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

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#Stillbirth  #EveryNewborn  @HannahBlencowe
Estimated 2.6 million stillbirths in 2009

Stillbirth rates
(deaths per 1000 livebirths)

Lowest countries
1. Finland (2)
2. Singapore (2)
3. UK (4)

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

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
Change is possible: Progress in reducing stillbirths

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

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

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
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

<table>
<thead>
<tr>
<th>Pre-conception</th>
<th>Pregnancy</th>
<th>Labour</th>
<th>After stillbirth</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Folic Acid</td>
<td>• Antenatal care</td>
<td>• Skilled birth attendance</td>
<td>• Respectful, supportive care</td>
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<tr>
<td>• Family planning</td>
<td>• Prevention/ Mx of infections eg malaria/ syphilis</td>
<td>• Monitoring/ detect complications</td>
<td>• Care in next pregnancy</td>
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<tr>
<td>• Pre-conception screening</td>
<td>• Screening/ Mx of medical disorders including hypertensive disorders/ diabetes</td>
<td>• Em obstetric care</td>
<td>• Audit</td>
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<tr>
<td>• Improved women’s health (smoking, nutrition, …)</td>
<td>• Detecting/ Mx compl. inc. growth restriction/ prolonged pregnancy</td>
<td>• Neonatal resus</td>
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<td>• Addressing wider determinants (education, poverty, empowerment)</td>
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Coverage is low and many missed opportunities within existing health system contact points, especially antenatal care. Quality highly variable.
Why invest for stillbirths?

### Effective interventions to prevent stillbirths

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Preconception care</th>
<th>Basic antenatal care</th>
<th>Advanced antenatal care</th>
<th>Childbirth care</th>
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<tbody>
<tr>
<td>Periconceptual folic acid fortification</td>
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<td>Malaria in pregnancy - ITNs &amp; IPTp</td>
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<td>Syphilis screening and treatment</td>
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<tr>
<td>Screening and management of diabetes + hypertensive disorders of pregnancy</td>
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<tr>
<td>Fetal growth restriction management</td>
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<tr>
<td>Induction of labor at or beyond 41 completed weeks</td>
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<tr>
<td>Obstetric Care (including C section)</td>
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</table>

**Stillbirths prevented in 75 high burden countries by 2030 (90% coverage):**

- Periconceptual folic acid fortification: 22,000
- Malaria in pregnancy - ITNs & IPTp: 175,000
- Syphilis screening and treatment: 90,000
- Screening and management of diabetes + hypertensive disorders of pregnancy: 90,000
- Fetal growth restriction management: 535,000
- Induction of labor at or beyond 41 completed weeks: 823,000

> *800,000 stillbirths could be prevented in 75 high burden countries by 2030*
Why invest?

Triple return on investment

Deaths averted

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

“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
Why invest?
Stillbirth cost for families

• Over 7200 families a day experience a stillbirth…. Each is an individual and painful story associated with significant direct, indirect and intangible costs

• Important indirect costs include burial/funeral costs, lost employment / leave – especially in middle income countries

I could not properly bury my child because I lacked the financial means; that hurts today, because I have no grave. (Germany)

The loss of income when you can't bring yourself to go back to work is substantial and many work places don't understand the pain (Australia).
Why invest?

Stillbirth: stigma and support

- 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

Location of studies included in systematic reviews

‘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 #EWECaseMe