7. ACHIEVING THE GOAL

This final chapter details the country-level actions needed now, by 2025 and by 2030 to end preventable stillbirths and ensure respectful care for women and families when stillbirth occurs. It concludes by restating the vision of this advocacy and implementation guide, including voices from the field.

Action needed at the country level

Ending preventable stillbirths does not necessarily require new interventions. Rather, countries need to ensure quality and respectful antenatal and intrapartum care for every woman, child and family, along the continuum of care. This can be achieved through strengthening existing health systems, as described. Strengthening of health systems will also enable scale-up of effective support and bereavement care for all affected by stillbirth, including families of stillborn babies and their carers **(1)**.

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Harriet Karij, a 27 year old UNICEF-supported midwife, attends to Monica John in the delivery room at Malakal Teaching Hospital, South Sudan on 26th October 2020. Monica's last two babies tragically died during childbirth so – following abdominal pain a week ago– she decided to come to the hospital's maternity ward where, according to Monica (28 years old), she knew she "would be closely monitored and receive superior care".

Actions to implement NOW

Identify national leaders, champions, allies

While it is possible for a few individual champions to lead and adopt a national stillbirth target in their country, strong and intentional leadership is needed to bring about sustained change for neglected health issues, such as stillbirth **(106)**. Effective stillbirth leadership can facilitate situation analysis, agenda setting and prioritization, and formulation of health policies and guidance **(106)**. These steps provide the required foundations for implementation of interventions and monitoring and evaluation to ensure accountability towards national and global milestones and targets (see Chapter 4).

Raise voices

Bereaved parents and families must be supported to bring their voices into policy formulation and actions. This will help to:

- Understand and remove social taboos, stigma and misconceptions that silence families.
- Facilitate opportunities for women and families to demand and receive high-quality, respectful maternity and newborn care including for stillborn babies.
- Ensure families' views are considered in child death reviews.
- Ensure national-level actors, governments and global organizations include stillbirths in relevant reproductive, maternal, newborn, child and adolescent health (RMNCAH) investments, policies and programmes.
- Improve availability and quality of data on the burden of, causes of and risk factors for stillbirths **(1)**.

Increase awareness

As described in Chapter 2, stillbirths are often excluded from the public health agenda at the country level. Stigma, taboo and fatalism have contributed to this lack of attention, which has been perpetuated by a lack of accurate, timely data on numbers and causes of stillbirth **(1)**. To increase accountability for stillbirths, data systems must be strengthened in their capacity to collect, analyse and promote the use of timely, quality and disaggregated data, with information on causes of death, risk factors and inequities **(1, 27)** (see Chapter 6 and Box 7.1).

BOX 7.1: ACTIONS FOR DATA SYSTEM STRENGTHENING (1)

- Align stillbirth definitions and measures with international standards
- Integrate stillbirth-specific components within relevant plans for data system strengthening and improvement
- Record stillbirths in all relevant RMNCAH programmes (registers, monthly reporting forms and routine health management information systems)
- Improve health-care workers' skills related to reporting of fetal deaths and perinatal audits
- Provide training and support to include stillbirths within CRVS
- Include information on timing of stillbirth (antepartum or intrapartum) in all settings and record causes of and contributing factors to stillbirth where possible
- Report and review stillbirth data locally at the facility or district level – together with data on neonatal deaths

Set the agenda

The Millennium Development Goals and the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) **(107)** show that acceleration of country-level actions for maternal and newborn health is possible **(106)**. Further progress could be achieved by setting clear goals and nationalizing or localizing stillbirth targets **(1, 48, 106, 108)**.

Formulate policy

The health agenda and prioritized actions must be supported by strong political will and sustained investments at the country level. Countries need to facilitate integration of stillbirths into policies for RMNCAH across the continuum of care, as well as policies for monitoring and data collection linked to strong accountability mechanisms **(1, 27)**.

Implement programmes

Table 7.1 shows high-impact stillbirth prevention interventions and corresponding WHO guidance along the continuum of care. As 45% of all stillbirths occur during labour, it is vital to improve provision of and access to high-quality intrapartum care for every woman and baby, everywhere **(1, 31)**. Stillbirth and neonatal death must also be considered for country preparedness in fragile settings and during humanitarian crises such as natural disasters, pandemics and conflict (see Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings) **(61)**.

TABLE 7.1: GUIDANCE AND HIGH-IMPACT INTERVENTIONS ALONG THE CONTINUUM OF CARE

CONTINUUM STAGE	WHO GUIDANCE AND HIGH-IMPACT INTERVENTIONS
Adolescent and preconception care	**WHO guidance:** Preconception Care to Reduce Maternal and Childhood Mortality and Morbidity **(36)** High-impact interventions: • Family planning and birth spacing (including for adolescents) • Iron and folic acid supplementation • Prevention/testing/management of infectious diseases (such as STIs, HIV)
Antenatal care	**WHO guidance:** WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience **(30)** High-impact interventions: • Antenatal care models with a minimum of eight contacts • Iron and folic acid supplementation • Prevention of infectious diseases (malaria, HIV) • Screening and management of maternal illness and risk factors (GDM, HIV, TB, tobacco and substance use)
Intrapartum care	**WHO guidance:** WHO Recommendations: Intrapartum Care for a Positive Childbirth Experience **(37)**, WHO Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors, 2nd edition **(38)** and WHO Labour Care Guide: User's Manual **(39)** High-impact interventions: • Basic and comprehensive emergency obstetric care • Facility childbirth with a skilled birth attendant • Assessment of fetal well-being on labour admission (Doppler ultrasound device or Pinard fetal stethoscope) • Assisted vaginal delivery and caesarean section for fetal indication • Functional referral systems

GDM: gestational diabetes mellitus; STI: sexually transmitted infection; TB: tuberculosis

Raising awareness is critical for increasing demand for services, while integration of interventions for stillbirth prevention into community-based and primary health care will aid access to these services.

As addressed in Chapter 5, to provide quality and respectful care, countries must have functional health facilities with adequate infrastructure, equipment and supplies, and round-the-clock referral systems with adequate numbers of competent health-care providers **(1, 109)**. Health-care providers need further education and professional support, particularly in relation to psychosocial care and respectful communication with families after stillbirth **(10)**. Health-care providers also need their own support to mitigate the adverse psychological impacts of caring for families experiencing stillbirth (see Chapter 1).

Actions to implement by 2025

Engage communities

Communities can be further mobilized by parents, families and national champions and allies in response to the activities proposed at Raise voices and Increase awareness. Complacency and fatalism within communities related to pregnancy and childbirth must be addressed, and countries should identify mechanisms to reduce stigma among key stakeholders at the community level **(1)**. Community-based interventions are one method of changing norms and should be piloted for scale-up **(27)**.

Formulate policy

Ongoing effort is needed to identify, understand and redress inequities through comprehensive situation analyses. In addition to policy formulation to integrate stillbirths into policies for RMNCAH, countries should also develop standards related to stillbirth, including integrating family support and counselling into national health strategies, with reference to the Principles of respectful bereavement care outlined in Chapter 3.

Scale up interventions, monitor and evaluate

Monitoring and evaluation of care and services must follow implementation of immediate interventions. The quality of care framework **(108)** and assessment tools describe eight domains of quality of care that should be monitored within the health system. Innovative approaches should also be considered, including digital health interventions. Countries could seek collaboration with professional associations and the private sector to improve the competency of health-care workers and provision of care, as well as with academia to update the research agenda for stillbirth prevention and care, including filling knowledge gaps through research.

Actions to implement by 2030

Revise the agenda, reprioritize actions

Based on the outcomes of monitoring, evaluation and ongoing research, health agenda and priority actions should be revised where needed.

Formulate policy

Countries must ensure that stillbirth prevention is integrated into national health policy. ENAP and EPMM mortality and universal health care coverage targets are key, alongside respectful care and reduction of stigma. Further policies to support parents and families should be considered, including those beyond the health sector. Important areas include paid leave from employment and financial support, such as support for funeral costs **(10)**.

Implement programmes

Long-term strategies and interventions should be considered, such as integrating stillbirth education and care into pre-service education for health-care workers, social workers and other cadres. Setting up centres of excellence to support mentoring and coaching, detailed death review and genetic counselling could also be considered. A summary of actions is presented in Table 7.2.

TABLE 7.2: SUMMARY OF COUNTRY ACTIONS

ACTORS	ACTIONS		
	Now	**By 2025**	**By 2030**
GOVERNMENTS	• Identify national leadership, champions and allies in maternal, newborn and child health • Set or review national (and subnational) stillbirth targets • Conduct rapid situation analysis on stillbirth programme, policy, guidelines, data system, training, health facility readiness • Revise the legal framework for civil registration of stillbirths or reporting to the health sector, and strengthen information systems for capture of stillbirth data • Integrate stillbirth into RMNCAH strategy and related working groups • Identify key strategies based on the country situation (health facility and health-care workers)	• Integrate stillbirth into national health strategy (financing, human resources, quality of care framework, etc.) with a clear target • Integrate stillbirth into RMNCAH: supportive supervision, information systems (HMIS, MPDSR, CRVS, surveys), communication framework, guidelines, pre- and in-service training, monitoring and evaluation • Strengthen primary-level and community-based services to include stillbirths • Seek collaboration with professional associations, academia and the private sector to strengthen competency of service providers and monitoring and evaluation, including research • Carry out further situation analysis on equity to identify priority geographical areas and population groups	• Ensure stillbirth is being included in all relevant national health policies, strategies, guidelines and training • Consider multisectoral support for mothers and families • Identify centres of excellence for mentoring, coaching, death review, genetic testing and other core areas for stillbirth prevention and support
WOMEN, FAMILIES AND COMMUNITIES	• Raise voices; share knowledge and experience • Engage with the health sector to receive essential care along the continuum • If not realized, demand high-quality, respectful and equitable maternity and newborn care	• Demand high-quality, respectful care closer to home, including community-based interventions • Demand support for families and counselling • Demand action on reducing inequities	• Demand high-quality, respectful care along the continuum and universal health coverage • Demand support for women and families beyond the health sector
SERVICE PROVIDERS	• Adhere to national guidance on quality and respectful care along the continuum • Share information about stillbirth with women, families and communities • Participate in pre- and in-service training, including for bereavement care	• Collaborate with the MOH, professional associations, academia and the private sector to strengthen competency and share information and lessons learned	• Update evidence-based care through refresher training and networking with centres of excellence

CRVS: civil registration and vital statistics; HMIS: health management information system; MPDSR: maternal perinatal death surveillance and response; RMNCAH: reproductive, maternal, newborn, child and adolescent health

Progress can be made

Across the world, a stillbirth occurs every 17 seconds. This translates to about 1.9 million babies stillborn every year – and tragically, most of these deaths could have been avoided with high-quality care during the antenatal and intrapartum periods **(1)**.

The ISA-SAWG has a clear vision for *"A world in which preventable stillbirths no longer occur, and care for families and health workers after stillbirths is compassionate, high quality and culturally appropriate"*. This vision aligns well with The Lancet Ending Preventable Stillbirths Series, ENAP, The Lancet Every Newborn Series and the report by UNICEF, WHO, the World Bank Group and the United Nations *Never Forgotten: The Situation of Stillbirth Around the Globe* **(1)**. Providing respectful care and reducing stigma are key components of this vision, as specifically highlighted in the final paper of The Lancet Ending Preventable Stillbirths Series **(27)**. The vision is attainable but will require urgent action with international collaboration.

Presented throughout this guide are the essential components for addressing stillbirth, including: advocacy; programme implementation around access to care, leadership, infrastructure and the health workforce; bereavement care; and data collection, monitoring and evaluation. The guidance includes the voices of women, parent groups and families across the continuum of care.

To capture voices from professionals – including members of the target audience of this guide – a survey was conducted in early September 2022. A total of 178 professionals from seven countries responded, predominately from a global array of organizations including government, intergovernmental and non-governmental organizations, donor agencies, professional organizations, academic and research institutions, public and private facilities and civil society.

Many of the challenges for stillbirth prevention identified from country responses to the survey echo those outlined in previous sections of this advocacy and implementation guide. The survey results show that:

- Health-care workers are not trained in bereavement counselling.
- Excessive workload and major fatigue have been compounded by the COVID-19 pandemic.
- There remains a lack of funding for infrastructure, health system strengthening and delivery of service to rural communities.
- Poor transport to and care on the way to facilities increase the "three delays": delay in the decision to seek care, delay in arrival at a health facility and delay in the provision of adequate care **(110)**. This also includes the challenges related to financial commitments for follow-up care.
- There remains an overall lack of psychosocial support for health-care providers, women and their families after a baby is stillborn.

The survey results showed a clear need for stillbirth support, including community resources, peer-to-peer support, empathy, grief care, and privacy and confidentiality. The survey participants consistently and clearly identified key country priorities and actions that can be implemented now to address stillbirth (Box 7.2).

The Lancet Ending Preventable Stillbirths Series emphasized that leadership is needed at all levels, but it will be crucial to improve technical skills as well as programmatic data to close quality and equity gaps.

Progress on the hidden tragedy of stillbirth can be made globally, but it must be given greater priority so that we can move forward with clear actions, as highlighted throughout this advocacy and implementation guide.

We know that most stillbirths are preventable, particularly intrapartum stillbirths. As a global community, and with our growing government partnerships, let's ensure evidence and data are widely visible, and that our financial commitments and investments are aligned and linked to accountability at the country and global levels.

The time to act is now! Please see this guide as a tool and work with us to ensure its use as a living document for catalytic change throughout the continuum of care. Together as a global community with learning agendas set by ENAP and EPMM, we work to end these preventable deaths.

BOX 7.2: KEY COUNTRY ACTIONS TO ADDRESS STILLBIRTH, ACCORDING TO SURVEY RESPONDENTS

- Improve the quality of antenatal and intrapartum care
- Establish policies and procedures for managing stillbirths in health facilities
- Provide accessible and affordable care for family planning and reproductive health
- Provide quality medicines, equipment and services
- Expand primary health care
- Increase capacity for stillbirth audits
- Improve the focus on health-care workers, including midwives
- Better health education and psychosocial support for families

A smiling mother and her baby in India. Source: White Ribbon Alliance