9. ANNEXES

ANNEX 1
CHALLENGES IN ADDRESSING STILLBIRTH

CATEGORY	EXAMPLES OF KEY ISSUES
EQUITY AND ACCESS TO CARE	Triad: low socioeconomic status, illiteracy and inadequate antenatal care
	Wealth inequality
	Discrimination in health care
QUALITY OF CARE	Inadequate information on recommended healthy practices in pregnancy
	Lack of respectful care
	Inaccessible interventions for women's health promotion and disease prevention, screening and timely diagnosis
	Lack of infrastructure and equipment/supplies to provide good-quality care
	Lack of personnel to provide adequate care (such as lack of midwife-led continuity of care, leading to few contacts and potentially poor-quality care)
	Inadequate funding and resources for essential monitoring tools (such as women's handheld or digital notes)
	Lack of bereavement care
SOCIETAL PERCEPTIONS	Stigma and ostracism of mothers after a stillbirth (in some regions, women are blamed, mistreated and dishonoured through divorce)
	Hidden mourning practices for stillbirths embedded in diverse cultural contexts (such as where fathers are prevented from grieving)
	Taboos, fatalism and false beliefs (such as that witchcraft or evil spirits cause stillbirth)
DATA GAPS	Failure to consistently include global targets or indicators for stillbirth in post-2015 initiatives
	Limited availability of reliable population-based surveillance data
	Lack of indicators to measure impact and monitor progress
	Lack of data disaggregation, including by timing, cause and for marginalized groups
	Lack of programmatic coverage indicators
	Lack of accurate measurement of stillbirths, including omission of events and misclassification between stillbirths and early neonatal deaths
	Inconsistent classification – stillbirth definitions vary across settings and over time, limiting comparability for the assessment of accurate data
PROGRAMMATIC CHALLENGES	Lack of implementing policies/guidance on stillbirths
	Insufficient training of the workforce on appropriate management guidelines
	Insufficiently organized and structured methodology for stillbirth investigations
	Failure to guarantee specialized personnel are included in management policies (such as failure to guarantee that trained pathologists – including trained placental pathologists – carry out the appropriate diagnostic investigations/examinations)

ANNEX 2
ADDITIONAL CASE STUDIES AVAILABLE IN ONLINE REPOSITORY

View the online repository at:
www.stillbirthalliance.org/global-guide

Advocacy

- Technical advocacy: prioritization of stillbirth prevention at the national level
  Uganda
- Political advocacy: how legislators can help after stillbirth
  USA
- Awareness-raising or voice advocacy: Still A Mum
  Kenya
- Still A Mum Parent Voices Initiative
  Kenya
- Establishment of the Centre of Research Excellence in Stillbirth
  Australia
- Advocacy and implementation support to address stillbirth
  Afghanistan
- Group B Strep International
  USA

Programme implementation

- Screening for placental insufficiency in low-risk pregnant women
  South Africa
- Strengthening antenatal care through antenatal care checklists
  South Africa
- CLEVER Maternity Care
  South Africa
- Bereavement care in the **United Arab Emirates**: context and case examples

Measurement of progress

- Using data to reduce preventable deaths of babies and children
  Mexico

ANNEX 3
THE LANCET *ENDING PREVENTABLE STILLBIRTHS SERIES* CALL TO ACTION
(UPDATED)

MORTALITY TARGETS BY 2030

- National stillbirth rate: 12 stillbirths or fewer per 1,000 total births in every country
- Equity: All countries set and meet targets to close equity gaps and use data to track stillbirths

UNIVERSAL HEALTH CARE COVERAGE BY 2030

- Sexual and reproductive health care: Universal access to services and integration into national strategies and programmes
- Antenatal care: Universal comprehensive quality antenatal care
- Care during labour and birth: Universal effective and respectful intrapartum care including: high-quality intrapartum monitoring; timely and appropriate obstetric interventions, including caesarean section; and adequate, context-appropriate clinical and respectful management of stillbirth

MILESTONES BY 2025 (UPDATED)

- Milestones in the Every Newborn Action Plan (ENAP) and Ending Preventable Maternal Mortality (EPMM)
- Respectful care, which includes global consensus on a package of care after death in pregnancy or childbirth (of a mother, newborn or stillborn baby) for the affected family, community and caregiver in all settings
- Reduce stigma: All countries should acknowledge the effect of stillbirths and identify mechanisms to reduce associated stigma for all stakeholders, including health workers and communities

Meeting these targets will require that the global health community, country leaders and individuals collaborate more effectively in support of:

- Deliberate leadership at global and country levels, especially from policymakers
- Increased voice, especially of women, to break the silence and reduce stigma and taboo surrounding stillbirths
- Implementation of integrated interventions across the maternal and child health continuum, with investment that is commensurate with the scale of the global burden of stillbirth
- Definition and use of indicators to measure progress and quality of care
- Investigation of gaps in knowledge on stillbirth prevention and bereavement support

Original source: Stillbirths: ending preventable deaths by 2030. Lancet. 2016 13;387(10019):703–716.

ANNEX 4
ENAP AND EPMM MORTALITY AND COVERAGE TARGETS

TARGET	ENAP	EPMM
MORTALITY TARGETS TO 2030	All countries to have 12 or fewer stillbirths per 1,000 total births and to continue to improve equity All countries to have 12 or fewer newborn deaths per 1,000 live births and to continue to reduce death and disability, ensuring that no newborn is left behind (SDG 3.2 target)	The global MMR to be reduced to less than 70 per 100,000 live births, with no country having an MMR more than 140 per 100,000 live births (SDG 3.1 target)
GLOBAL COVERAGE TARGETS TO 2025	**Care in pregnancy** 90% global coverage of four or more antenatal care contacts **Care at birth** 90% global average coverage of births attended by skilled health personnel At least 60% of the population able to physically access the closest EmONC health facility within two hours of travel time (EPMM only) **Postnatal care and newborn care** 80% global coverage of early postnatal care 80% of countries to have a national implementation plan that is being implemented in at least half the country, with an appropriate number of functional level-2 inpatient units linked to level-1 units to care for small and sick newborns, with family-centred care (ENAP only) **Social determinants** 65% of women making their own informed and empowered decisions on sexual relations, contraceptive use and reproductive health care (EPMM only)	
NATIONAL COVERAGE TARGETS TO 2025	**Care in pregnancy** 90% of countries to have >70% coverage of four or more antenatal care contacts **Care at birth** 90% of countries to have >80% coverage of births attended by skilled health personnel 80% of countries to have >50% of the population able to physically access the closest EmOC health facility within two hours of travel (EPMM only) **Postnatal care and newborn care** 90% of countries to have >60% coverage of early postnatal care 80% of districts (or equivalent subnational unit) to have at least one level-2 inpatient unit to care for small and sick newborns, with respiratory support, including provision of continuous positive airway pressure (ENAP only) **Social determinants** 80% of countries to enact legal and policy changes that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education (EPMM only)	

SUBNATIONAL COVERAGE TARGETS TO 2025	**Care in pregnancy** 80% of districts to have >70% coverage of four or more antenatal care contacts **Care at birth** 80% of districts to have >80% coverage of births attended by skilled health personnel **Postnatal care and newborn care** 80% of districts to have >60% coverage of early postnatal care (within two days)

EmOC: emergency obstetric care; EmONC: emergency obstetric and newborn care; ENAP: Every Newborn Action Plan; EPMM: Ending Preventable Maternal Mortality; MMR: maternal mortality ratio; SDG: Sustainable Development Goal

ANNEX 5
EXAMPLE ACTIVITIES TO ENGAGE DECISION MAKERS AND THEIR INFLUENCERS

"ASK" FOCUSED ON…	POSSIBLE WAYS TO ENGAGE	TARGET
DATA	Propose pilot projects to support better data collection in facilities Propose a system to include outcomes of pregnancies in surveys	Think tanks and professional bodies Ministry officials
INTERVENTIONS	Work with the relevant authority to develop specific guidelines on stillbirth Create and disseminate clear, simple stillbirth interventions Share learnings of reports or studies in easily digestible ways	Health professionals Ministry officials Academia
INVESTMENT	Propose stillbirth rate as an indicator for quality of care	Health officials Ministry officials
MESSAGING	Set up panels and events on stillbirths – include stillbirth speakers in panels and round tables – spark debate	The media The public, including parents
CHAMPIONS	Create opportunities for sharing experiences as well as impact of effective interventions – round tables, dialogues, media	The media Government officials Academia, health professionals
STIGMA	Engage with parent groups on lessons learned	The media
OWNERSHIP	Push relevant authorities to recognize the issue and take ownership of stillbirths Show interconnectedness of stillbirths to government targets, objectives, etc.	Local and national politicians Government leaders
ACCOUNTABILITY	Partner with a think tank or credible agency to measure stillbirths – publish progress report	Government leaders Ministers
MANDATE	Use parents' and allies' voices to show politicians that they have a mandate to act Build a strong coalition of NGOs, professional associations and foundations to undertake joint advocacy to show depth of solidarity	Local and national politicians Government leaders and ministers

NGO: non-government organization

Note. Listed activities are not comprehensive; these are provided to give an idea of the range of approaches available

ANNEX 6
TEMPLATE FOR ADVOCACY ACTION PLAN

Advocacy goal:

Advocacy objective(s):

WHAT NEEDS TO BE DONE?		BY WHEN?	WHO WILL DO IT?	WHAT RESOURCES ARE NEEDED?
OUTPUT	ACTIVITIES			

ANNEX 7
ADVOCACY TOOLKITS FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH

Developed by Kelly Thomson, Partnership for Maternal, Newborn and Child Health (PMNCH)

TOOLKIT	ORGANIZATION	FOCUS AREAS
Advocating for Change for Adolescents! A Practical Toolkit for Young People to Advocate for Improved Adolescent Health and Well-being	PMNCH and Women Deliver	Adolescents and young people; health for all; mental health; sexual and reproductive health services
Power On: A Toolkit for Community Organizing	White Ribbon Alliance	Health and health rights; respectful maternity care charter: universal rights of mothers and newborns
Demystifying Data: Using Evidence to Improve Young People's Sexual Health and Rights – Workshop and Toolkit	Guttmacher Institute	Young people's sexual and reproductive health rights; using data to address issues; developing an advocacy strategy
ICM Advocacy Toolkit for Midwives	International Confederation of Midwives	Increased resources for midwives; raising awareness about health issues; increased rights and protections for midwives
Every Newborn: An Advocacy Toolkit and Guidance Manual for Ending Preventable Deaths	WHO and UNICEF	Practical tools for country programmes and stakeholders to support advocacy for improving newborn and maternal health and preventing stillbirths
Health for All Advocacy Toolkit	Civil Society Engagement Mechanism for UHC2030	Broadly on achieving universal health coverage, but includes reference to maternal health
The Young Advocates' Guide on SRHR Advocacy and Intersectionality	Right Here Right Now and YUWA	Adolescent sexual and reproductive health rights; digital advocacy
Every Mother Counts Advocacy Toolkit	Every Mother Counts	Maternal health and health equity; US maternal health crisis
Raising Parent Voices Advocacy Toolkit – India Health Providers	ISA	Stillbirths; parent voices

TOOLKIT	ORGANIZATION	FOCUS AREAS
Raising Parent Voices Advocacy Toolkit – Kenya Parents' version	ISA	Stillbirths; parent voices
Breastfeeding Advocacy Toolkit	UNICEF and WHO	Breastfeeding
Health Budget Literacy, Advocacy and Accountability for UHC	UHC2030 and PMNCH	Health budget literacy; universal health coverage; accountability
Mobilising Communities on Young People's Health and Rights: An Advocacy Toolkit for Programme Managers	Family Care International	Young people's sexual and reproductive health and rights
Black Mamas Matter: Advancing the Human Right to Safe and Respectful Maternal Health Care	Black Mamas Matter Alliance and Center for Reproductive Rights	Maternal mortality in the US; access to reproductive health care; quality care; respectful maternal care

ANNEX 8
TEMPLATE FOR MAPPING OF RELEVANT POLICIES AND RECOMMENDATIONS

RESOURCE	POLICIES AND RECOMMENDATIONS RELEVANT TO MY SETTING	STATUS IN MY SETTING
Building the Enabling Environment for Midwives: A Call to Action for Policymakers	Example 1: Safety and security in the workplace and when travelling to and from	For example, “in place”, “lacking”, “in progress”
WHO Guideline on Health Workforce Development, Attraction, Recruitment and Retention in Rural and Remote Areas	Example 2: Scholarships, bursaries or other education subsidies to health workers with agreements for return of service	For example, “in place”, “lacking”, “in progress”
	User complete	User complete

ANNEX 9
WHO MINIMUM PERINATAL DATA SET

THE FOLLOWING INFORMATION SHOULD BE COLLECTED ON ALL BIRTHS:
ID # mother:
ID # baby:
Facility name:
District name:
Obstetric history: number of pregnancies, number of live births
Mother's age:
Type of pregnancy: singleton, twin, higher multiple
Number of antenatal care visits:
HIV status:
Mother's last menstrual period:
Date and time of birth:
Gestational age (weeks) and method of determination:
Place of delivery:
Birth attendant: midwife, nurse, doctor, other, unknown
Mode of delivery: cephalic vaginal, breech vaginal, caesarean section
Sex of baby:
Birthweight (grams):
IF THE BABY HAS DIED, THE FOLLOWING ADDITIONAL INFORMATION SHOULD BE COLLECTED:
Date and time of death:
Type of death: neonatal, intrapartum stillbirth, antepartum stillbirth, stillbirth of unknown timing

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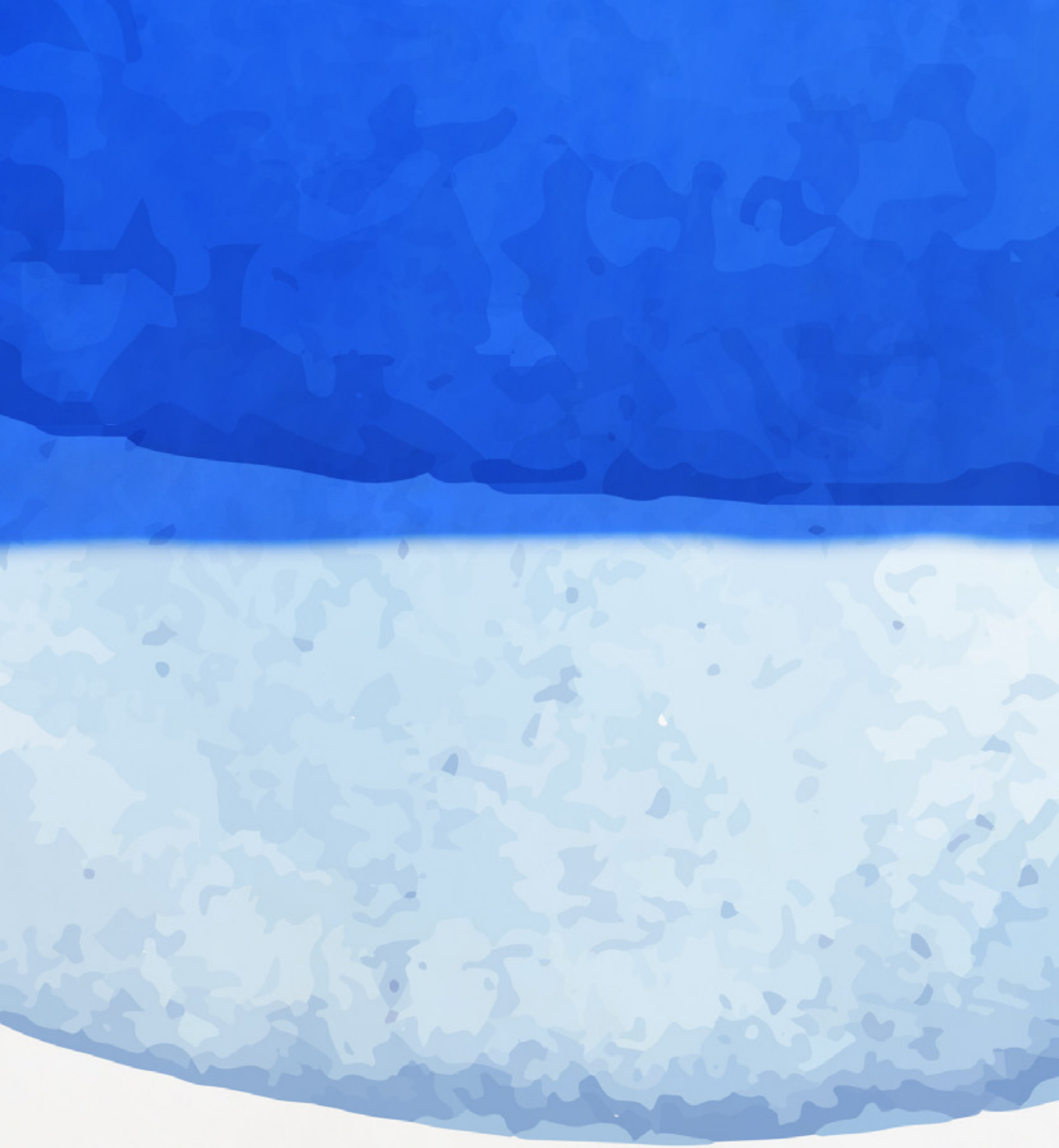

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