

# Stillbirth



## A Healthcare Professional's Role



▶ A fetal death is the death of a baby in utero before delivery. Both miscarriage and stillbirth are terms used to describe the loss of a pregnancy in utero; however, they are used to describe losses occurring at different gestational ages. There are no universally accepted criteria for when a fetal death is called a stillbirth in the U.S., a stillbirth generally refers to a loss at or after 20 weeks of gestation. If the gestational age is unknown, the birth weight is often used in defining stillbirth.

### What is Stillbirth?



Each year in the United States approximately 25,000 babies are stillborn.

Stillbirths account for almost 50% of all perinatal mortality in this country.

Stillbirths occur almost 10 times more often than Sudden Infant Death Syndrome (SIDS).

Approximately 1% of all births are stillborn. There is also a significant racial disparity; mothers of black race have almost three times the rate of stillbirths compared to mothers of white race.

Generally speaking, the causes for stillbirth fall into one of three categories:

- ▶ Birth defects or abnormalities in the baby
- ▶ Problems related to the placenta and umbilical cord
- ▶ Maternal illnesses and other conditions that affect pregnancy

### Healthcare Professional Support

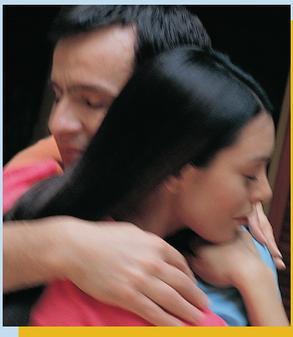
Stillbirth is a tragic event that can leave mothers and family members overwhelmed with emotion. But often parents have questions that remain unanswered. They want to know why it happened and if it could happen again. Helping parents understand as much as possible about what happened to their baby can be an integral part of the grieving process.

This is where you can help. Talking with the family about the importance of a thorough evaluation of the stillborn child can often ease this transition and provide valuable answers in the healing process. Every family deserves the opportunity to discuss the specifics of their loss to help them decide which, if any, tests they would like to have done.

Family members are often devastated and bewildered following such a tragic and unexpected loss. Health care providers should be sensitive to these feelings while still explaining the importance of an evaluation. This will allow the family to make an informed decision.

Overview

- ▶ Ongoing, systematic, population-based surveillance of stillbirths is essential in order to establish a reliable database for further studies to uncover the risk factors and causes for stillbirth.



One of the main obstacles to developing effective prevention strategies is that the cause of stillbirth is often unknown. There are many reasons for this:

- ▶ Known risk factors for stillbirth vary greatly and are common to other adverse pregnancy outcomes as well.

- ▶ Stillbirth often results from a combination of patho-physiologic conditions, the interactions of which are largely unknown.
- ▶ Many stillbirths are not evaluated closely for causes.
- ▶ The exact mechanisms leading to stillbirth are unknown in many cases.
- ▶ Even for those stillbirths that undergo evaluation, up to 50% have no identifiable cause.

## Communication

Explaining the evaluation process as part of grief counseling service has proven useful in many institutions. In fact, studies indicate that very few families regret having had a thorough evaluation. However, each family's choice regarding evaluation should always be respected.

Conducting a complete and careful evaluation is one of the most important ways to identify a cause for the stillbirth. Even when the cause may seem obvious, additional tests may provide information useful for counseling purposes. Many stillbirth evaluation protocols have been published, all of which include a careful medical history, a post-mortem autopsy, an evaluation of the placenta, and cytogenetic testing.

The parents can also be made aware of alternative tests such as a limited autopsy, radiographs, photographs and karyotyping, that can be done if they do not want a full autopsy.

## Documentation

It is also important to fully document patient and clinical information in the medical record. This includes reporting events surrounding the diagnosis of intrauterine fetal death, weight, and other measurements, as well as a detailed external exam of the baby. Properly noting and documenting maternal health conditions and relevant lab tests is also critical.



Completeness and accuracy of information in the medical record is essential for effective and meaningful surveillance. Having this information readily available will also help in properly counseling parents regarding future pregnancies.

## What is CDC Doing to Help?

To assist in this, CDC has recently begun pilot testing a program to expand the Metropolitan Atlanta Congenital Defects Program (MACDP) to include surveillance activities for all stillbirths. MACDP is a successful birth defects surveillance system monitoring all births to residents of the five central counties of Atlanta (Clayton, Cobb, Dekalb, Fulton and Gwinnett). It employs active case-finding methodology and has proven effective in tracking trends of major congenital anomalies for almost 40 years.

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