARE IS ESSENTIAL

- What is respectful and supportive bereavement care?

Parent, community, and clinician voice!

Chapters (cont'd)

4

ADVOCACY

- Introduction to stillbirth advocacy
- Fundamentals of advocacy
- Guidance for developing an advocacy strategy

5

PROGRAMME
IMPLEMENTATION

- Access to care
- Leadership
- Infrastructure, equipment and supplies
- Health workforce

6

MEASUREMENT OF
PROGRESS

- Where to start
- Counting stillbirths

7

ACHIEVING THE
GOAL

- Action needed at the country level
- Progress can be made

Resource links, case studies, reflections, where to learn more

Parent, community, and clinician voice!

Sharing what works

In LMICs, seeing or holding a stillborn baby is culturally inappropriate – is this true? An obstetrician's perspective in India.

A mother holds her stillborn baby in PGIMER Chandigarh, India. Her eyes have been concealed on request. Image shared by Bharti Sharma, Consultant WHO SBARD Project, Department of Obstetrics and Gynaecology, with permission.



As an obstetrician working in a country where I never thought seeing or holding a stillborn baby would help a mother in coping in this situation seemed to be something that could exacerbate the burden. Increasing evidence has shown that holding a stillborn baby is usually wrapped and handed to bereaved parents. Due to the increasing evidence has shown that holding a stillborn baby is usually wrapped and handed to bereaved parents. Decisions about the stillborn baby are primarily left to the family and highly burdened in our setting. When we asked the mother directly whether they wanted to see or hold the stillborn baby, we were surprised to find that many agreed. So, in place of wrapping the stillborn baby with a cloth, we cleaned and dressed properly, as we do for a live born baby. After hold parents were content and expressed their gratitude to health-care providers.

Since then, other women have agreed to see and hold, and spend quality time with their stillborn baby. These mothers have taught me that the grief of a mother is not country-specific: it is the same worldwide. Contact and quality time with the stillborn baby is powerful, and every parent – no matter where they live – deserves this opportunity. It is our moral responsibility to provide such opportunities, and to respect the preferences of bereaved parents.

PROGRAMME IMPLEMENTATION ALONG THE CONTINUUM OF CARE

WHAT YOU CAN DO:

- Work with colleagues, health administrators and other key decision makers to promote effective communication and teamwork through evidence-based training.
- For specific clinical obstetric skills, implement context-based training sessions and drills (see [Sharing what works](#)).

During postnatal care

Training to provide supportive and respectful bereavement care following stillbirth remains crucial. Providing sensitive, individualized physiological care and advice, including for lactation management, pain management and wound care, is also imperative.

As part of comprehensive best practice care following stillbirth or neonatal death, the [Improving Perinatal Mortality Review and Outcomes Via Education \(IMPROVE\) workshops](#) includes training on management of physiological symptoms in the context of post-stillbirth care. Read more about the IMPROVE workshops in [Sharing what works](#).



© UNICEF/UN3026/Prozzi
Kadetu Sima, who has had no prenatal care and whose child was stillborn, is comforted by a woman nurse in the maternity ward of the government hospital in the southern town of Bo (Sierra Leone).

PROGRAMME IMPLEMENTATION ALONG THE CONTINUUM OF CARE

- With community leaders, encourage women to attend antenatal care for the health and well-being of themselves and their babies.
- Consider establishing outreach clinics where they are not available (read more in [Access to care](#)).

LEARN MORE

- Leadership efforts must reflect an understanding of the structural determinants of health. Read about how [systems thinking helps solve challenges in global health \(70\)](#), including stillbirth.

At the clinical care level

Mid-level leaders need to ensure appropriate deployment of midwives who are not only competent but also interested in providing quality and respectful midwifery care. Clear and consistent leadership and accountability can contribute to the reduction of stillbirths.

- Ensure that those caring for women along the continuum are educated, qualified and licensed to provide midwifery care. This requires training, supporting and enabling more midwives.
- Ensure that more experienced staff are always available to support less experienced staff.

LEARN MORE

- Increased leadership and accountability can save lives. Read about the [hospital in Zimbabwe \(71\)](#) that showed a reduction in intrapartum stillbirths following deployment of competent midwives and timely caesarean sections.

Effective leadership at the clinical level can facilitate stillbirth surveillance and response, as is done for maternal deaths. This means identification of stillbirth causes, contributing factors and practice changes.

WHAT YOU CAN DO:

- Promote collaboration among health-care professionals in maternity units and with women using the services.
- Promote openness among staff in relation to the concerns of parents and families. Give parents the option to be included in review at the health facility level of their baby's death (perinatal mortality review).
- Collaborate with educational institutions for pre-service skills development and continuing or in-service education, where possible, based on surveillance.
- Monitor and evaluate quality of care and use findings to inform practice changes.

LEARN MORE

- Leadership should provide consistent support and motivating feedback to health workers. Read more about [midwives and midwifery \(72\)](#) as an effective approach to reducing stillbirths and improving other maternal and child health outcomes.

PROGRAMME IMPLEMENTATION ALONG THE CONTINUUM OF CARE

A social awareness meeting about maternal death, infant mortality, stillbirth and other health issues is conducted by the Ministry of Health and Family Welfare in Pargaj, Thakurgaon (Bangladesh) on 8 September 2014.

© UNICEF/UNI71776/Prozi

At the policy level

To have an impact at the policy level, it is valuable to have a designated individual to provide overall leadership in stillbirth prevention and care.

WHAT YOU CAN DO:

- Use your networks to identify an individual who is knowledgeable on maternal, newborn and child health issues, as well as government and non-governmental politics. This individual should be someone who has the capacity to forge collaborative relationships with local and international organizations, to pull financial and human resources together for greater impact.
- Educate them on your country's or region's stillbirth prevention needs. Brainstorm a list of policy asks for which to advocate.
- Again, ensure parents have a platform to share their stories; these stories can be very powerful in driving action at the policy level. Make sure to engage interested parents beyond storytelling, to help inform policy and practice through their expertise.

TIP

- A women's health ambassador can sit at the table of policymakers and push for strategies for stillbirth prevention and care.
- Read about the role and impact of the Kyrgyzstan chief midwife in [Sharing what works](#).

REFLECTION

Do you know of someone in your region or setting who has pushed for change in women's and children's health? What do you think it would take for them to also push for stillbirth prevention and care?

MEASUREMENT OF PROGRESS

RESOURCES

CRVS

Stillbirth is one of the 10 vital events that should be captured through continuous, permanent, compulsory and universal CRVS.

- A [WHO and UNICEF report \(102\)](#) provides operational guidance for health sector managers, civil registrars and development partners to improve health sector reporting of stillbirths to civil registration authorities.
- Chapter 5 of the [Civil Registration, Vital Statistics and Identity Management \(CRVSID\): Legal and Regulatory Review Toolkit \(103\)](#) is also helpful.
- UNFPA has provided specific guidance on integrating CRVS and MPDSR for development and humanitarian response settings in its report [Reinforcing Civil Registration and Vital Statistics and Maternal and Perinatal Death Surveillance and Response Systems Interlinkages \(104\)](#).

ROUTINE HEALTH INFORMATION SYSTEMS

- The [UNICEF Stillbirth Definition and Data Quality Assessment for Health Management Information Systems \(96\)](#) provides practical guidance on data collection, assessing data quality and improving data for action.

AUDIT AND OTHER RESOURCES

- The [WHO Maternal and Perinatal Death Surveillance and Response \(101\)](#), [Making Every Baby Count Audit Guide \(100\)](#) and [The WHO Application of ICD-10 to Deaths During the Perinatal Period: ICD-PM \(105\)](#) each provide useful reference materials to support their implementation.
- For deaths occurring outside a health facility, verbal and social autopsy can also be used, although verbal autopsy has limited validity in assessing cause of stillbirth. For specific guidance, refer to the [Institute for Health Metrics and Evaluation \(IHME\) verbal autopsy tool](#) and Annex 10 of the [Making Every Baby Count Audit Guide \(100\)](#).

Finally, if you are a health leader or advocate, relevant policies and practices can be improved.

RE

- This guide can be used to inform policy and practice through their expertise.

WHAT YOU CAN DO:

- Revisit [Chapter 4](#) for guidance on making an impact at different levels, including at the policy level.
- Use the resources and tips provided in the upcoming section on [Health workforce](#) to guide and support leadership efforts.
- Work to develop clinical care standards for your setting to show key areas for quality improvement. The [Australian Stillbirth Clinical Care Standard \(74\)](#) is one example, which describes 10 quality statements and seven indicators to reduce stillbirth and improve care following stillbirth, including in subsequent pregnancies.

Funding

BILL & MELINDA
GATES *foundation*

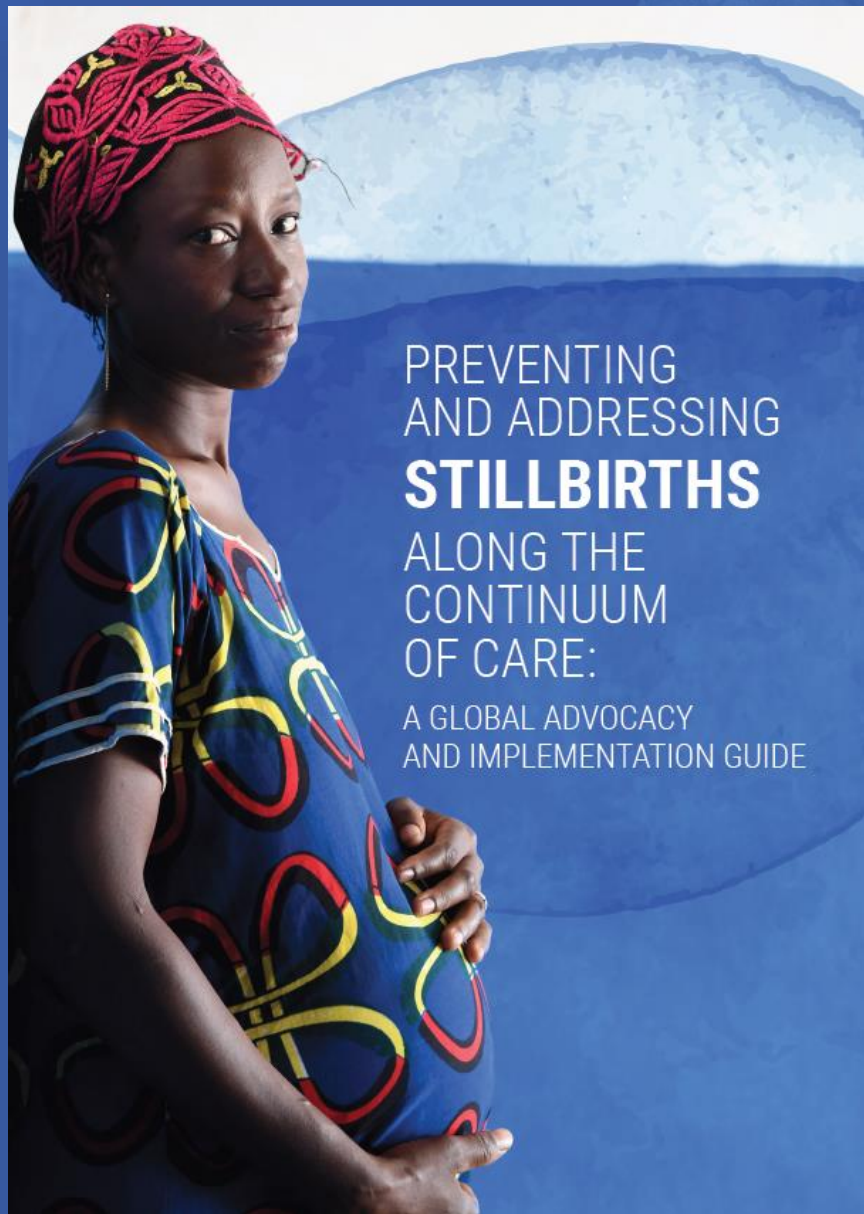
Thank you to the Bill & Melinda Gates Foundation for overarching funding for this guide.



Thank you to UNFPA for funding and support for design and layout.

Partners





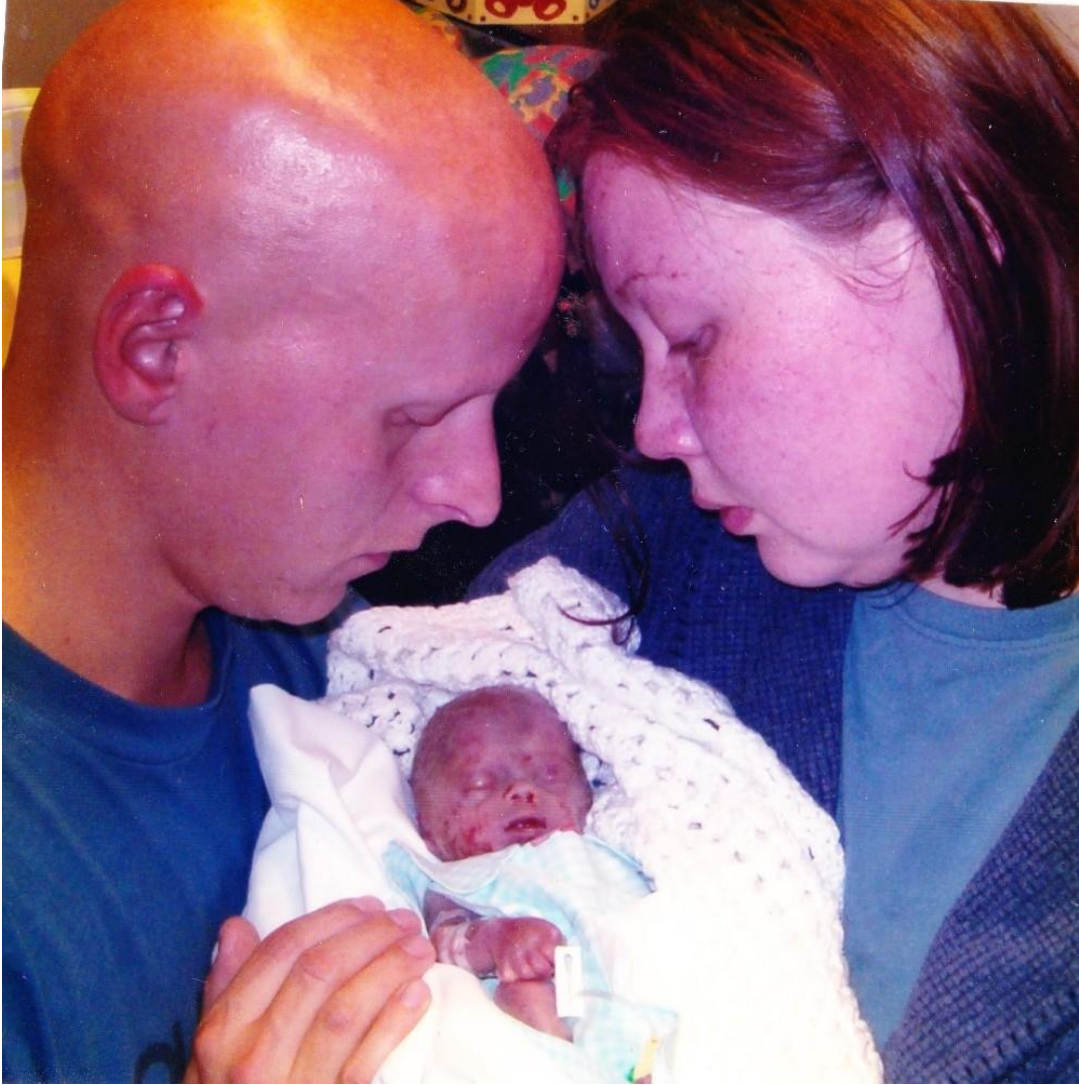
 stillbirthalliance.org/global-guide

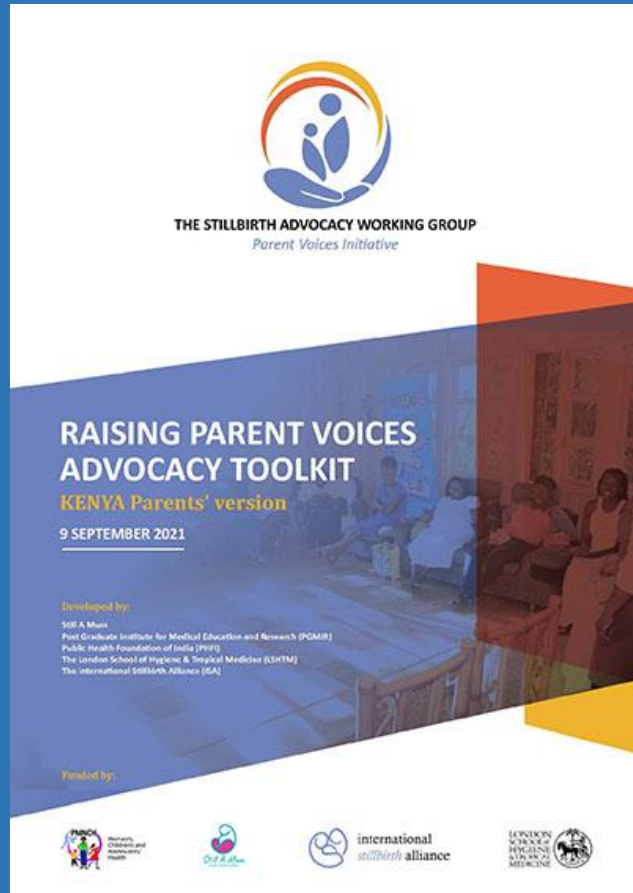
#IMNHC2023 #GlobalStillbirthGuide #EndStillbirths
#RespectfulCare #BereavementSupport #Advocacy
#Implementation #ContinuumOfCare



international
stillbirth alliance

Raising Parent Voices





Purpose

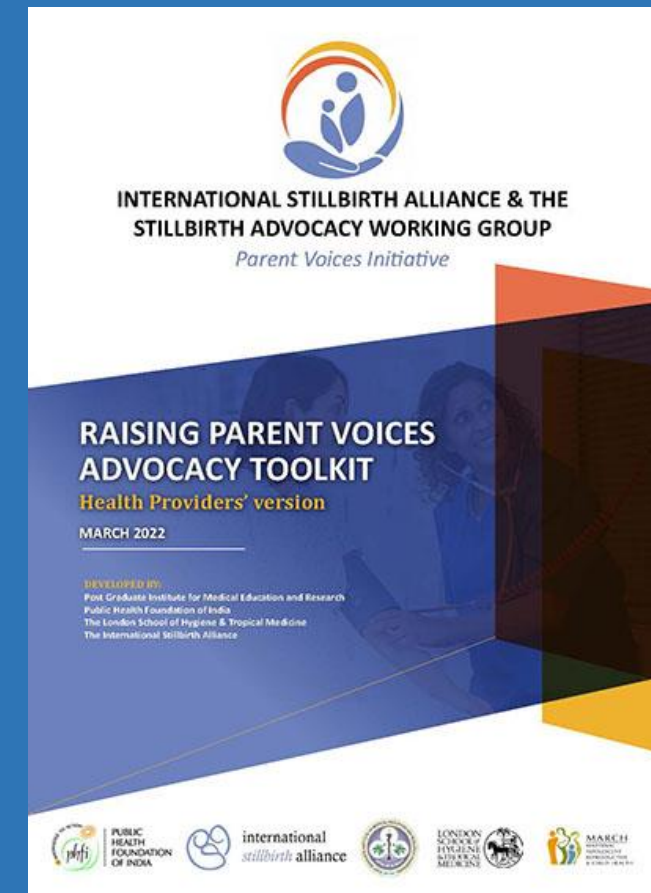
To reduce stigma and strengthen bereavement care post-stillbirth in developing countries

Target audience

- Healthcare providers (Health Providers' version)
- Parents & parent organizations (Parent version)



stillbirthalliance.org/parent-voices-initiative/advocacy-toolkits



Toolkit for Parents

This version provides a simple advocacy training toolkit for stillbirth parent support organizations in places with large numbers of stillbirths. The aim is:

- To introduce the concept and aims of advocacy related to stillbirth
- To provide guidance
- To support parents to learn about how to raise their voices to help ensure their views and needs are heard within their country's health goal-setting agendas

This toolkit provides parents information on:

- Stillbirths - overview, causes and risk factors
- The impact of stillbirth on parents
- Advocacy as a tool for change in stillbirth prevention and bereavement care
- Ways of advocating for change in stillbirth prevention and bereavement care
- Coping strategies for advocacy-related stress

Toolkit for Healthcare Providers

This version provides information and suggested approaches for deeper and more open communication with parents after a stillbirth, including:

- Delivering the news
- Acknowledging parents' grief
- Talking with parents about how and why their baby may have died
- Making room for them to express their need for support
- Discussing a safe plan for future pregnancies
- Providing respectful bereavement care to parents

The toolkit will help healthcare providers to:

- Raise awareness and educate women and their families about stillbirth
- Advocate for increased resources for stillbirth bereavement support
- Amplify the voices and needs of affected parents and with fellow providers related to stillbirth bereavement support

GLOBAL REGISTRY OF STILLBIRTH SUPPORT



Welcome to the Parents Voice Initiative (PVI) Global Registry of Stillbirth Support!

The Registry is a free searchable database of stillbirth support around the world.

The Registry includes support organizations and "point persons" (individuals who provide support after stillbirth in countries with few or no formal support organizations).

To search, click on the map, "sibling", "Norwegian" etc.

Email registry@stillbirthalliance.org

Keep checking back! We are

ISA does not endorse the quality of your service provider if you are an emergency care provider in


Search
Search tip: Try different words for your search. For instance if you are looking for support for midwives, try "midwife", "midwifery", and "midwives".

SEARCH FOR

Search Clear Print

Click on "PRINT" for a printable list, or click on the map pins to learn more.

Number of organizations found in 144 locations
Number of point persons found in 144 locations



Google | Map data ©2012 | Terms of use

Objective

To address global gaps in respectful bereavement care by:

- Identifying organizations and individuals that provide support to parents and families following a stillbirth
- Investigating key challenges related to support provision
- Identifying potential ways to overcome those challenges

Methodology

- Systematic online & snowball searches of support providers worldwide
- Online survey and in-depth interviews with a subset of providers to understand the challenges that they face and how these could be overcome

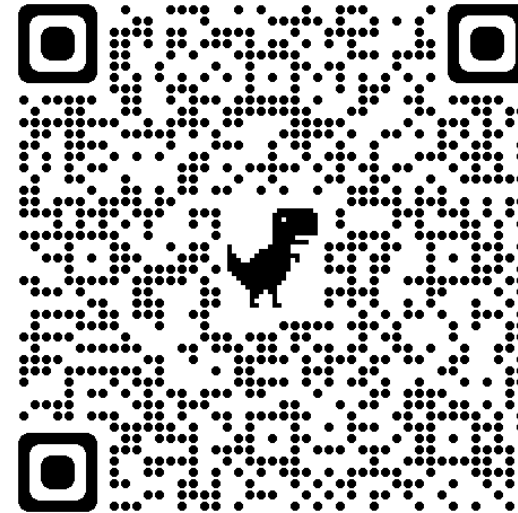


stillbirthalliance.org/isa-registry-map

The Global Registry

- 621 support providers from 75 countries:
 - 510 organizations
 - (485 from 63 countries, 25 unknown)
 - 111 point persons
- Big gaps in high burden settings:
 - In the six countries with the highest stillbirth burden we found only eight support providers –Six in India and two in Nigeria
 - None in China, Ethiopia, Pakistan, or the DRC

If you are a representative of such an organization we hope that you will **join the Registry!** There is no fee for joining, and access to the Registry is free for all.



Thank you!



stillbirthalliance.org