

# **The Lancet's Stillbirth Series Notice**

**The Launch is 14<sup>th</sup> April; The papers are embargoed to 0001H UK time Thursday 14 April**

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## **The Lancet's Stillbirth Series – Rationale and development**

Despite increasing attention and investment for maternal, newborn and child health, **stillbirths remain invisible – not counted in Millennium Development Goals (MDG), not routinely tracked by the United Nations and so far invisible in the Global Burden of Disease**. Almost all of these deaths occur in low and middle income countries, with over two-thirds in South Asia and Sub Saharan Africa. Birth is the time of greatest risk with an estimated one million intrapartum stillbirths per year. The highest risks for maternal and neonatal mortality are also around the time of birth. Attention for stillbirth is increasing in high income countries given the relative lack of progress in reducing stillbirth rates where in many regions there has been little change in national stillbirth rates in the last decade. Many stillbirths could be avoided with existing MNCH interventions, yet systematic estimates of lives saved, cost and operational linkages in MNCH programmes are lacking.

**The overall goal of this series is to bring together epidemiology, evidence for interventions, costing estimates and policy analysis to guide decision making and promote action with measurable change by 2020.**

Following initial discussion at the joint 2008 WHO and International Stillbirth Conference, a process was set in train to draft and submit background reviews on stillbirth to *The Lancet*, in support of a series on stillbirths. Following further discussion, engaging a wider group of key players in the field of maternal and child health globally, *The Lancet* decided to publish a series to place stillbirth as a priority within the context of maternal, newborn and child survival with specific focus on low and middle income countries. A Steering Committee<sup>€</sup> was formed to take the series forward and a grant from the Gates Foundation made possible the new analyses which would form the basis of the series. Many organisations have supported this important initiative and continue to collaborate in taking the messages of the series forward to effect the change that is urgently needed.

## **What The Lancet's Stillbirth Series will present**

The series included six papers, eight commentaries and two supplemental research papers involving 69 authors across 18 countries. New data to enable a clear focus for stillbirth prevention which

**Paper One: Stillbirths: why they matter.** This paper presents a large global scale survey of health care providers and parents highlighting the lack of recognition and stigmatisation surrounding stillbirth which has held back progress in reducing the number of these deaths.

**Paper Two: Stillbirths: Where? When? Why? How to make the data count?** This paper presents new epidemiological data to aid in prioritising actions to reduce stillbirth, including the first ever country-approved stillbirth rates. The most accurate data on stillbirth rates including numbers of intrapartum deaths (which are largely preventable) is presented across low, middle and high income settings. The large proportion of intrapartum deaths clearly indicates that many stillbirth are preventable.

**Paper Three: Stillbirths: what difference can we make and at what cost?** This paper presents exciting new data to show the costs of reducing stillbirths, using a model using Lives Saved Tool (LiST) which evaluates the potential impact of feasible intervention packages across 68 countdown priority countries with varying stillbirth burdens. The data indicates that if implemented at scale, these have the potential of averting a substantial proportion of stillbirths.

**Paper Four: Stillbirths: how can health systems deliver for mothers and babies?** This paper shows the numbers of stillbirths averted by scale-up of care for mothers and babies at the health-system level with consideration to costs. Many stillbirth can be averted in the worlds poorest settings with minimal additional costs. Interventions are best packaged and provided through linked service delivery modes tailored to suit existing health care systems.

**Paper Five: Stillbirths: the way forward in high-income countries.** This paper highlights how interventions and new research can reduce the stillbirth rate. Highlighting disparity associated with disadvantaged populations in HIC.

**Paper Six: Stillbirths: the vision for 2020.** This paper is a call to action with the overall goal by 2020 for all countries to reduce the stillbirth rate to < 5 per 1000 births, and in high-income countries, to eliminate all preventable stillbirths. Priorities to reduce stillbirth based on what we know now and those for future research are presented.

## **The Lancet Stillbirth Series dissemination**

The Lancet Stillbirth Series Communications Committee<sup>\*</sup> of global partners was established in 2010 to ensure maximum uptake and improvement in care for mothers and families across the world.

Launches are set for the 14<sup>th</sup> April (with prior media briefings) as follows: London (main event); Australia (Hobart), US (New York) with follow up events in Italy, Delhi, and South Africa. WHO will hold an event in Geneva around the time of the launch.

### €The Lancet Stillbirth Series Steering Committee

Joy Lawn, Saving Newborn Lives/Save the Children, Cape Town, South Africa  
Vicki Flenady, ISA/ Mater Medical Research Institute, Brisbane, Australia  
Frederik Froen, Norwegian Institute of Public Health, Oslo, Norway  
Robert Pattinson, Medical Research Council, University of Pretoria, Cape Town, South Africa  
Zulifiqar Bhutta, Aga Khan University, Karachi, Pakistan  
Robert Goldenberg, Drexel University, Philadelphia, USA  
Monir Islam, WHO, Geneva, Switzerland

### ¥The Lancet Stillbirth Series Communications Committee

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