

# Stillbirth: A Healthcare Professional's Role

*The loss of a baby due to stillbirth remains a sad reality for many families and takes a serious toll on the families' health and well-being. Here's how you can help.*



## Overview

### What is stillbirth?

A stillbirth (or fetal death) is the death of a baby *in utero* before or during delivery. In the United States, a miscarriage usually refers to a fetal loss less than 20 weeks after a woman becomes pregnant, and a stillbirth refers to a loss 20 or more weeks after a woman becomes pregnant.

### How common is stillbirth?

Each year in the United States approximately 24,000 babies are stillborn. Stillbirths occur almost 10 times more often than Sudden Infant Death Syndrome (SIDS). There is also a significant racial disparity; non-Hispanic black women have more than double the rate of stillbirths compared to non-Hispanic white women.

### What causes stillbirth?

The causes for most stillbirths are unknown. Those that have a known cause fall into one of three categories:

- Birth defects or genetic problems with the baby
- Problems with the placenta and umbilical cord

Certain health conditions in the mother (for example, uncontrolled diabetes, high blood pressure, or obesity).

## How You Can Provide Support

Helping parents understand as much as possible about what happened to their baby can be an essential part of the grieving process. Talking with the family about the importance of a thorough evaluation of the stillborn child can often provide valuable answers that help in the healing process. Every family deserves the opportunity to discuss the specifics of their loss so as to help them decide which, if any, tests they would like done.



## Communication

**Be sensitive:** Family members are often devastated and bewildered following such a tragic and unexpected loss. Healthcare 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.

**Explain possible next steps:** 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 genetic testing (typically a chromosomal microarray). Cytogenetic chromosome analysis (karyotype) was previously the recommended genetic test to evaluate stillbirth, but with advances in technology, chromosomal microarray on fetal tissue is currently the recommended genetic test because of its increased likelihood of producing a result and its improved detection of causative chromosome abnormalities. Genetic testing technology will continue to advance, so future recommendations for genetic evaluation of stillbirth might change.

## Communication (Continued)

**Link parents to additional resources:** Parents can also be made aware of alternative tests such as a limited autopsy, radiographs, photographs, and chromosomal microarray that can be done if they do not want a full autopsy. Help families find organizations and resources that may be able to offer them support. For a list of these types of organizations, please visit <http://www.cdc.gov/ncbddd/stillbirth/resources.html>.

## Documentation

It is important to fully document patient and clinical information in the medical record. This includes reporting events surrounding the diagnosis of fetal death during pregnancy, infant 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. Having this information readily available will also help in properly counseling parents regarding future pregnancies.

## What is CDC Doing to Help?

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.

## Tracking

Through the National Vital Statistics System, CDC's National Center for Health Statistics collects annual data on stillbirths occurring in the United States (all 50 states, District of Columbia, New York City and five U.S. territories) through fetal death certificates. This process provides estimates of the number of stillbirths that occur in the United States. Additionally, CDC's National Center on Birth Defects and Developmental Disabilities (NCBDDD) conducted a pilot to expand two birth defects tracking systems to include all stillbirths. These two tracking systems, located in Georgia and Iowa, identify babies with birth defects in their study area by having staff continually review medical records at multiple healthcare facilities. By expanding these birth defects tracking systems to include all stillbirths, more accurate and complete data about stillbirths was collected. This pilot study has concluded, but the tracking of stillbirths using fetal death certificates continues.

## Research

CDC hopes to learn more about the causes of stillbirths through the [Birth Defects Study To Evaluate Pregnancy exposureS](#) (BD-STEPS). BD-STEPS is a large population-based study conducted in multiple sites in the United States that aims to identify factors such as specific medications or environmental exposures that may affect the risk for having a baby with a birth defect. Soon, BD-STEPS will expand beyond birth defects in two of its sites (Massachusetts and Arkansas) to look for potential causes of stillbirth.



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