

Launch & Dissemination Toolkit

For the *Lancet's* Ending preventable stillbirths Series

A Guide and Resources
For Organizations Planning Publicity or an Event to
Promote the Series

13 January 2016 (version 2)

#EndStillbirths

[www.http://www.thelancet.com/series/ending-preventable-stillbirths](http://www.thelancet.com/series/ending-preventable-stillbirths)

Adapted from toolkits for The Global Maternal Newborn Health Conference (2015), Lancet's Every Newborn Series launch (2014), and Lancet's Stillbirths Series launch (2011)

The International Stillbirth Alliance (ISA) led development of this Toolkit on behalf of the Lancet's Ending preventable stillbirths Series partnership

Table of Contents

1. What is the Ending preventable stillbirths Series?	4
2. Here's how you can help.....	5
3. Publicize the launch on social media	6
Please use #EndStillbirths	6
Other relevant hashtags	6
Suggested handles	7
4. Issue a press release or write an op-ed	7
5. Hold an event.....	9
What kind of event?.....	9
Planning a media campaign	10
Creating resources for your launch event	12
Messages.....	12
Country Fact Sheets	12
Q&A Sheets	13
Infographics.....	13
On the day: Be ready!	14
6. Including parents' voices.....	14
7. Afterward: Let us know how it went	15
Annexes.....	16
Annex 1: Recent ISA postings on Facebook and Twitter	17
Annex 2: Suggested tweets and posts	19
Sample tweets.....	19
Sample Facebook posts.....	21
Annex 3: Examples of news headlines from the Lancet's 2011 Stillbirths series launch.....	22
Annex 4: Template for a Press Release.....	23
Annex 5: Template Country Fact Sheet	25
Annex 6: Sample messages	26
Annex 7: Sample Infographics.....	28
Annex 8: Parent story example.....	30
Annex 9: Additional resources	32
Websites.....	32
Documents and resources available for the launch and dissemination of the Series.....	32
Links to other useful information	32
For further information or assistance... ..	33

There are **2.6 million stillbirths a year** in the third trimester alone. Every country and group of people in the world is affected by stillbirth. The only way to **end preventable stillbirths and improve bereavement care** is to set goals and **hold decision-makers accountable** for their achievement.

The Lancet's Ending preventable stillbirths Series will help to do just that, whether you live in **sub-Saharan Africa** or **South Asia** where stillbirth rates are highest, or whether you are in **New York City, Buenos Aires, Vancouver** or another city where stillbirth risk factors such as smoking, obesity and diabetes are prevalent. In all countries and populations, **stillbirth is devastating** for families and caregivers alike. Your help in publicizing this series, bringing it to the attention of your local and national media, national policy-makers, and all those affected by stillbirth, can help to **shift priorities, policies, budgets and programs** toward stillbirth prevention and post-stillbirth bereavement support. **Help us spread the word!**

You can make a difference!!!

EMBARGO through 18:30 GMT

1. What is the Ending preventable stillbirths Series?

The Lancet's [Ending preventable stillbirths](#) (EPS) Series is a set of 5 papers written by a collaboration of 216 authors and advisors from over 40 countries, representing over 100 organizations, that lays out the status of stillbirths today and what must happen to end preventable stillbirths by 2030.

The series is **embargoed** by the Lancet **until 23:30 GMT on 18th January 2016**. This means that the series cannot be published or quoted from, and data from it cannot be used publicly, until this time. When the embargo is lifted, a link to the series will be posted on several websites including:

- [Every Woman Every Child](#)
- [MamaYe's stillbirths resource hub](#)
- The [Partnership for Maternal, Newborn and Child Health](#)
- [Every Newborn](#)
- [International Stillbirth Alliance](#)
- [Healthy Newborn Network](#)
- [The Lancet](#)
- [London School of Hygiene and Tropical Medicine](#)

The 5 series papers are:

1. **Paper 1, Stillbirths: progress and unfinished business:** This paper documents the progress that has, and has not, been made against the "[Call to action](#)"¹ laid out in the first Lancet series on stillbirths in 2011
2. **Paper 2, Stillbirths: rates, risk factors, and acceleration towards 2030:** This paper gives the latest stillbirth rates for 196 countries, as well as new data on risk factors for stillbirth
3. **Paper 3, Stillbirths: economic and psychosocial consequences:** This paper gives a comprehensive assessment of all the costs related to stillbirth
4. **Paper 4, Stillbirths: recall to action in high-income countries:** This paper gives a new overview of the situation of stillbirth, especially risk factors, in high-income countries
5. **Paper 5, Stillbirths: ending preventable deaths by 2030:** This paper summarizes the series, points out some missed opportunities for integrating stillbirth within action for maternal, newborn and child health, and presents a fresh Call to Action to all countries and other stakeholders, to end preventable stillbirths and improve care following stillbirth

Background to the Lancet's Ending preventable stillbirths Series

The EPS follows on from the Lancet's 2011 Stillbirths series which set out a Call to Action to reduce stillbirths. That series was very well-received with much media attention. However, it was launched in the context of the [Millennium Development Goals](#) (MDGs) which did not mention stillbirths. Hence, there was no real mechanism for holding governments, donors and others accountable for achieving the Call to Action. Nonetheless, since 2011 there has been progress, both on reducing stillbirth rates in some countries, and on related issues such as maternal and newborn health and mortality, and respectful care at childbirth. In September 2015, the [Sustainable Development Goals](#) (SDGs) were launched, as the next generation of MDGs. Unfortunately, stillbirth was again not mentioned in this important, UN-led global framework for progress. With governments and donors already feeling overburdened with work on maternal, newborn, child and adolescent health, it is clear that the way forward for stillbirth action is to call for integrating it within action for maternal and child health.

¹ When you click on this link to the 2011 Stillbirths series, you will need to create an account if this is your first time accessing a Lancet article. But registration is free and easy. Then you will be able to read this paper.

The series also includes:

1. **An Executive Summary** (an 8-page summary of the Series in English). The International Stillbirth Alliance (ISA) has translated this into Spanish, Chinese and Italian, and with partner support this will likely be translated into French as well (and possibly other languages). Translations will be available on the [ISA website](#) and [elsewhere](#) after the embargo is lifted.
2. **Four “Comments”** (short articles of about 1 page each):
 - a. **From the Lancet Editor-in-Chief**, Dr. Richard Horton: this sets the stage for the series
 - b. **Impact of stillbirth on caregivers**, with a focus on midwives
 - c. **Stigma** associated with stillbirth, including interview with an African mother of a stillborn baby
 - d. **“Investment case”** laying out the case for investing in stillbirth prevention

2. Here's how you can help

The Lancet [Ending preventable stillbirths](#) (EPS) Series will be **launched on January 19, 2016** in London, with simultaneous launches in Australia, the US, and elsewhere. Other launch-related events are planned for other locations around the world in the days, weeks and months following January 19.

We need you to spread the word! Please help us by **posting information about the series and the launch on social media**. The best would be to start posting right now, with more intensive posting on the day, including sharing links to the series as they go live. See [“Publicize the launch on social media”](#) below.

Another simple way to help is to **host a viewing party**. The series will be officially launched January 19 at the London School of Hygiene and Tropical Medicine with a live webcast from 5 to 6:30 pm GMT. Gather friends and colleagues and watch the webcast at [NEED LINK](#).

Feeling more ambitious? See [“Issue a press release”](#) below for guidance on personalizing and sending out press releases that will become available shortly

Have the resources to organize, publicize and run an event, either on January 19 or some time later on? See [“Hold an event”](#) below.

As you think through the best ways for your organization to help us get out the word about the Series, please remember to try to involve parents. See [“Including parents' voices”](#) below.

Afterward, please make sure to let us know what you did and how it went (especially how many people you reached and what happened as a result!). See [“Afterward: Let us know how it went”](#) below.

For additional resources and help, please see the [Annexes](#) which have lots of links and suggested text you can use.

The bottom line is, we need stillbirths to get PUBLICITY. That is the ONLY way to bring attention to this issue. The MORE groups that help to publicize the Lancet's Ending preventable stillbirths Series, the more publicity it will get.

Also, remember that participating in any way will also bring publicity to your own organization, which may help with support and donations.

Thanks from all of us here at the International Stillbirth Alliance on behalf of the Lancet's Ending preventable stillbirths Series Study team, and good luck!!

3. Publicize the launch on social media²

The easiest and quickest way to get the word out is to help us publicize the launch on social media. [White Ribbon Alliance](#) is preparing a social media toolkit which will be available at GIVE SITE.

You may also make use of the suggestions below. Please be sure to include local handles and hashtags as well, and tailor your tweets and posts with country-specific data. (You will be able to access a spreadsheet with country data on stillbirth rates, and possibly also risk factors, available after the embargo is lifted on several websites, including <http://dx.doi.org/10.17037/DATA.25>) Please remember that Tweets are limited to 140 characters. See [Annex 1](#) for examples of recent ISA posts/tweets on Facebook and Twitter to give you some ideas, and [Annex 2](#) for sample tweets and posts adapted from those used for [launch of the Lancet's Every Newborn series](#) and at the recent [Global Maternal Newborn Health conference](#) in Mexico City. For more support on social media, please email info@stillbirthalliance.org or check with [White Ribbon Alliance](#). Also see [Annex 3](#) for actual media headlines following the launch of the Lancet's 2011 Stillbirths series and the publicity which surrounded it.

Please use #EndStillbirths

Please use this hashtag so we can track easily: #EndStillbirths

Other relevant hashtags

Other hashtags about stillbirths that you may wish to note:

- #stillbirths
- #stillbirth
- #StillbirthAction
- #stillbirthmatters
- #stillbirthawareness
- #infantlosssupport
- #pregnancylosssupport

Related to integrating stillbirths within maternal, newborn, child and adolescent health:

- #MNCAH
- #PMNCHLive
- #EWECisMe
- #EveryNewborn
- #MaternalHealth
- #GlobalGoals
- #Midwives
- #Agenda2030

² This section adapted from [Global Maternal Newborn Health Conference toolkit](#) and [Every Newborn series launch toolkit](#)

Suggested handles

- CIFF- @CIFFchild
- E4A - @Evidence4Action
- Every Newborn - @every_newborn
- GAPPs - @gappstweets
- Girls Globe- @GirlsGlobe
- Health Newborn Network - @HealthyNewborns
- International Stillbirth Alliance: @ISASTillbirth
- Joy Lawn - @joylawn
- The Lancet - @thelancet
- MamaYe - @MamaYeAfrica
- MARCH Centre - @MARCH_LSHTM
- Maternal Health Taskforce - @MHTF
- PMNCH - @PMNCH
- Richard Horton - @richardhorton1
- Save the Children - @SavetheChildren
- UNFPA - @UNFPA
- UNICEF - @UNICEF
- USAID Global Health - @USAIDGH
- World Health Organization - @WHO
- WRA - @WRAglobal

4. Issue a press release or write an op-ed³

A press release can be a low-cost way to spread the word about the series. The [Lancet](#) will issue its press release under embargo on January 15. In addition, the [London School of Hygiene and Tropical Medicine](#), LSHTM, is leading the creation of a partner press release which will be available as-is, or can be personalized to be specific to your own country, and is to be released under embargo on January 14. An Excel spreadsheet of data on stillbirth rates from 186 countries including stillbirth numbers and ranking, and a focus on the 12 highest-burden high-income countries (including the US, UK and Australia) will be available as well to help in tailoring the partner press release to your country situation.

However, please note that **press releases must not be issued by you until the embargo is lifted, so not until January 19.**

For more information on official press releases, please contact Katie Steels, Communications & Marketing Manager, LSHTM, at Katie.Steels@lshtm.ac.uk, or Jenny Orton, Media Manager for LSHTM, at Jenny.Orton@lshtm.ac.uk. In particular, they may be able to prepare a template press release after January 4 that organizations may follow. Contact them directly for more information.

If you write your own, or tailor the partner release to your country situation, please remember that the press release you issue will be one of many that journalists see that day, so it needs to be clear and easy to understand. The more relevant points you can raise, the more chance you will have of getting the media interested.

³ This section adapted from [Lancet's 2011 Stillbirths series launch toolkit](#)

Make sure your message is clear:

- **IS YOUR STORY REALLY NEW?** Early in the press release you should make clear that the story is new or that at least there's a really significant new development. You are in trouble if you can't establish that quickly. The word TODAY together with a key fact or proposal should set you in the right direction.
- **WHAT'S THE STORY - IS THE KEY POINT UP FRONT?** Don't expect the journalist to wait to find your vital message further down the page. If your messages aren't clear to see, there's every chance your release will end up in the rubbish. Ensure the key point is in your first paragraph and THEN develop the story.
- **IS IT COMPETITIVE ENOUGH?** Remember, your press release is just one of dozens that day. Does your story immediately grab the journalist's attention? If not, your release will probably end up in the rubbish.
- **THE POWER OF EXAMPLES/CASE STUDIES:** Illustrate your message with a real life story. Your message is more powerful if it is described through the story of somebody who has had a relevant experience – so having a list of case studies prepared and ready to get the media's interest is often crucial to getting your story featured. Check [ISA's website](#) for parent stories you can use.

Press releases can be distributed in press kits at an event that you organize, or electronically. Try to come up with a compelling country-specific headline based on your context. A spreadsheet with country stillbirth rates and other data will be available after the embargo is lifted on Jan 19 at <http://dx.doi.org/10.17037/DATA.25>, and select data may also be available prior to this; please contact info@stillbirthalliance.org for more information. You can also use other national data sources if available.

When writing a press release to publicize an event, whether it is your own launch event or the official London launch, make sure you answer the following questions:

- What is the event?
- Where is it happening?
- When is it happening?
- Why is it happening?
- Who is supporting it?
- Who is participating in it?

You may also wish to write an op-ed for your local or national paper. Please note that op-eds must be **only for release on or after January 19**.

See [Annex 4](#) for a template you can use if you wish to write your own press release either in addition to or replacing the official press releases, or as mentioned above, contact Katie Steels, Communications & Marketing Manager, LSHTM, at Katie.Steels@lshtm.ac.uk, or Jenny Orton, Media Manager for LSHTM, at Jenny.Orton@lshtm.ac.uk to request support in writing press releases or op-eds, and if you feel you need additional information or data in order to do so. If you need more information, please email info@stillbirthalliance.org

5. Hold an event

What kind of event?⁴

Even if you have very limited resources, you can still help publicize the launch through organizing an event. Here are some possibilities:

- Organize a series of meetings with bereaved parents or caregivers to read and discuss the series. See Still Life Canada's example of organizing a series of "[research cafes](#)" to discuss the Lancet's 2011 Stillbirths series.
- Organize a group to write letters to the editor of your national or local paper in the lead-up to the launch
- Prepare short messages and have friends or colleagues tweet them on the day (see [Annex 2](#) for suggestions)
- Contact your local media and give an interview on the day (or later)
- Host a conference with several speakers, a panel and discussion
- Lead a media campaign (see "[Planning a media campaign](#)" below)
- Organize a viewing party for the official London launch which will be [streamed live](#) on January 19 from 5 to 6:30 pm London time

Thoughtful preparation is the key to any successful media campaign or publicity event, regardless of how big or small it is. Make sure you are clear on these questions:

1. What are your objectives for the event? For instance, you might want to:
 - increase awareness of stillbirths among decision-makers and the media (so who are your key influencers?)
 - support government policies and/or plans on stillbirths
 - leverage ongoing advocacy around stillbirth prevention and the improvement of bereavement care in your country
2. Whom do you want to influence and what do you want them to do?
 - Influence decision-makers to...
 - Commit to ending preventable stillbirths
 - Develop and/or strengthen a national strategy/action plan for maternal, newborn and child health that includes ending preventable stillbirths
 - Identify cross-sector opportunities for collaboration (e.g. working across ministries or sectors)
 - Pledge to implement the Call to action
 - Influence key stakeholders and influencers to...
 - Join and support national advocacy and implementation efforts
 - Hold decision-makers responsible for their commitment to action or their lack of action
 - Build broad-based coalitions (e.g. working with newborn health, maternal health, water and sanitation, etc.)
 - Influence media to...
 - Cover stillbirths as a national and global health issue
 - Hold decision-makers responsible for their commitment to action or their lack of action
 - Identify opportunities to monitor progress and provide ongoing coverage

⁴ This section adapted from [Every Newborn series launch toolkit](#) and [Lancet's 2011 Stillbirths series launch toolkit](#)

As you plan an event, make sure to let us know (info@stillbirthalliance.org) so we can track impact of the series and also provide support by connecting you to helpful resources. Also, make sure to consider:⁵

- **Your national context.** Research your government's plans for maternal, newborn and child health. Is stillbirth included or has a commitment been made to include stillbirth? If so, are there targets for reducing stillbirths? What are the opportunities to advocate for the inclusion of stillbirths within current maternal, newborn and child health plans?
- **The best date (need not be on Jan 19):** Take into account national holidays, relevant or competing conferences and events, etc., that could affect attendance at your event. Consider combining your launch with another related national or local event (e.g. an event at a local hospital, the launch of a national maternal and newborn health strategy, etc.). Also note that Fridays, Saturdays and Sundays tend to get less press coverage.
- **Location:** Consider accessibility.
- **Speakers/presenters:** Speakers and presenters from diverse sectors (e.g. Ministry of Health, respected perinatal health professionals and other caregivers, Series authors, civil society or parent representatives, etc.) make for a more interesting program. If you would like to include a Series author at your event, please email info@stillbirthalliance.org
- **Audience:** Consider inviting important policy decision-makers as well as key partners and community representatives (e.g. NGOs, private sector, medical professionals, media, parents, etc.) who influence policy decisions and who can serve as champions for the series. Consider sending out a "Save the date" as soon as possible to increase attendance.
- **Media:** Outreach to the media in advance of your event is important for success. Consider a pre-briefing with journalists who may be new to the issue. If time allows, one-on-one briefings with key journalists are useful. Invite the media to your event and allow time for questions and answers to inform their coverage.
- **Posting and tweeting:** Remember to incorporate social media into your outreach plan. It's an effective way to extend your reach, leading up to, during and following the event (see "[Publicize the launch on social media](#)" above).
- **Information packet/press kit:** Consider developing an information packet for attendees to take home with them for later reference or to share with colleagues. Consider an electronic press kit for journalists to access if they are unable to attend your event. Content you could include in packets: press release (see [Annex 4](#) for template), country fact sheet (see [Annex 5](#) for template), event agenda, bios of the speakers, one-pager on your country's strategy (if available), etc.
- **Event follow-up:** Think about how to use the momentum created by your event. Conduct follow-up meetings with key decision-makers, sharing media coverage results and discussing the importance of implementing a national strategy to end preventable stillbirths and improve bereavement care. Please write to info@stillbirthalliance.org to [let us know](#) the main discussion points of and outcomes from your event.

Planning a media campaign⁶

If you decide to run a media campaign, decide who within your organisation will be responsible for developing and running it. Are you on your own? Do you need to convene a team? If you do, check their availability during the planning period and in the run up to and on the day of the event. If you are working on your own, consider how you will handle media enquiries – you may need help if you expect a lot of interest.

⁵ This section adapted text from [Every Newborn series launch toolkit](#)

⁶ This section adapted from [Lancet's 2011 Stillbirths series launch toolkit](#)

Issues you should consider:

- **Your target media:** Decide which media you want to contact – TV, national or local radio or newspapers. It helps if you identify named contacts rather than just a general address, and have email addresses, telephone numbers etc. of the contacts to hand. You can call the newspaper/TV/radio station to ask for the name of the person who covers your area of interest (for example, health issues). Ask how they like to receive news – by email/phone/fax. Do they take attachments? Check when the media's deadline is, as this will dictate the best time to contact them.
- **Alerting the media:** Remind your contacts about the launch by sending out a note around two weeks prior to the launch, alerting them to launch of the series on January 19, 2016, and informing them, for example, that you will be issuing a press release and will have interviewees and case studies ready.
- **Facts and figures:** Journalists may ask you for facts and figures about stillbirth in your country. A simple list of key facts is very useful to have and will make it easy for the press to pick up the main points. See "[Q&A sheets](#)" below.
- **Q&A:** Decide who will be responsible for reading the Series papers on the day they are launched, and for picking out the most important messages to include in interviews and press releases. It will help to have a small team of readers prepared in advance to ensure the papers are read and key messages agreed without too much delay.
- **Be prepared to write a press release:** If you are issuing a press release, decide who will write it and have a template prepared. See "[Issue a press release](#)" above.
- **Raising general awareness:** If your organisation has a website or social media presence such as Facebook, it would also be good to pre-publicize the launch of the Lancet series by posting some brief information on the launch on your website or Facebook page etc.
- **Key spokespeople:** Arrange in advance who will be your key spokespeople. These are people who can speak about the issues in the series and talk knowledgeably about stillbirth in your country. They can be well briefed parent representatives, or health professionals who are willing to give 'expert opinions' about stillbirth. Check the availability of your spokespeople and make a note of any dates or times they are unavailable. Ideally you will have a list of spokespeople available so you can deal with press enquiries quickly and efficiently. Ensure that your spokespeople are fully briefed prior to the event on what to say to the media, and what your key messages are. For a contact information of other people able to be spokespersons on the series in your country, contact info@stillbirthalliance.org
- **Key decision makers:** Find out who the key decision makers are in your country. Who in Government will need to hear about this latest research? Who has an interest in health issues?
- **Case studies:** The media are always interested in the human interest angle of any story, so try to identify parents who are willing to talk about what happened to them. It can be difficult to talk about such personal and emotional experiences, so make sure parents understand what might be asked of them and are comfortable with speaking publicly. In the same way you organize your spokespeople, try to establish a list of parents, check their availability and have a brief synopsis of their story to hand, should you be asked by a journalist for details. Prepare a question and answer sheet before press interviews. This will help interviewees to have important facts at the forefront of their minds, and will help keep them focused during interviews. It will also help plan for any potentially tricky questions. Make sure you have parents' permission prior to using their stories and/or photos, and ensure there is adequate support provided for them both at the event and afterward.
- **Responsibility for reading the papers on the day:** If you are issuing a press release, decide who will write it and have a template prepared. See "[Issue a press release](#)" above.

If this is your first time contacting the media, these tips may help:⁷

- Introduce yourself and explain where you are calling from.
- Ask if it is a good time to call, and if not, get an idea of a time which is more convenient.
- Say you have a news story which is of interest to their readers/listeners/viewers.
- Run through key points of story, using notes which you have already prepared.
- Offer to send a press release - check which method they prefer (email, fax, etc), and get correct email address/fax number etc.
- Offer a briefing with your spokespeople, if appropriate.
- Check to see when would be a good time to call back once they have had time to read the story so that you can chat on the details - and then do call them back!
- Thank them for their time.
- Make a note of the call., recording the outcome of conversation, plus contact details of journalist

Creating resources for your launch event

Messages

It is key to be clear on the messages you wish to use to publicize the series. Examples are provided in [Annex 6](#), which you can use as-is or adjust for your particular situation. Messages can be incorporated into presentations, talking points, media materials and pitches to journalists for your event, built into a press release, or shortened for use on Twitter or Facebook. We encourage you to use country-specific data on stillbirth rates (and possibly on risk factors), which will be available after the embargo is lifted at <http://dx.doi.org/10.17037/DATA.25>, to tailor your messages to your country's situation, and build the storyline that is appropriate for your country. You may also want to tailor your messages to different audiences, for instance lay audiences, Ministry of Health officials, and practitioners.

Not all countries are in the same phase of stillbirth action, nor do they have the same priorities. Please adapt messages as needed.

Please note that **a messaging document for the series is currently under development**. To enquire about availability of this document and/or country-specific data prior to lifting of the embargo, please email info@stillbirthalliance.org

Country Fact Sheets⁸

Journalists may ask you for facts and figures about stillbirth in your country. A list of key facts and figures will be extremely useful both for you and the media. Keep it simple and do not go into lots of detail.

You may wish to create a Fact Sheet; see [Annex 5](#) for a template you can fill in and distribute to attendees and media at your launch event. It can also be shared in your follow-up outreach to decision-makers and stakeholders as you advocate for local or country-level action to prevent stillbirths and improve bereavement care.

⁷ This section adapted from [Lancet's 2011 Stillbirths series launch toolkit](#)

⁸ This section adapted from [Every Newborn series launch toolkit](#) and [Lancet's 2011 Stillbirths series launch toolkit](#)

For the purpose of spurring country-led action on reducing stillbirths, it is important that your fact sheet include country-specific data. Please visit <http://dx.doi.org/10.17037/DATA.25> to access country-specific data on stillbirth rates (and possibly also risk factors) which will be released on January 19 after the embargo is lifted; you may have locally available data as well. Use this to populate the fact sheet so it aligns with your country's proposed policies and action plans. Updated 2015 data for many data points, especially including country SBR, will also be available at <http://www.healthynewbornnetwork.org/page/newborn-numbers>, and you can visit this site now to see which data points will be available and select those that will be most relevant for you. Then fill in with the latest data on Jan 19 (or if you need it prior to the launch, please contact info@stillbirthalliance.org and we can try to assist.)

Please remember to indicate the source of each piece of data that you use in your Fact Sheet.

The template fact sheet in Annex 5 is only a guide. We encourage you to include data points that will resonate for your country's decision-makers and influencers. The goal is to help your audience understand the issues and see what actions are necessary to end preventable stillbirths and improve bereavement care.

Q&A Sheets⁹

Preparing a Q & A sheet in advance will help you to answer questions from the media. You might want to prepare answers to the following questions:

- What is a stillbirth?
- How many babies are stillborn each year in this country?
- Why do you think the stillbirth rate in this country is X (number)?
- What do you think can be done in this country to reduce the number of stillbirths?
- What is being done in this country to try to prevent stillbirths?
- Why is the Lancet's Ending preventable stillbirths Series important?
- When was your charity/group established?
- What kind of work does your group do?
- Where are you based?
- What services do you offer?
- Whom can people contact for support?

If you need assistance with answering these or other questions that you want to include on a Q&A Sheet, please contact info@stillbirthalliance.org

Infographics

You may wish to provide infographics at your event. Infographics can convey much information quite powerfully in a small space. See [Annex 7](#) for several [examples](#) which you can use, or follow them to create your own. ISA is also planning to create a set of infographics which can be shared for use and will be available [on our website](#), and other organizations also have or are developing more ([GAPPS](#), [Lancet](#), [CIFI](#) and [MamaYe](#)).

⁹ This section adapted from [Lancet's 2011 Stillbirths series launch toolkit](#)

On the day: Be ready!¹⁰

Planning for the actual event day is as important as the run-up to it, as you may find there are many media enquiries. Provided you have prepared properly, and have all the necessary information on hand, things should run smoothly. These tips may help:

- Decide which areas of the papers you are going to focus on (eg which of the 5 papers is most relevant to your country) and stick to this. Ensure your team are fully briefed and understand the key messages.
- Assign people to be 'readers'; they should get access to [the papers](#) as soon as possible following lifting of the embargo at 23:30 on 18 January 2016, and should read them to glean or tweak key messages rapidly. They can also serve as your spokespeople.
- Write your press release. Have all the necessary information ready – contact numbers, key messages, case study details etc. Contact your pre-prepared list of target media; it is often good to call them directly and briefly outline to them the key points of your release and key messages, and follow this up by sending them your press release. If the journalist is unavailable, send the press release anyway and follow up later with a call to see if they need further information or comments, etc.
- If your organisation has its own website or online presence (eg Facebook or Twitter), post any information about the series here also.

6. Including parents' voices¹¹

One of the strongest messages from the Lancet's Ending preventable stillbirths Series is that stillbirth matters to people, especially to parents, but that parents' voices are often not raised, or not heard. The series calls for **parents to raise their voices** for action to prevent stillbirths and improve bereavement support. **Including parents** in your launch event (as speakers or on a panel, for instance), mentioning their stories in your press release, or inviting them to tweet and post on Facebook on January 19, **can help spread the word**.

ISA is gathering parent stories from every launch site and will be posting them [here](#) along with a list of people willing to act as spokespersons for the series, for your use in helping to spread the word. See [Annex 8](#) for an example of a parent story, which might help you think through how you might use such a story as part of your activities in support of the launch. Or you may also wish to contact parents associated with your own organization who are willing to share their stories.

When working with parents, please remember:

- Be sure you have parents' permission to use their stories
- If you use photos, please ensure you have permission
- Ensure that parents have been well-briefed on your expectations, and that they have adequate support during and after the event
- Consider including voices and stories of other affected people such as other family members (siblings, aunts and uncles, grandparents) or caregivers as well.

¹⁰ This section adapted from [Lancet's 2011 Stillbirths series launch toolkit](#)

¹¹ This section adapted from [Lancet's 2011 Stillbirths series launch toolkit](#)

7. Afterward: Let us know how it went¹²

We want to hear from you! Whatever you do to help spread the word about the series, please report back and tell us about it. This will help us assess the immediate impact of the launch as well as places where we and other organizations can help to follow up. We'd love to get your answers to the following questions (please send answers to info@stillbirthalliance.org):

1. What did you do to help publicize the series and the launch?
2. If an event:
 - i. Date of event:
 - ii. Link to website with event details:
 - iii. Location:
 - iv. Names of speakers/presenters:
 - v. Main discussion points (please send agenda or program):
 - vi. Did media attend?
3. Did you get media coverage (please provide web links or scanned copies of coverage and a list of media in attendance or contacted)?
4. How many people did you reach (eg, number of event participants) (please estimate)?
5. What were the outcomes of your work (eg identified action steps toward preventing stillbirth and improving bereavement care following stillbirth)?
6. What follow-up are you hoping for? What would you like support with? What would you like to collaborate on?
7. Which tools in this Toolkit were most/least useful to you?
8. Any other observations or comments about the launch or the series that you would like to make?

¹² This section adapted from [Lancet's 2011 Stillbirths series launch toolkit](#)

Annexes

Annexes.....	16
Annex 1: Recent ISA postings on Facebook and Twitter	17
Annex 2: Suggested tweets and posts	19
Sample tweets.....	19
Sample Facebook posts.....	21
Annex 3: Examples of news headlines from the Lancet's 2011 Stillbirths series launch.....	22
Annex 4: Template for a Press Release.....	23
Annex 5: Template Country Fact Sheet	25
Annex 6: Sample messages	26
Annex 7: Sample Infographics.....	28
Annex 8: Parent story example.....	30
Annex 9: Additional resources	32
Websites.....	32
Documents and resources available for the launch and dissemination of the Series.....	32
Links to other useful information	32
For further information or assistance.....	33

Annex 1: Recent ISA postings on Facebook and Twitter



International Stillbirth Alliance
October 23 · 🌐

<http://www.healthynewbornnetwork.org/.../52-million-stillbirt...>



52 Million Stillbirths Expected in Next 20 Years
Originally posted on News Week by Conor Gaffey

HEALTHYNEWBORNNETWORK.ORG

👍 Like 💬 Comment ➦ Share

International Stillbirth Alliance added a new photo
October 20 · 🌐



We can no longer remain silent about stillbirths

At least **2.6 million** babies are **stillborn** each year
(1.2 million of those babies begin labour **alive** and **die before birth**)

That means that every day **7,300 women** suffer the loss of their babies in the last 3 months of pregnancy

98% 98% of all stillbirths happen in low & middle income countries...

...but intervention at the critical time around birth would result in a **triple return on investment** preventing maternal & newborn deaths, as well as stillbirths

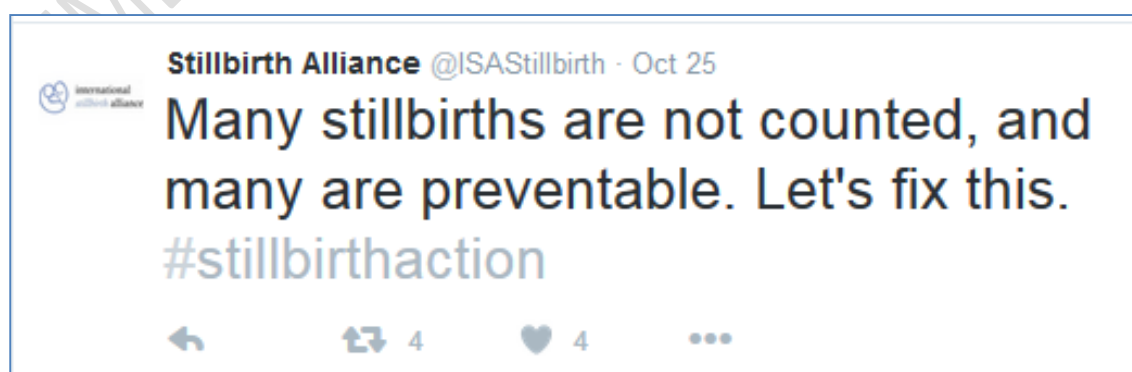
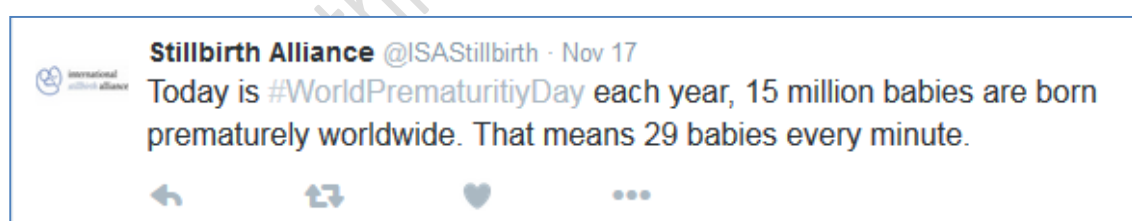
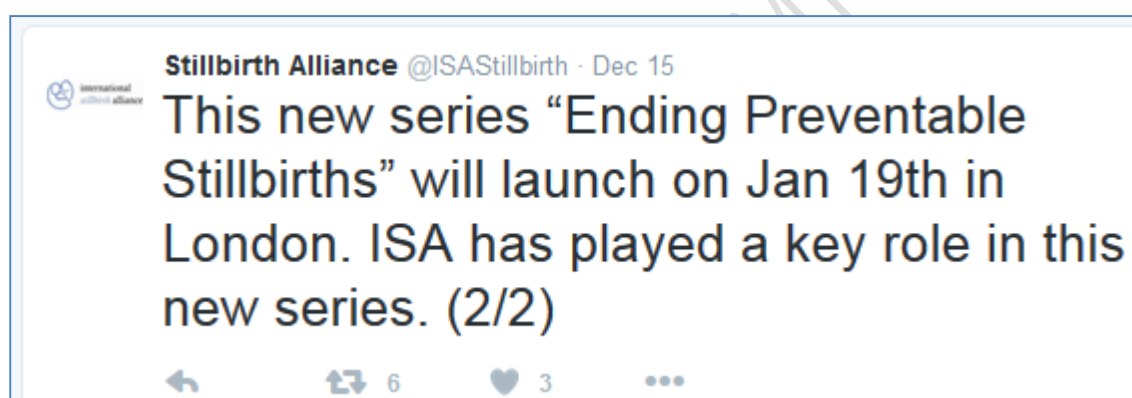
We need to:

- count stillbirths around the world
- break the taboo around stillbirths
- ask policymakers to act & invest in the issue

👍 Like 💬 Comment ➦ Share

73 people like this.

653 shares



Annex 2: Suggested tweets and posts¹³

Feel free to use tweets and posts below or write your own. Don't forget to live-tweet photos and quotes! Please note that [White Ribbon Alliance](#) is working on a **more comprehensive social media toolkit**. When this is ready, a link will be available in a later version of this toolkit; you may contact info@stillbirthalliance.org for more information.

Sample tweets

NOTE: Once embargo is lifted, you will be able to add links to the series papers from [the Lancet](#).

General:

- Join the conversation on #stillbirths at @The Lancet [date/time of launch] – the invite is here: [add link] #endstillbirths
- What will it take to break #stillbirth taboos and pave the way for greater country action? #Endstillbirths
- There should be no stigma around #stillbirth. Time for talk, counting and research #endstillbirths
- #Stillbirth results in profound grief. Listen to parents' stories. #endstillbirths
- Let's bring #stillbirth out of the shadows and work to end these often preventable deaths #endstillbirths
- Join govt, civil, and parent leaders in talking about how to prevent #stillbirth #Endstillbirths
- #Stillbirth is a key indicator for quality of care for maternal newborn health. Let's count them #endstillbirths
- Parent voices are critical to unlocking stigma and taboos around #stillbirths #endstillbirths
- #Stillbirth losses > 2.5x losses from preterm birth. Research needed to work towards prevention. #Endstillbirths
- 1.3 mil babies begin labor alive and die before birth. Time for all women to have skilled birth attendants #Endstillbirths
- Most #stillbirths during labor could be prevented with access to high-quality care #Endstillbirths
- Investment in quality of care in #pregnancy and #childbirth = quadruple return to prevent maternal, neonatal death, #stillbirth and improve child dev [link to series]
- It's time to take action improve #pregnancy and #childbirth care for women worldwide #Endstillbirths
- Every day 7,300 women lose their babies to #stillbirth in the last 3 months of pregnancy. More research needed to prevent their suffering. #Endstillbirths
- Parents should never have to bury a child before it is born. Time for more research to end #stillbirth
- Stillborn babies are silent, but we can't be silent any longer. #Endstillbirths
- #BabiesLivesMatter. We need to count every #stillbirth.
- Counting #stillbirths will help track quality care in pregnancy and childbirth. #Endstillbirths [link to series paper 5]
- Many stillbirths are not counted, and many are preventable. Let's fix this. #Endstillbirths
- At least 2.6M babies are #stillborn each year. We can no longer remain silent. #Endstillbirths
- #Stillbirth is a key indicator for quality of care for maternal newborn health. Let's count

¹³ This section adapted from [Global Maternal Newborn Health Conference toolkit](#) and [Every Newborn series launch toolkit](#)

them. #endstillbirths

- Parent voices are critical to unlocking stigma and taboos around #stillbirths #breakthesilence #Endstillbirths
- When #stillbirths occurs, #maternalhealth suffers, affecting more 7,000 women a day! #Endstillbirths [link to series paper 5]
- Did you know that 98% of #everynewborn affected by #stillbirths resides in low & middle income countries? #Endstillbirths
- Prolonged grief & a lack of societal recognition are some of the problems mothers face after #stillbirths #Endstillbirths [link to paper 3]
- #MomandBaby need skilled care at time of birth. Increasing coverage by 2025 can save 3 million lives [link to paper 3]
- Almost 50% of stillbirths occur during labor. Expand access to caregivers, incl #midwives to help save #EveryNewborn [link to series paper 2]
- Every year, [INSERT COUNTRY STILLBORN NUMBER] babies are stillborn in [INSERT COUNTRY] See #endstillbirths series via @TheLancet [add link to series]
- Every year, 2.7 million newborns die, 2.6 million babies are stillborn. See the #Endstillbirths series @TheLancet [link to series]
- Disparities in #stillbirth rates: often double the risk for disadvantaged populations. Action needed #Endstillbirths
- By implementing @UnfEWEC updated Global Strategy we can end preventable maternal, newborn, child & adol deaths & stillbirths x2030 #EWECisME
- Quality childbirth care = 3x ROI. Check out @UnfEWEC updated Global Strategy to learn more #endstillbirths #EWECisME <http://bit.ly/1LiW9sp>
- Quality childbirth care could prevent 531,000 #stillbirths/yr—learn more: @UnfEWEC updated Global Strategy #EWECisME <http://bit.ly/1LiW9sp>
- 2.6M babies die in last 3mths of pregnancy/in childbirth—More in: updated Global Strategy #endstillbirths @EWECisME <http://bit.ly/1LiW9sp>
- We must give our voices to those who can't speak up yet #endstillbirth #endstillbirths #EWECisME <http://bit.ly/1LiW9sp>
- The cost of #stillbirths is not just financial but psychosocial. Learn why: [link to series paper 3] @TheLancet #endstillbirths #EWECisME
- Some costs for parents, communities, economies, etc. aren't visible but their impact is. [link to paper 3] #endstillbirths #EWECisME
- Progress to end preventable #stillbirths has been made but still a long way to go to #endstillbirths #EWECisME [link to paper 1]
- We must scale up healthcare quality for women, children & adolescents to achieve #SDGs. #EWECisME @TheLancet <http://bit.ly/1LiW9sp>
- Working towards improving maternal & child survival also advance work to #endstillbirths. @TheLancet #EWECisME
- Everyone deserves the opportunity to not only #survive but #thrive. Together we can work to achieve this #endstillbirths #EWECisME @TheLancet
- Everyone deserves the opportunity to not only survive but thrive—2016 @TheLancet series launches JAN 19! #endstillbirths #EWECisME @TheLancet

NOTE: the following tweets should be updated once embargo is lifted and data is accessible.

Solutions:

- Better care at time of birth? 1 .5 million #maternal & newborn deaths/stillbirths prevented by 2025 #endstillbirths @TheLancet [link to series]
- Improving family planning could lead to large reductions in child deaths & stillbirths. Evidence via @TheLancet #endstillbirths [link to series]

- More funding is essential to prevent #stillbirths. Less than [add number] of child health donor funding mentions #stillbirths [link to series paper 1]
- [@TheLancet](#) Ending preventable #stillbirths Series calls for commitment to #EveryNewborn Action Plan #GlobalGoals. RT If you agree! #endstillbirths [link to series]
- Ending preventable #stillbirths Series @TheLancet sets milestones for fight to end preventable deaths [link to series paper 5]
- What saves lives? Quality, equitable care at birth, women's empowerment & accountability for #stillbirths & #EveryNewborn [link to series paper 5]

Your launch event:

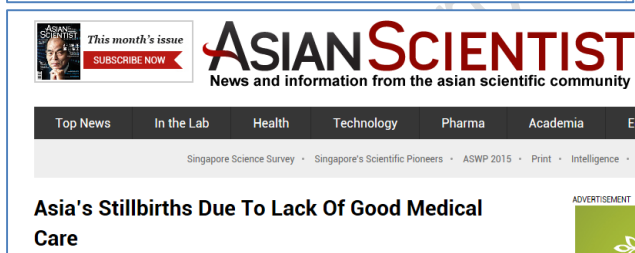
- [@TheLancet](#) #Endstillbirths Series is launching today in [INSERT CITY]! See the Series here: [link to series]

Sample Facebook posts

Adapt these or expand sample tweets above for FB posts:

- Globally, nearly 3 million babies die in the first month of life and 2.6 million babies are stillborn each year. We can change this with the #Endstillbirths series. Learn more here [add link to series]
- We must improve quality of care to make progress for child survival and end preventable stillbirths. Learn more @TheLancet [add link to series paper 3]

Annex 3: Examples of news headlines from the Lancet's 2011 Stillbirths series launch



Annex 4: Template for a Press Release¹⁴

[Insert Relevant Logos]

FOR IMMEDIATE RELEASE

[INSERT DATE]

[Insert Country-Specific Headline]

[Insert country-specific sub-headline OR you could use: New Lancet Series finds major opportunities to end preventable stillbirths through integration of stillbirths within action for maternal, newborn and child health in [insert country] in next decade]

[INSERT LOCATION]—[Insert 1-2 paragraphs of text, leading with the most compelling findings relevant to your country from *The Lancet* Series papers and other documents (see Annex 9 on Additional resources below)]

“[Insert quote capturing key findings,]” said [insert name of local official, title, and affiliation].
“[Insert second sentence of quote.]”

FOLLOWING TEXT IS SAMPLE ONLY, FROM EVERY NEWBORN SERIES LAUNCH TOOLKIT: This provides an example, which you will need to replace with text related to the Ending Preventable Stillbirths series.

The Series findings present the clearest picture to date of a newborn's chance of survival in countries around the world and highlight the steps that must be taken to end preventable newborn deaths. Worldwide, nearly 3 million newborns die each year and an additional 2.6 million babies are stillborn. New analyses indicate that 3 million maternal and newborn deaths and stillbirths can be prevented each year around the world with proven interventions—including XXX. These interventions can be implemented for an annual cost of US\$1.15 per person. Providing quality care at birth yields a triple return on investment—saving mothers and newborns, and preventing stillbirths. It also protects babies from disabilities.

“There is tremendous opportunity and we know what needs to be done to ensure every baby has a healthy start,” said Professor Lawn of the London School of Hygiene & Tropical Medicine, Series research lead and senior health advisor to Save the Children. “Countries that have made recent, rapid reductions in newborn and maternal deaths have done so by expanding their skilled workforce (especially midwives and nurses), rolling out innovative mechanisms to reach the poorest families, and focusing on improving care for small and sick newborns.” [Note: quote should be revised as needed to track with the headline and key country-specific findings.]

Birth is the riskiest time for mothers and their babies. About half of all stillbirths and deaths among mothers and their newborns occur on the day of birth and almost all are preventable. Newborn deaths are overwhelmingly caused by prematurity, complications during birth and from severe infections. Birth is also the time when newborns face the greatest risk for disability. Babies born too early or too small are most vulnerable and more than 80 percent of newborn deaths occur among small or sick babies. Providing these babies with the quality care they need, can prevent almost 600,000 deaths worldwide each year. Closing the quality gap with equitable access to high-quality

¹⁴ This section adapted from [Every Newborn series launch toolkit](#)

care at birth and for small or sick newborns is essential. Giving every baby a healthy start at life could rapidly accelerate improvements in child survival, health and development.

"If we want thriving societies tomorrow, we need healthier babies, children and women today," said [insert local official name, title, and affiliation.] "Future progress depends on increased investments from donors specifically focused on newborns, improved technical capabilities at the country level and the prioritization of newborn survival and health." [Note: quote is just an example; it should support your lead paragraphs and key country-specific findings.]

The new *Every Newborn* action plan (ENAP), which aims to end preventable newborn deaths within a generation and is rooted in the evidence presented in the Series, was launched 30 June 2014 at the 2014 Partners' Forum in Johannesburg, South Africa. The ENAP, co-led by the World Health Organization (WHO) and UNICEF, is based on epidemiology, evidence, and global and country learnings from the Series and sets a framework to end preventable deaths for newborns and stillbirths by 2035 as part of the *A Promise Renewed* effort. It also provides interim targets for 2030 to align with the forthcoming post-2015 development framework. The ENAP will lead to practical standards for quality of care, improved measurement of births and deaths, and increased programmatic coverage with accountability for results.

END SAMPLE TEXT FROM EVERY NEWBORN SERIES LAUNCH

Key links

- For official Press Releases for the Series, please see [here](#) and [here](#)
- For the *Lancet* series, please see [weblink](#)
- For Excel spreadsheet containing stillbirth rate (as well as possibly risk factor data) for 195 countries, see <http://dx.doi.org/10.17037/DATA.25>

Media contacts

[insert contact info for person whom local media can call/email]

* * *

Following the Lancet's Stillbirths Series published in 2011, the Lancet's Ending Preventable Stillbirths series is the result of collaboration of more than 200 experts from over 100 institutions in more than 40 countries. It presents the clearest picture to date of ongoing progress in reducing stillbirths as well as missed opportunities, and presents a call to action for ending preventable stillbirths by 2030 through integration of stillbirth prevention and post-stillbirth support within action for women's and children's health.

[Insert local organization logos etc as appropriate]

Annex 5: Template Country Fact Sheet¹⁵

[Insert Relevant Logos]

BY THE NUMBERS:

STILLBIRTHS in [COUNTRY]

Worldwide, XX million babies are stillborn. Nearly half of these deaths occur during labour and almost all go unrecorded. South Asia and sub-Saharan Africa are the regions with the highest burden of stillbirths deaths, with India (xx), xx (xx) and xx (xx) leading the ranks among countries.

The packages with the greatest impact on stillbirth include high quality, respectful care during pregnancy, labour and childbirth, which also reduce deaths of mothers and newborns and improve child development outcomes. Respectful care after a stillbirth or death of a mother of newborn is also critical.

Ending Preventable Stillbirths Numbers for [COUNTRY]:

Stillborn Babies, Mothers, Newborns and Children	2015*
1. Total population	[NUMBER] ¹⁶
2. Annual births	[NUMBER]
3. Stillbirth rate per 1,000 live births	[NUMBER]
4. Annual number of stillbirths	[NUMBER]
5. Maternal mortality ratio per 100,000 births	[NUMBER]
6. Annual maternal deaths	[NUMBER]
7. Neonatal mortality rate per 1,000 live births	[NUMBER]
8. Annual number of newborn deaths	[NUMBER]
9. Under 5 mortality rate per 1,000 live births	[NUMBER]
10. Annual number of under-5 deaths	[NUMBER]
11. Stillbirth rate – average rate of reduction as % per year (2000-2015)	[PERCENTAGE]
12. Neonatal mortality rate – average rate of reduction as % per year (2000-2015)	[PERCENTAGE]
13. Under 5 mortality rate – average rate of reduction as % per year (2000-2015)	[PERCENTAGE]
14. Maternal mortality – average rate of reduction as % per year (2000-2015)	[PERCENTAGE]
Health System Coverage	
15. Health workers (physician/nurse/midwife) per 10,000	[NUMBER]
16. Percentage of births in facility	[PERCENTAGE]

*Source for data can be found at www.healthynewbornnetwork.org/page/newborn-numbers

¹⁵ This section adapted from [Every Newborn series launch toolkit](#)

¹⁶ Can use <http://dx.doi.org/10.17037/DATA.25> for updated data on Indicators

Annex 6: Sample messages¹⁷

The following are adapted from messages that were used for the launch of the Lancet's Every Newborn series and are provided as models only for messages that you might wish to create. Each paper in the [series](#) has a brief set of Key Messages, the [Executive Summary](#) includes a set of Headline Messages, and a [Lay Summary](#) prepared by ISA also includes headline messages from the Executive Summary, in simpler format. After the embargo is lifted at 23:30 on 18 January, these will all be available for downloading.

Please also note that a **messaging document for this series is currently under development** and will be available closer to the launch date. Contact info@stillbirthalliance.org for more information.

FOLLOWING TEXT IS SAMPLE ONLY, ADAPTED FROM THE EVERY NEWBORN SERIES LAUNCH TOOLKIT to focus on stillbirths. These are examples only, which you will need to adjust with text related to the Ending Preventable Stillbirths series.

- **There is tremendous opportunity for progress to end preventable stillbirths.** The voices of parents, technical and political leadership, targeted investments, effectively implemented care, high-impact interventions and accountability for progress are essential to reduce preventable stillbirths and ensure a healthy start for every newborn. If we want thriving societies tomorrow, we need healthier babies, children and women today.
- **A commitment to “count every baby including stillbirths” is the first critical step to ensuring health systems work for women and their babies.** Worldwide, only [add new number] births are recorded, and most newborn deaths and stillbirths are not recorded. Counting every stillborn baby would not only provide critical data for programmatic guidance on improving babies' survival, but take an initial step toward ensuring that every life counts.
- **Between YEAR and YEAR, stillbirths dropped at [compare rates of decrease to rates of decrease for neonatal and/or maternal and/or child mortality].** If current trends continue, it will be more than [add new number] years before an African newborn has the same probability of survival as a baby born in North America or Europe.
- **Birth is the riskiest time for mothers and their babies.** About half of all stillbirths and deaths among mothers and their newborns occur on the day of birth. [add detail from the series].
- **Stillbirths and newborn deaths are not only devastating to families, but also a major drain on human capital.** Investments focused on improving birth outcomes can prevent death, disability and lost developmental potential. Without these investments, by 2035 there will be [add latest data] more newborn deaths and stillbirths.
- **The vast majority of stillbirths are preventable with cost-effective and high-impact interventions, such as:** [list interventions]. While these interventions are already available in most countries, they are not being used optimally despite the fact that they can be delivered in health care facilities and by frontline healthcare workers.
- **Nearly 3 million women and newborns' lives could be saved and stillbirths prevented in 75 high-burden countries by 2025,** for a cost of [use updated data]. Interventions delivered around the time of birth have the greatest potential to save lives. Investing in these interventions and quality care provides quadruple the return, saving women and their babies, preventing stillbirths, and improving child development outcomes.
- **Quality care at birth reduces deaths.** Two million lives could be saved each year by ensuring that every woman and baby born in a healthcare facility receives effective, high-quality care at birth. For births occurring at home, often among the poorest families, deaths could be reduced by

¹⁷ From [Every Newborn series launch toolkit](#)

nearly 25 percent through community-based strategies such as using clean birth kits and immediately initiating breastfeeding [ensure most recent data is used]

- **Prevention of stillbirths and improved bereavement care after stillbirth are part of the broader continuum of reproductive, maternal, newborn and child care.** Women who can plan their families are more likely to space their pregnancies, leading to healthier babies more likely to flourish as children and adults. When mothers have healthy pregnancies, their babies have a healthy start and children thrive—the positive benefits last a lifetime.
- **The *Every Newborn* action plan (ENAP) provides a roadmap for reducing preventable stillbirths and newborn deaths by 2035.** It includes specific goals for the post-2015 development framework aimed at reducing newborn deaths and stillbirths to fewer than 10 per 1000 live births annually by 2035. [add comment to link to the EPS series]
- **Now is the critical time for [COUNTRY] to take action to end preventable stillbirths and other preventable deaths of mothers and babies.** We know what interventions are needed to save lives and protect families from irreversible loss. We all have a role to play. Now is the time to act!

END SAMPLE TEXT FROM EVERY NEWBORN SERIES LAUNCH

Annex 7: Sample Infographics

Infographic 1: Credit for "We can no longer remain silent" infographic to [CIFF](#).

We can no longer remain **silent** about **stillbirths**

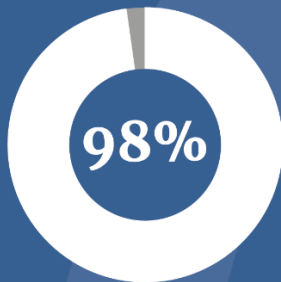
At least **2.6 million**
babies are **stillborn** each year

(1.2 million of those babies begin
labour **alive** and **die before birth**)

That means that every day

7,300 women

suffer the loss of their babies in the last
3 months of pregnancy



98% of all stillbirths happen in
low & middle income countries...

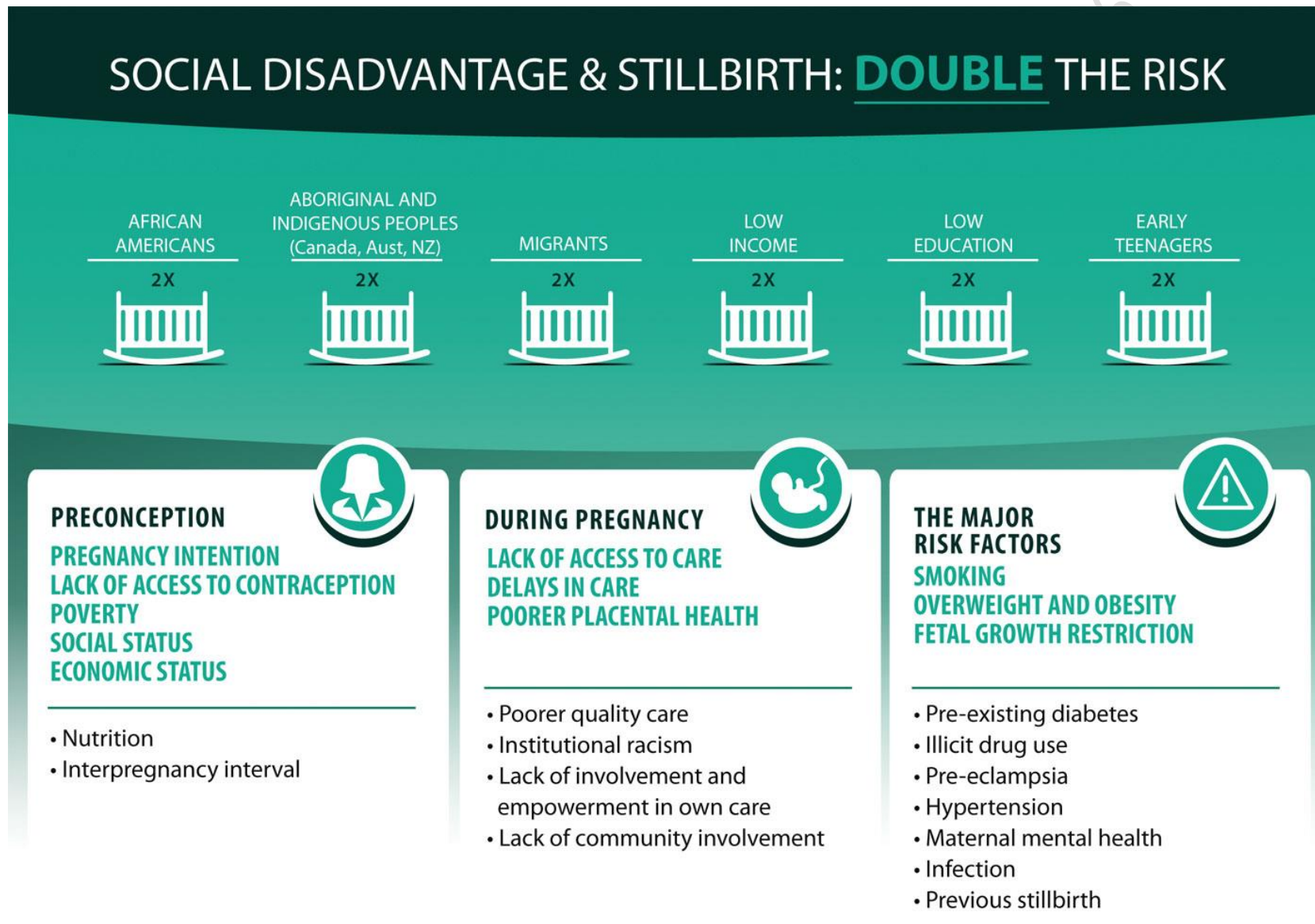
...but intervention at the critical time
around birth would result in a
triple return on investment
preventing maternal & newborn deaths,
as well as stillbirths



We need to:

- **count stillbirths around the world**
- **break the taboo around stillbirths**
- **ask policymakers to act & invest in the issue**

Infographic 2: “Social disadvantage” infographic relates only to HIC settings and is based on paper 4 in the Series.



Annex 8: Parent story example

Below is the story of one baby girl who was stillborn, used with permission of her mother, Terri Waibel. We hope that reading this story will give you some ideas for how to incorporate the parent voice into your actions to promote the Ending preventable stillbirths Series. Other stories will be uploaded to the ISA website as they become available; feel free to make use of them.

Kyndrid's story

By Terri Waibel

Kyndrid. She is our middle child, the second of three girls. As her mother, I fully admit that it is a strange name with a difficult spelling, something I previously decided I would never do to my kids. The name choice process was a marathon. Her dad and I had lists and parameters, checkboxes and vetoes; the name had to meet our specific requirements. Ultimately, we had our mutually agreed-upon top contenders, but we decided to wait until we saw her for the first time to choose a name. Somewhere along the way, he and I realized that we needed to see her face in order to choose her name.

We still did that, even though the first time we laid eyes on her she was already dead. Without warning, without cause and beyond any human understanding or reason, she was just suddenly dead. Our baby, our daughter, was perfectly perfect, except she was dead. The minute I saw her, lifeless and perfectly formed, all the practical reasons I had for dismissing my intuition about her name faded. The name popped into my head. Kyndrid. The immediate response to witnessing her beauty. As I sat silent, taking in all the details of her form and knowing about the name she would carry, her dad stood next to me and said it right out loud. It was her name.

Delivering your dead child is not something any parent could ever imagine being possible, but just two weeks shy of her due date that's exactly what we did. Kyndrid was born on July 7, 2012: 7/7, forever her day in our world. She had died several days before that on July 4th, but my body was not yet prepared to deliver her and my heart couldn't bear the task of Kyndrid leaving that quickly. Rather than being at home, surrounded by the warmth and love of the family we had started and the midwife we had chosen for our homebirth, we endured four days in a stark cold hospital, inducing labor while waiting in frustration and trauma. We listened to the cries of living babies be born in the rooms next door. We watched other mothers hold their newborns on their way out to take them home. We aimlessly wandered the floors and curious well-meaning strangers asked about the joy we must be feeling for the baby in my very swollen belly. It was on day three of waiting that her dad and I screamed at the top of our lungs together in the middle of our hospital room. Looking each other in the eyes, we counted to three and let out the guttural primal horror of her death that had been sitting in our lungs. Those four days are forever the most sacred time in our lives, and also the most horrific.

After Kyndrid's birth, we were frozen. The hospital staff were well-educated and compassionate, giving us the best of care and treating Kyndrid with intense love. She was warm, gooey and heavy. I handed Kyndrid to the nurse. The nurse weighed her and the scale registered six pounds. I watched. The nurse placed her in a small plastic tub and bathed her. I watched. The nurse dressed her in pink polka dots, covering the spaces of her skin that had begun to peel. I watched. The nurse wrapped her in a blanket that now stays in my bed every night. I watched. The nurse handed my baby girl to me. I noticed all the crevices of Kyndrid's dimpled chin and rose petal lips, counting every way in which her father's face was staring back at me. And I sobbed.

The day after her birth, we were given the opportunity to have a photographer capture her image and take the only photos we would have with her. Our older daughter came to the hospital: a five

year old big sister, beaming with excitement to behold her kin. She met her sister, held her hand and talked about how cute she looked. The three of us sat in awe of this new life that had been taken from our tribe, staring at our fourth member with pride, love and devastation beyond comprehension. The photographer snapped the brief moments in time that we spent together as a whole family. Our only experiences together as a complete family were in that hospital, with death sitting as a fifth family member in our only family photos. The entire lifetime of a family's moments together, measured by a clock in two hours. After these snippets of memories, we were never all together again.

Since Kyndrid's death, our lives have been irrevocably changed. The gifts she has given our family with her mere existence are immeasurable, but each of us would trade them in an instant to have her life back. For her dad and I, we would even trade our own lives. Because this is the path she was given and the journey handed to us, while we certainly did not choose it, we have decided to carry her memory in the world with love. Her legacy endures in our lives through our grief, which is our direct expression of love for our daughter who died. We speak her name, we cry often, we imagine her face, her older sister wishes for her to be here, we include her as a part of family gatherings and we share the story of her life and death with others. This is the only way we have found to exist in the world without our child.

Our greatest hope in life is that she is remembered. With the full paradox of a life lived in death and a birth after death, it is frightening to imagine that her presence in the world could be erased or forgotten. Our family's work to keep her memory alive is how we carry hope and often one of the only ways we have been able to experience it thus far in our journeys. With full humility and the upmost sanctity, ask others to please remember her with us. Beloved Kyndrid. So loved, so missed and always remembered.

Annex 9: Additional resources

Websites

Several websites will be hosting resources for the launch and dissemination of the Series. Check out:

- [Every Newborn](#)
- [Every Woman Every Child](#)
- [Global Alliance to Prevent Prematurity and Stillbirth](#)
- [Healthy Newborn Network](#)
- [International Stillbirth Alliance](#)
- [The Lancet](#)
- [London School of Hygiene and Tropical Medicine](#)
- [MamaYe's stillbirths resource hub](#)
- The [Partnership for Maternal, Newborn and Child Health](#)

Documents and resources available for the launch and dissemination of the Series

- **Lay Summary:** a ~1,500 word summary in clear language of the main messages from the Executive Summary. This will also be available in Chinese, Italian, Spanish, Arabic, Greek, French & Hindi on the [ISA website](#) and elsewhere after the embargo is lifted.
- **A data spreadsheet** including stillbirth rates and also possibly risk factor data for many countries around the world, available at <http://dx.doi.org/10.17037/DATA.25> after the embargo is lifted.
- **Official Lancet Press Release** for the series, issued under embargo on Jan 15.
- **LSHTM Partner Press Release** for the series will be issued under embargo on Jan 14; email Katie Steels, Communications & Marketing Manager, LSHTM, at Katie.Steels@lshtm.ac.uk, or Jenny Orton, Media Manager for LSHTM, at Jenny.Orton@lshtm.ac.uk for more information
- **Key messages** developed by a core group of organizations led by the [White Ribbon Alliance](#) will be available when embargo is lifted at GIVE SOURCE.
- **Library of parent stories** is being gathered by ISA from each country hosting a launch, and will be available [on our website](#).
- **Powerpoint of slides for the official London launch** will be available after the embargo lifts
- **Videos:** a 3-5 minute video to be used on websites and social media will be available on the Lancet microsite www.betterscienceforbetterlives, and a 5 minute film by BBC film maker on the series' main messages, in English and in Spanish, from 19 Jan. Others may also be available.
- **A list of people in various countries willing to act as spokespersons** will be available; please email info@stillbirthalliance.org for information

Links to other useful information

- **Stillbirth brief:** this is a one-page summary of the series
- Stories and blogs related to stillbirth:
 - <http://www.nytimes.com/interactive/2015/health/stillbirth-reader-stories.html? r=0>
 - <http://www.nytimes.com/interactive/2015/health/stillbirth-reader-stories.html? r=0#julian-brumbaugh>
 - [Stillbirth: Drawing back the veil.](#)
 - <http://www.healthynewbornnetwork.org/blog/unsilencing-voices-disadvantaged-women>
- There are many organizations focused on women's and children's health, including stillbirths;

following are links to a few of these:

- Bill and Melinda [Gates Foundation](#)
- The Centre for Maternal, Adolescent, Reproductive and Child Health at the London School for Hygiene and Tropical Medicine, [MARCH](#)
- Save the children and its [Saving Newborn Lives program](#)
- [Wellbeing Foundation Africa](#)
- White Ribbon Alliance <http://whiteribbonalliance.org/>
- The [World Health Organization](#)
- USAID (particularly [maternal and child health](#))
- Government policies:
 - UK government [plans to reduce stillbirths](#) and [reports on limited progress](#) to date.
- Global policies:
 - [Global Strategy for Women's, Children's and Adolescents' Health](#)
 - [Every Newborn: an action plan to end preventable deaths](#)
- Stillbirth data:
 - [WHO global health observatory](#)
 - [Healthy Newborn Network](#)
- Links to the following will be added as they become available:
 - Other press releases
 - Interviews
 - Other organizations' fact sheets
 - media briefings
 - Blogs and Op-Eds (planned by [Gates Foundation](#) and others)

For further information or assistance...

- Looking for Series author participation at your event?
- Have questions about the Ending preventable stillbirths Series?
- Need additional tips on incorporating social media into your outreach plan?
- Need hard copies of *The Lancet* Ending preventable stillbirths Series and/or executive summary?
- Need to brainstorm ideas for events or speakers?
- Interested in participating in a launch event in your country but don't know what is planned?
- Any other questions?

We will try to help or at least link you up with others who may be able to help! Please contact ISA at info@stillbirthalliance.org for all general inquiries. For queries related to media and/or press releases, please contact Katie Steels, Communications & Marketing Manager at LSHTM (Katie.Steels@lshtm.ac.uk) or Jenny Orton, Media Manager at LSHTM (Jenny.Orton@lshtm.ac.uk).

Thank you from the Lancet's Ending preventable stillbirths Series partnership!

The Lancet EPS series is the product of work by over 200 authors and advisors from more than 40 countries representing more than 100 organizations. This Toolkit was prepared by the International Stillbirth Alliance with input from members of the Lancet's Ending preventable stillbirths Study team and other partners for use by organizations seeking assistance to promote the series. Sincere gratitude to the Waibel family for permission to use the story of their daughter, Kyndrid.

When referencing this Toolkit, please acknowledge that most text has been adapted by ISA from either the Lancet's 2014 [Every Newborn series launch toolkit](#) or the [Lancet's 2011 Stillbirths series launch toolkit](#) as well as from the [Global Maternal Newborn Health Conference toolkit](#). Please send suggestions for improvement of this toolkit to info@stillbirthalliance.org.

We thank you for supporting action to end preventable stillbirths!



international
stillbirth alliance

EMBARGO through