international
stillbirth alliance

Ending Preventable Stillbirths Series

A Summary for the Lancet's EPS Series

prepared by the International Stillbirth Alliance - January, 2016

Too many stillbirths

2.6 million stillbirths, 98% from low- and middle-income countries

160 years

Rate of progress must be stepped up

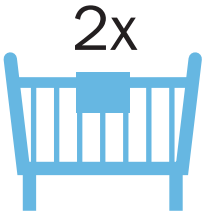
An African mother must wait 160 years for the same chance of a live baby as today's high-income country mother

Preventing stillbirth is part of high-quality women's and children's healthcare

Investment in stillbirth prevention yields a quadruple return, also saving mothers and newborns, improving child development

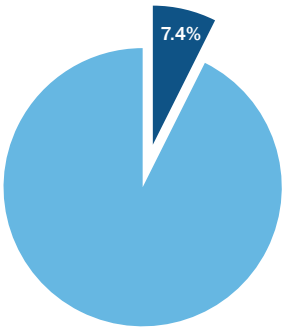
Babies of disadvantaged women more likely to be stillborn

Stillbirth is twice as frequent in women who are poor, less educated or from minority ethnic groups



Stillbirth places heavy burden on families

4.2 million women are living with symptoms of depression after stillbirths



Stillbirths are not inevitable

Only 7.4% (median) of stillbirths are due to congenital anomalies

The *Ending Preventable Stillbirths* series includes five articles written by over 210 authors from 43 different countries. The research in this series shows that about 2.6 million babies are stillborn every year and highlights the huge impact this loss of life has on families, care-givers, societies and governments. Sadly, most of these deaths could be prevented with better care for women during pregnancy and birth. This series builds on the Lancet *Stillbirths* Series published in 2011. By reviewing where progress has and has not been made since 2011, this series shows what should be done to end preventable stillbirths by 2030 (which is the year by which countries around the world have committed to improve health for mothers and babies).

The key messages from the *Ending Preventable Stillbirths* series are:

Credit: Suzanne Lee/Save the Children/India

- **About 2.6 million stillbirths happen every year, 98% of which occur in low- and middle-income countries.** Almost half of all stillbirths happen during labour and birth. Most deaths result from problems that can be avoided with good maternity care such as the prevention or treatment of infections and pregnancy-related complications (e.g. high blood pressure, diabetes, or poor growth of the baby before birth).
- **Stillbirth places a heavy burden on families and society.** Stillbirth is a tragedy for families and can have long lasting psychological, social and financial effects. The behaviour of doctors and midwives and other health care providers can make a real difference to parents' experiences; respectful maternity services which include good quality bereavement care can reduce the negative impacts for parents. The attitudes of all those who are around parents at this tragic time are important. Stillbirth is stigmatised, and parents often feel shunned and blamed for their babies' deaths. Although the impact of stillbirth mostly affects women and their families, caregivers, communities, and wider society are also affected.
- **Most stillbirths are preventable** through good quality care during pregnancy, labour and birth which is often lacking. Efforts to prevent stillbirth need to form part of normal healthcare of women and children. Improvements in maternity care will also prevent deaths of mothers and newborn babies and improve child development; this is called a "quadruple return" on the financial investment that governments and donors make into healthcare – this means 4 types of benefit (to reduce deaths of mothers and newborns, stillbirths and developmental problems) for each single effort to improve healthcare.
- **Stillbirths must be counted just as newborn deaths and deaths of mothers are counted.** Currently, stillbirths are not counted in every country, which makes it difficult to monitor the number of stillbirths. This information is needed to hold governments and donors accountable. Lobbying to include stillbirth targets in global goals for 2030 has had some success. Stillbirth is often overlooked in international policies. For example, the Every Newborn Action Plan has set targets for reducing the numbers of stillbirths in every country, but the global "Sustainable Development Goals" do not include stillbirth targets. However, they do include goals for better women's and children's survival and health, for reduction of poverty, and for greater equality which are relevant to stillbirth prevention. The Ending Preventable Stillbirth series asks all countries to reduce stillbirths in line with the "Every Newborn" targets and to make sure all stillbirths are counted and reported, the same as for newborns and mothers who die.
- **Stillbirth particularly affects women who are socially disadvantaged or "marginalised".** Women from some ethnic minority backgrounds and those who are poor or unemployed, have a much higher risk of stillbirth particularly in low- and middle-income countries, but this is even seen in high income countries. All countries need to make sure that all women are given good quality maternity care.

Credit: Mel Scott and her son Finley/UK

- **Stillbirth is often a hidden tragedy.** 'Disenfranchised grief' is common, meaning that parents' grief after the death of their child is hidden and not acknowledged properly or even at all by health workers, other members of their family, or society. Depressive symptoms are common and long-lasting after stillbirth; the study authors estimate that about 4 million women worldwide are suffering from symptoms of depression after their baby was stillborn.
- **Women** whose babies have been stillborn **feel stigmatised, alone and less valued by society** and, in some cases, women may suffer abuse or harm from violence after a stillbirth. Parent organisations that work closely with health care workers can help to reduce stigma and the feeling of hopelessness that stillbirth is not preventable.

What has changed since 2011 and what needs to change in future?

We need to speed up work to reduce stillbirth. There were 18.4 stillbirths per 1000 total births worldwide in 2015, compared to 24.7 in 2000. On average, the stillbirth rate has fallen by 2% per year, but this reduction is slower than for deaths of pregnant women (which fell by 3% in the same time period) or the deaths of children younger than 5 years (which fell by 4.5%). In 2014, the World Health Assembly, which decides policies for the World Health Organisation (a United Nations organization focused on global health) agreed to a target of 12 or fewer stillbirths per 1000 births in every country by 2030. By 2015, only 94 countries, mainly high income and middle income countries, had reached this target. **At least 56 countries**, particularly in Africa and countries affected by war, **will have to at least double their present rate of progress** to reach this target. Countries, particularly those which have a stillbirth rate less than 12 per 1000 births, were also asked to set and meet targets to close gaps in stillbirth rates between different groups of women (such as those suffering racial and social disadvantage). The series calls for all countries to honour these commitments.

Stillbirth needs to be included in national and global policies and programmes. Strong leadership is needed worldwide and in individual countries to co-ordinate and lead local, national, and global efforts for mothers and their babies. Considering how huge the impact of stillbirth is, it is surprising that not much money has been given to research and implementation programmes aiming to prevent stillbirth and improve care after a stillbirth. It is also important that more research into stillbirth prevention and bereavement care is carried out.

For countries to make progress, they need to make the changes that are called for in global plans in ways that suit their own situation. Collection of information about stillbirths needs to improve, because this will help us to understand how well countries are doing to stop stillbirths. All births, stillbirths, deaths of mothers and deaths of newborns must be officially counted, and the stillbirth rate during pregnancy ("antepartum stillbirth rate") and during birth ("intrapartum stillbirth rate") should be measured every year in each country. To help understand stillbirths better, all countries should agree to use one system to identify the causes of stillbirth; at the moment there are too many different systems in use, and none are working well.

How can we find out whether the world is getting better in preventing stillbirths?

To work out whether countries are getting better at preventing stillbirth, this series proposes asking three questions:

1) Has stillbirth been counted in summaries of maternal, neonatal, and child deaths for each country?
2) Is good quality care during pregnancy and childbirth included in country-specific plans, with special attention to care that prevents stillbirths? and;
3) Is a specific target for stillbirth reduction part of the plan or policy?

The series emphasizes that certain things should be done to speed up the reduction in stillbirths and improvement in care after stillbirth:

(1) Intentional leadership especially from policy makers, which is the biggest challenge;
(2) Increased voices, especially of women;
(3) Including stillbirths into plans and policies for women's and children's healthcare, while increasing funding for prevention of stillbirths;
(4) Collecting data to check on progress to reduce stillbirth; and
(5) Investigating gaps in our understanding of stillbirth prevention and post-stillbirth support.

Towards 2030 – an integrated approach to reducing stillbirths

Similar to the call for action in the 2011 stillbirth series, this Series also calls for action to end preventable stillbirths. The implementation of global strategies such as the "Sustainable Development Goals" and the "Global Strategy for Women's, Children's, and Adolescents' Health" (the global plan to help implement the health-related Sustainable Development Goals) will be easier if stillbirths are treated just like any other death and are counted. By making sure all women are given good quality care during pregnancy and childbirth in the 75 countries with the worst stillbirth rates, we could prevent 823,000 stillbirths, 1,145,000 newborn deaths and 166,000 deaths of pregnant women every year by 2030, at an additional cost of US$2,143 or £1,436 for each life saved.

The global health community, country leaders, health care workers and individual women and men must come to raise their collective voices to break the silence around stillbirth and address the lack of respect and understanding that women and families often experience when their baby is stillborn.

Credit: Colin Crowley/Save the Children/Ethiopia

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