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Note from the Chair



Welcome to the second edition of Stillbirth Matters for 2011.

Following publication of *The Lancet's* Stillbirth Series in April this year, dissemination activities have been undertaken to ensure the series has maximum impact. One such activity was the International Confederation of Midwives (ICM) Conference in Durban South Africa in June. This conference provided an excellent opportunity to promote the

findings of the Lancet's Stillbirth Series to an international audience of health professionals who are confronted with this reality on a regular basis. According to 2008 estimates, there were over 1.1 million births in South Africa. Of these 22 910 resulted in stillbirth. This means the stillbirth rate in South Africa is 20.6 per 1000 births – a rate that can be reduced with simple interventions as highlighted in the Series. I would like to acknowledge and thank Joy Lawn, Karen Davy and Mary Kinney for their dedication and hard work in raising awareness of the stillbirth series at ICM.

After 2 years of planning, the ISA 2011 Conference "Sharing experience around stillbirth; Working together to improve bereavement support and maternity care" to be held in Antigua November 4-7th is shaping up to be a very successful event. The conference will provide an opportunity to focus on how to take *The Lancet's* stillbirth series forward within the region with a focus on maternity and bereavement care. I would sincerely like to thank SANDS UK and SANDS Antigua and Barbuda for hosting the conference working closely with American University of Antigua. In particular, I would like to acknowledge the conference committee chair, Caron Millard for her vision and dedication in making this conference a reality. In other conference news, ISA is currently calling for bids from member and partner organizations to host the 2013 and future ISA conferences.

Nominations are currently being sought for Board elections which will take place at the ISA General Assembly at the ISA Conference in Antigua. ISA member organizations are encouraged to put forward individuals with a passion to contribute to the work of ISA to reduce stillbirth and improve care for those who have had a stillborn baby no matter where they live. ISA is particularly interested in strengthening low and middle income country, midwifery and business representation on the Board. Please see further details within the newsletter.

At the November 2011 General Assembly, my term as ISA chair will come to an end. I have greatly enjoyed being part of this international effort and will continue to be actively involved in many ISA activities. I would like to extend my heartfelt thanks to all those I have worked with during my time as chair for their guidance, support and commitment to the goals of ISA. With 98% of the world's stillbirths occurring in low and middle income countries and with linked burden in maternal and newborn mortality and morbidity, one of ISA's biggest and most important challenges, as we move forward with *The Lancet's* stillbirth series, is to expand activities in these regions where help is most needed.

Lastly, I would like to thank Karen Davy and Maddie Elder for a fine job in preparing Stillbirth Matters and also in many other activities of the ISA Communications Committee.

Warm wishes, I hope to see you at ISA 2011.
Vicki Flenady, Chair, ISA

Stillbirth in the News

Australia

[ABC News](#)

[The Canberra Times](#)

Canada

[The Vancouver Sun](#)

India

[Times of India](#)

Ireland

[The Irish Times](#)

New Zealand

[New Zealand Herald](#)

United Kingdom

[BBC](#)

[Daily Mail](#)

[The Guardian](#)

[The Herald Scotland](#)

[The Mirror](#)

United States of America

[The New York Times](#)

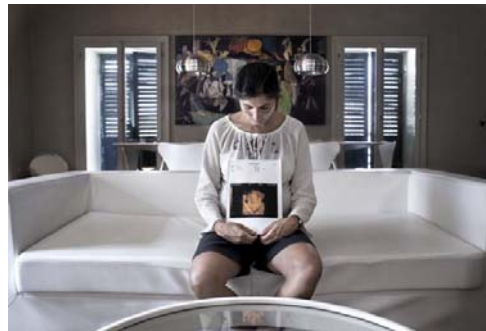
[TIME](#)

Little Princes Photography Project

The collection 'Little Princes,' a photography project by Giovanni Presutti, undertaken by CiaoLapo Onlus, is focused on respecting and remembering stillbirth. The project has received national and international awards and has been the subject of an article on Vanity Fair magazine. It was also recently used as the official iconography for the [International Stillbirth Alliance](#).

Visit the collection at www.giovannipresutti.com or contact Giovanni Presutti at info@giovannipresutti.it. To view the project online, please visit [here](#).

Read more about CiaoLapo Onlus in this issue of Stillbirth Matters or visit www.ciaolapo.it



Anticipated



Prepared



Farewell



Accepted



Restored

Articles

View the Lancet's Stillbirth Series Here:

Paper One: [Stillbirths: why they matter](#)

Paper Two: [Stillbirths: Where? When? Why? How to make the data count?](#)

Paper Three [Stillbirths: what difference can we make and at what cost?](#)

Paper Four [Stillbirths: how can health systems deliver for mothers and babies?](#)

Paper Five [Stillbirths: the way forward in high-income countries](#)

Paper Six [Stillbirths: the vision for 2020](#)

Thoughts from The Lancet's Stillbirth Series' editor Zoe Mullan



A Series on Stillbirth? That sounds fairly low-key.

That is about the last thing I remember thinking before being swept up by the collective tornado that became the Stillbirth Series Steering Group. On our first meeting on a chilly March day in London, this extraordinary group of individuals, with quite different backgrounds and from five different continents, blew away any preconceptions I might have had about a soft project. These people meant business. It was going to be big.

I knew virtually nothing about stillbirth at first. But, as the statistics would suggest, I had known at least one person who had had a stillbirth. I remember her wax-like face as she tried to talk about it to someone who had no idea what to say. As a mother of two healthy children playing noisily outside the window, what comfort could I offer? That she had gone through labour knowing that the baby she was bearing was dead; that she had named the baby and held a funeral for him; that there was no clear reason for his death; these were things almost too heartbreaking to think about.

And that head-in-sand approach seems to have contributed not insignificantly to the reason why stillbirths have been invisible for so long. Society seems to have unconsciously reasoned that such an awful thing must not be contemplated lest the fates be tempted. It is the birth outcome that dare not speak its name. So society closes its ears, bereaved parents do not raise their voices, and the development and research agendas pass stillbirths by.

As the Series developed, the initial passion within that nucleus of Steering Group members seemed to amplify and set what ended up being a huge number of collaborative organisations resonating in unison. Three papers became four, then five, then six; the research and analysis became more and more ambitious; a London launch became Hobart and New Delhi, Geneva and Florence, New York and Cape Town. Seldom has a Series gathered such momentum, and seldom have I seen such an extraordinary response from outside The Lancet's usual sphere of interest. It was as if the scales suddenly fell away from people's eyes. People looked within themselves and realised that of course stillbirths matter. They looked at the research and realised that stillbirths are more common than we wanted to think, and that many more of them can be prevented. And – I hope – these same people are now looking to their governments and asking what is going to be done.

After the launch, bereaved parents wrote to us thanking us for “bringing stillbirths out of the shadows”. I hope that is what the Series has done. I hope that ordinary people, bereaved parents, midwives, obstetricians, researchers, advocacy groups, and policy makers keep looking at the elephant in the room and keep asking why, how, when, and how much.

I believe parents everywhere have been done a huge service by the passion, determination, energy, and persistence of the relatively small core of individuals from whom The Lancet's Stillbirth Series developed. It was awe-inspiring to be a very small part of it.

To read this series: www.thelancet.com/series/stillbirth

**JOIN ISA AT THE
2011 ISA
CONFERENCE IN
ANTIGUA
BARBUDA**



[Images retrieved from the Antigua Barbuda Department of Tourism official website](#)

Conference website:

<http://www.isa2011antigua.com/>

For further information please see below.

It can be done. It must be done!

White Ribbon Alliance for Safe Motherhood's Brigid McConville speaks about the inspiration behind the Stillbirth Atlas

Grace, sitting outside her house in a Malawian village, says "I am happy to be alive!" She knows all too well the risks to mothers and babies during pregnancy and childbirth when healthcare is out of reach.

The night she went into labour with her fourth child, her uterus ruptured, leaving Grace in severe pain and unable to walk the 10 kilometres to the clinic. Grace's husband was working away from home at the time so she did not have his permission, expected by her culture – or any cash – to get to a health centre.

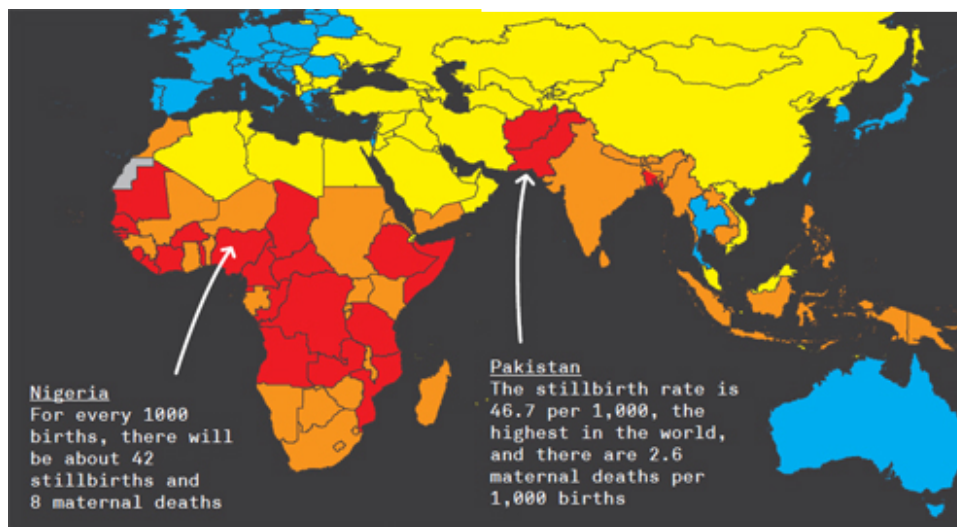
Knowing that Grace would die without medical help, her mother asked the village Chief if she could use his bullock cart, but the Chief would not risk damage to his cart from the journey across the bush in the dark. It was dawn before Grace was allowed to ride in the cart, and by sheer chance one of Malawi's few ambulances was at the health centre when she arrived there.

Grace was rushed to Lilongwe's Bwaila Hospital for an emergency operation.

Her baby was dead – yet another preventable stillbirth but Grace survived to take care of her four surviving children.

Sadly, Grace's story is not unusual. Every day, 1000 would-be mothers are lost in addition to 7200 stillbirths. Almost all of these occur in developing countries. Yet, these deaths could largely be prevented by providing quality care during pregnancy, labour, birth and during the crucial post-partum period. What is missing in many countries is the political will from governments to provide the essential health workers.

To coincide with the launch of the Lancet 'Stillbirth' series in April this year, the White Ribbon Alliance produced the Atlas of Birth flyer, below, to highlight stillbirths and the lack of health workers across the world. Some 1.8 million stillbirths, two-thirds of the global total, occur in just ten countries—India, Pakistan, Nigeria, China, Bangladesh, Democratic Republic of the Congo, Ethiopia, Indonesia, Afghanistan and United Republic of Tanzania.



Parent Support Organisations

ISA Parent Support organisations include:

Argentina

[Era En Abril](#)

Australia

[Bears of Hope](#)

[SIDS and Kids](#)

[National Twin Loss Support](#)

[SANDS Australia](#)

[Teddy Love Club](#)

Canada

[Angel Whispers Baby Loss Support](#)

[Parent Care Society of Edmonton](#)

[Walk to Remember](#)

Italy

[Ciao Lapo Onlus](#)

Despite this global scandal, we do have reason to be optimistic. Last year the international community pledged \$40bn to improve maternal, newborn and child health over the next five years. But additional pledges are needed to fill the 3.5 million health worker shortage that continues to cost lives – the lives of mothers, stillborns, newborns and children. It can be done. It must be done.

The flyer can be downloaded from [here](#). Please view our accompanying article on our blog [here](#).

Parent's Perspective – Excerpt from Invisible Earthquake



Written by Malika Ndlovu

28th December, 18:00

In my heart's calendar I mark this day. The day my instincts told me three years ago that your heart had stopped beating, setting off three days of deep shock and protective denial until I could not ignore your silence anymore. Your beautifully articulate almost-five-year-old brother has been talking about

you more than usual lately, he tells you to everyone, saying that he has – not had - a sister but she died and, depending on his audience goes off into elaborate explanations of how you fell from the sky. His latest drawings of our family include you larger than anyone else.

"She is big and blue like the sky, so I made her big but this paper is not big enough," he confidently explains, he shares his dreaming of you and cannot describe a face or shape, just a certainty that it is you. I listen in quiet envy.

I have been afraid to call you back to me in this way. Afraid you will not come, perhaps he is right. I could try his perspective, you are with us and have never left, endless and ever-present as the sky, holding us in a permanent embrace.

"I love you, Mummy and I am your alive son, my heart never stopped yet, hey?" Only I hear the relevance of his choice of words, the sore resonance of his question on this day, at this time.

Please visit [here](#) for more information.

The October issue of the Lancet (Volume 378, Number 9794) has seen the final paper of the Lancet's Stillbirth Series published, along with correspondence from a number of interested parties. To view, please visit [here](#).

Japan

[SIDS Family Association Japan](#)

New Zealand

[SANDS New Zealand](#)

[SIDS New Zealand](#)

Paraguay

Spain

[UMAMANITA](#)

United Kingdom

[SANDS \(Stillbirth and Neonatal Death Society\) UK](#)

United States of America

[1st Breath](#)

[First Candle/SIDS Alliance](#)

[Neo-Fight, Inc.](#)

[Star Legacy Foundation](#)

To become a parent support based member organisation of ISA please visit [here](#).

JJ Erwich – ISA Scientific Committee Chair

An interview

1. What were your hopes for the response to The Lancet Stillbirth Series?

The Series contains almost too much information to get a grasp on. However, the aims and priorities are crystal clear. The response is a world-wide wave of attention about stillbirth. It is very important that it is supported by the condensed knowledge in the Series, and that we take this forward to every forum in the next years where stillbirth will be discussed. This is directed not only at our own meetings, but especially at forums where priorities can be set to actions. It was heart-warming to see how many people, volunteers, bereaved parents and health professionals put in their effort for the global launch of the Series. The sixth paper of the Series: “the vision for 2020”, defines the targets. This is not rocket science - economic development and political awareness are the main ways to address the 98% of stillbirths occurring in low-income and middle-income countries. We need to keep the feeling of urgency and transfer this to policy makers. The Series is a good start, global attention, collaboration and actions are needed. Role models as persons on key-positions need to be identified and given proper attention.



2. How do you see this series being disseminated across the globe – to every country, every hospital or clinic and to every health care worker involved in pregnancy care?

This is very important. We have now a momentum, not to be lost, and a state-of-the-art updated review covering many aspects around stillbirth. Dispersing it is vital to the cause. *The Lancet* is of course one of the worlds' leading journals and is well read, however, also people without direct access to libraries or internet should be contacted through health-organisations within countries. Key-persons need to be identified and contacted. Everyone who has seen the Series should disperse the news within their reach of contacts.

3. How can this series be used to appeal to governments for rethinking perinatal health care policies?

Organisations of perinatal care providers or patients/parents should contact their representatives, find ambassadors in women who have experienced perinatal loss and are at positions to ask for attention, vote for bills, or direct funding. *The Lancet's* Stillbirth Series holds the evidence-based research and solution guidelines governments' attention should be drawn to.

4. How do you see parents using the information within the series to help other parents experiencing stillbirths?

I realise that it looks like the main emphasis of the Series is on figures, causes and priorities for research. However, this message is solely directed to the cause of having fewer parents experiencing the loss of their child. I hope that with the information from the Series, parents can put their own experience in a context, realise that they are not alone or abnormal and find the strength to help get the several messages across.

Upcoming Events

9th-11th Sept 2011, [Birth: Clinical Challenges in Labour and Delivery](#), Chicago, USA

3rd-27th Sept 2011, [22nd Asian and Oceanic Congress of Obstetrics and Gynaecology](#), Taipei, Taiwan

27th-30th Sept 2011, [9th RCOG - UK International Scientific Meeting](#), Greece, Athens

18th – 21st Oct 2011, [Australian College of Midwives Conference](#), Sydney, Australia

5th-7th Nov 2011, [ISA's 7th Annual Congress](#), St John's, Antigua Barbuda

5. As the ISA's scientific chair, what types of research would you like to see in the future that would benefit the status of stillbirths?

Within the opportunities of high-income countries, research into causes of stillbirth, with attention to placental dysfunction, should prevail which, in the end, will help people of lower-income countries as well. For the countries in which the majority of stillbirths take place, research should be more directed to how to most efficiently implement best practises in healthcare. Therefore the annual ISA meeting is worth attending and this year (2011) takes place at Antigua-Barbuda. I hope we can support the local workers through our programme.

6. Did you gain a sense of satisfaction from this important publication? Explain please.

YES, not only proud and humble, to have been allowed part of the team, but mainly because the unrecognised sorrow of so many parents stands now for everybody to see.

Only Two Months To Go – Join Us at the ISA 2011 Antigua Barbuda Conference

When: 5th- 6th November 2011

Where: Halcyon Cove, St John's, Antigua

Preparations for the ISA 2011 Conference, held in sunny Antigua Barbuda are well underway with the program finalised and the countdown on!

This conference, co-hosted by Sands Antigua Barbuda and the American University of Antigua will focus on improving the care parents receive when their baby dies with interactive workshops organised and a bereavement track based on regional grief and support, creating memories, culture and religion as well as future pregnancies.

According to 2008 estimates, the reported infant mortality rate in this region is 17.6 per 1000 births and the legal age of viability is 28/40 gestation. This conference aims to focus on moving the Lancet's Stillbirth Series forward, with a special emphasis on how to improve the standard of care for bereaved families and reduce the rate of stillbirth in the Caribbean and Central America.

To view the programme please visit [here](#). For further information please visit [here](#).

We hope to see you there!



8th-11th Nov
2011, [10th World Congress of Perinatal Medicine](#), Punta del Este, Uruguay

9th-12th Nov
2011, [North American Midwifery: Beyond Boundaries](#), Niagara Falls, USA

17th-20th Nov
2011, [14th World Congress on controversies in obstetrics, gynaecology and infertility](#), Paris, France

24th-27th Nov
2011, [Asia Pacific Congress on Building Consensus in Gynaecology, Infertility and Perinatology](#), Bangkok, Thailand

27th-30th Nov
2011, [Royal Australian and New Zealand College of Obstetricians and Gynaecologists](#), Melbourne, Australia

Parent's Perspective - the Story of Joyce

My journey began four years ago when I was sixteen years old. My name is Joyce and I was born in Kinshasa, Congo. My family moved to Zambia where I grew up. In our culture, having a family and being part of a family is very important and lots of emphasis is placed on getting married and having children. The more fertile the family, the more blessed they are in our culture.

Job-opportunities are very scarce in our country and I decided to come to South Africa. Another motivation to move to South Africa was the fact that when you want to deliver your baby in Kinshasa, Congo, you need to pay \$500. In Zambia the cost is less but I was assured by friends that the Health Care Service in South Africa is better. Keeping this in mind I decided to come to South Africa.

Fortunately I had family here and wasn't left to be all on my own. Soon I became employed and after a while met my husband-to-be. He is also from Congo. I married at the tender age of 18 and was blessed to fall pregnant soon after our wedding.

My husband, Alfred, and I were overjoyed knowing that soon a small bundle of joy would be part of our lives. We immediately contacted our families back in Congo and Zambia and shared the good news with them.

The next few months that followed were some of the best in my life. I was aware of my changing body and how my pregnancy affected my emotions. Because our families were far away, Alfred and I had to rely on each other for support. He was very involved from the beginning of the pregnancy. I felt like a "complete woman" for him.

During my 7th month check-up to the clinic the nurse who examined me mentioned that my baby is smaller than he/she (we wanted a surprise) needed to be at 7 months. She referred us to the High Risk Clinic at the nearest State Hospital. I went there the same day and still remember Alfred holding my hand as I was lying on the bed, ready for the sonar. The doctor then confirmed that I was already in labor for I was starting to dilute. I was watching the screen of the sonar machine as the doctor was looking for our little baby's heartbeat but there

was nothing.....no fluttering or movement. We were filled with indescribable sadness as we heard these words: *"I'm so sorry, Joyce and Alfred, but I can't hear the baby's heartbeat and I don't detect movement."*

I was admitted to hospital immediately awaiting for my water to break. As I was lying there in pain, all I could think of was how it is possible to celebrate the idea of new life one minute and the next to deal with the death of your baby. Sixteen hours after admission I delivered my baby daughter, Amore meaning Love. The upheaval of emotional pain that accompanied this delivery made it an almost unbearable ordeal.

After the birth we were encouraged to hold our baby and treasure a few moments with her. The nurse brought our baby nicely swaddled in a little pink blanket to us. As we were rocking her and saying prayers for her, our tears fell freely.

Going home with empty arms was probably one of the most difficult things I have ever had to do. I felt so worthless and that I did my husband wrong by not being able to give him a baby. I was too scared to phone my family as well as my husband's family because I felt like I had failed in their eyes as a daughter and wife. I was angry with my own body and with myself. I was looking for answers on what might be the course of the stillbirth. At this stage my husband and I weren't talking so much and each was dealing with grief on their own way.

A month after we lost our baby girl, Alfred mentioned that we must try for another baby as soon as possible. I asked why so soon but knew the answer already- that is what our culture expects from us. We were blessed to fall pregnant again soon after our loss and 11 months after the loss of Amore, our 2nd baby girl was born alive. As we were leaving the hospital after the birth Alfred said the following words to me; "We're leaving the hospital now. This time, we get to take our baby home" These words are etched in my memory as a reflection of both the depth and heartache that accompanies the loss of a child and the immense joy of life after loss.

** The names in the story have been changed to protect the confidentiality of those involved.*

Written with the assistance of Melanie Human

News from ISA Member Organisations

CiaoLapo Onlus – Italy

About *CiaoLapo Onlus*, the Italian Charity for High-Risk Pregnancies and Perinatal Grief Support

Claudia Ravaldi and Alfredo Vannacci

CiaoLapo is the first Italian charity in the field of stillbirth and perinatal loss. *CiaoLapo* promotes medical and psychological research, training for professionals, social awareness campaigns, and offers free psychological support to bereaved parents.



Claudia Ravaldi and Alfredo Vannacci founded *CiaoLapo*

5 years ago. This is how Claudia describes *CiaoLapo's* foundation: "In Italian the word "*ciao*" means both "hallo" and "goodbye"; giving this name to the charity was the best way we found to remember Lapo, our second son, stillborn in 2006 and to help other parents of stillborn babies to remember their own children, to give them the importance they deserve without being afraid of calling them by their given name.

"It was March 13th 2006. I was in labour, we were expecting to give birth to a live baby within few hours, when the midwife could not find his heartbeat. After a couple of minutes, an obstetrician, a colleague of mine – Claudia is a psychiatrist - said there was no heartbeat then brutally asked how long it was that I was unable to feel baby's movements. Suddenly, we were thrown into a parallel dimension without receiving any medical explanation... "*these things simply happen, very rarely, there is no cause*", neither any psychological support "*going home will be terrible, you will find an empty cradle. Try again in a couple of months and then come back*". Moreover, we were not able to properly say goodbye to our baby, because the staff rejected most of our questions and hampered all our tries to see and hold him as we wished. Fortunately, they did allow us see him - at least for a couple of minutes. These precious seconds are impressed in our minds and we will never forget the beautiful face of our baby."

After Lapo's death Claudia and Alfredo felt very isolated due to the lack of support they met and began searching information on stillbirth in the world-wide-web and in scientific databases to learn something more appropriate than "*these things simply happen*". One month later *CiaoLapo* charity was founded. "We did not want to forget anything" – Alfredo says – "we both are medical doctors and we definitely wanted to promote social and professional awareness on pregnancy and perinatal loss, sharing medical information and psychological support with as many parents and professionals as possible. We started writing articles for the web, for the press, and for Italian scientific journals, we organized the first Italian congress on this topic, and in the following years *CiaoLapo* quickly began to be invited to hospitals and scientific meetings as the Italian reference point on stillbirth".

Subsequently, *CiaoLapo* was admitted to ISA as a member organization, Claudia and Alfredo are members of ISA Parent Advisory Committee and Claudia is currently a member of ISA board.

Before 2006, in Italy whenever a baby died during pregnancy or soon after delivery, parents and siblings did not generally receive any type of support and rarely were allowed (not to say encouraged) to see and hold their baby. Today, after more than 30 training courses for professionals, and several public campaigns, including Giovanni Presutti's photo project "Piccoli Principi" (Little Princes), awareness on stillbirth and perinatal loss management is spreading all around Italy.

Nevertheless there is still a long way to go, since, how *CiaoLapo's* motto says, "*it is not possible to cure death, but you can take care of the grief that remains*".

1st-3rd Dec 2011,

[25th German Congress of Perinatal Medicine](#), Berlin, Germany

14th-17th Feb, 2012, [2nd International & 4th National Safe Pregnancy & Motherhood Congress](#), Tehran, Iran

26th-27th April 2012, [MAMA Conference](#), Troon, Scotland

9th-12th May 2011, [22nd European Congress of Obstetrics and Gynaecology](#), Tallinn, Estonia

5th-8th June 2012, [10th RCOG International Scientific Congress 2012](#), Sarawak, Malaysia

7th-8th Oct 2012, [2012 FIGO World Congress of Gynaecology & Obstetrics](#), Rome, Italy

Nov 2012, ISA & First Candle Conference, Washington DC, USA

SIDS and Kids – Australia

Ros Richardson, General Manager, New South Wales



SIDS and Kids is confident that through the combined international efforts of researchers, health professionals, supporters and advocates like SIDS and Kids, we can reduce the incidence of stillbirth as well as reduce the distress, despair and the shattered hopes and

dreams experienced by so many bereaved families when their baby is stillborn. The launch of **The Lancet** Stillbirth Series focussing on the global burden of stillbirth is a proud moment in history.

SIDS and Kids is an Australian community-based organisation dedicated to saving the lives of babies and children during pregnancy, birth, infancy and childhood as well as supporting bereaved families. We deliver on this vision through world class research, evidence-based education, bereavement support and advocacy.

SIDS and Kids is well known and highly respected for having provided bereavement support for families throughout Australia over several decades. We take pride in having funded and contributed to the research that led to the identification of the risk factors. These findings prompted SIDS and Kids to produce educational campaigns that are credited with reducing the incidence of SIDS in Australia by 85% - saving the lives of many babies.

The launch of **The Lancet's** Series focussing on the global burden of stillbirth is a proud moment in history. Stillbirth now occurs at more than 10 times the rate of SIDS. **SIDS and Kids** applauds The Lancet and the contributing authors of the papers who accepted the great challenges involved in understanding stillbirth. With our proven track record in saving the lives of babies, SIDS and Kids is poised and ready to support this vital area of research and to contribute to the new learning, awareness raising and educational campaigns. We are strongly advocating for answers on behalf of parents and families who experience the tragedy of having a baby stillborn.

SIDS and Kids is confident that through the combined international efforts of researchers, health professionals, supporters and advocates like SIDS and Kids, we can reduce the incidence of stillbirth as well as reduce the distress, despair and the shattered hopes and dreams experienced by so many bereaved families when their baby is stillborn.

SANDS Australia - Australia

SANDS Australia actively responds to *The Lancet's* Stillbirth Series

Penny Brabin



SANDS across Australia commends the input from ISA in the Lancet Series in raising awareness of stillbirth internationally, particularly as this impacts on better care of aboriginal families, where the incidence of stillbirth is far greater than in the non-indigenous population. Promoting awareness of risk factors and better monitoring of pregnancies will reduce the incidence of parents needing the parent-to-parent support that SANDS provides. Good research that identifies reasons for stillbirth, in addition to reducing its incidence,

provides information for parents that can promote better care practices and alleviate some of the stress associated with pregnancies subsequent to stillbirth.

SANDS provides support and advocacy for parents after the death of a baby around the time of birth and is working on the provision of appropriate support for aboriginal families who suffer these losses. SANDS is proud to have contributed to the ISA Position Statements, soon to be released, regarding i) the promotion of factors which will reduce the risk of stillbirth and ii) the importance of seeing and holding a stillborn baby. SANDS is also keen to support, through ISA, any research that contributes to the better medical and emotional care of parents after a baby dies. Management of post-20 week deliveries when an abnormality is detected is one area of special need in the care of parents.

SANDS' focus on grief advocacy and related appropriate care, highlights concerns about the further medicalisation of normal grief through the soon-to-be-released, updated psychiatric diagnostic manual, the DSM-V. SANDS will work to promote the recognition of healthy grief and the role of community-based care from grief which, entwined with other life experiences, becomes delayed or prolonged and associated with long-term psychological difficulties.

During the publicity for the Lancet Series, SANDS provided media access to parents to share the impact of their experiences of stillbirth highlighting the ripple effect of grief through parents, their families and the community.

SANDS' calls to action is to back and corroborate with ISA member organisations to ensure the provision of best-practice perinatal grief support, focussing on grief as a normal process for most, and empowering community support while supporting the efforts of research through ISA in reducing the incidence of stillbirth globally.

International Stillbirth Alliance represented at the 29th Triennial Congress for Midwifery

Durban, South Africa – 18th to 23rd June 2011

Over 3000 midwives from more than 120 countries attended the 29th International Midwifery Congress in sunny Durban, South Africa – and what a spectacle it was visually and for midwifery. The ISA joined over 1000 midwives in the 5 kilometre walk into Durban as five neonatal nurses donned the golf shirts in respect and acknowledgement of stillbirths and the acceptance of NNASA as South Africa's second ISA member organisation.

After the morning plenary sessions, between 13-15 lectures and workshops ran in parallel sessions ensuring that all topics were touched if not well covered. Oddly, presentations on stillbirths and stillbirth related issues were scarce except for thorough mentioning by keynote speakers. However, the International Stillbirth Alliance made its presence well felt.

Assisted by Save the Children and accommodated on their exhibit, the ISA were able to issue 1000 The Lancet Stillbirth Series, 3000 South African Report Cards detailing statistics relating to stillbirths and perinatal care, 1500 ISA flyers and 50 golf shirts to those midwives who expressed a specific interest and heart for stillbirth issues. 3000 The Lancet Stillbirth Series Executive Summary were printed and distributed along with Save the Children / Saving Newborn Lives supportive information. A grand thanks is due to Mary Kinney who held a meeting on the final morning with 14 African midwives who expressed a real desire to become champions for the cause of stillbirths.



Current Events

Stillbirth Summit

This Stillbirth Research Roundtable will feature an international panel of researchers and organizations with focus on emerging areas of interest in the prevention of stillbirth. Topics include third trimester fetal diagnostics, blood pressure, umbilical cord and placenta, clotting disorders, decreased fetal movement, low blood pressure, hiccups, sleep position, sleep changes on moms and babies, and others that may be related to oxygen deprivation or system overload of the baby.

Let The Stars Shine (day 3) will feature subsequent pregnancy, risks and bonding, healing arts, extended family grief support, web and group support, stillbirth planning and options following diagnosis, and parent/baby advocacy

For more information visit <http://www.starlegacyfoundation.org/Summit.php>

First Candle Gala

The First Candle Charity Gala 2011 will take place on Thursday, October 27, 2011 at The Lighthouse at Pier Sixty in New York City.

In the spring of 1998 Esmeralda and Hugh Williamson-Noble, together with a group of committed volunteers and advocates, held the very first Windflower Ball . . . a fundraising event to support programs in the area of SIDS research and education. The event was established to commemorate the brief life of their precious baby, Alexander. First Candle began hosting the event in 2004 to benefit its key programs of public and professional education, research, advocacy and grief support services.

This gala event brings together a distinguished array of individuals, corporations and health professionals with a common goal, a future where all babies survive and thrive

For more Information or to purchase tickets, please visit <http://www.firstcandle.org/the-gala/>

CONTACT US

Please contact the [International Stillbirth Alliance](#) if you have enquiries or feedback. Your query will be treated with utmost confidentiality and will be responded to as promptly as possible by either the ISA Parent and Communications Committees, or by the ISA Scientific Advisory Committee.

ISA also invites you to memorialise and remember your precious baby through the ISA World Circle of Loved and Remembered Babies. You might consider sharing your experience or opinion. Consider joining a stillbirth blog or joining our Facebook account.

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