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Stillbirths

A story of stillbirth in a family from Uganda



A post from the Stillbirth Advocacy Working Group stillbirths series by Loyce Ajilong

I got married on December 12, 2003, and after two month of marriage I conceived my firstborn. The ultrasound scan revealed a male fetus and this was good news for us. We were all excited. We developed a serious attachment to him, to the extent that I had taught my husband (a professional accountant) to listen to the fetal heartbeat. He listened to it every morning before he left for work

and every evening upon his return, greeting the baby and welcoming him to our family. The baby would respond by moving within my womb.

I started attending my antenatal visits in my third month and followed all my antenatal appointments without missing any. I was healthy and well throughout, and some days before my expected date of delivery (EDD), I began my maternity leave. I then developed an upper respiratory tract infection and visited my gynecologist who prescribed medication. When I returned home, the baby was active and playing in the womb.

But the next day, 29th November 2004, my EDD, I woke up in the morning and greeted the baby but he did not respond at all and yet he always did! My abdomen was light! So I asked my husband to listen for the fetal heartbeat and when he did, he told me, "I can only hear your heartbeat but not the baby". With my husband, we went to the hospital where the midwife could not hear the fetal heart. She called in another midwife who also listened and reported hearing nothing. The midwives explained to us that they had failed to hear the fetal heartbeat and referred us for an ultrasound scan. During the ultrasound scan, I looked at the screen but did not see the fetal heart beating as I had during my antenatal visits. I asked the sonographer what the result was, but she refused to reveal it, and insisted I take the report to my gynecologist.

We were sent to the ward. I gave the gynecologist the ultrasound scan report and he confirmed to us that our baby was dead. My husband and I were then left unattended for over six hours seated on a bench in the general ward, explaining that mine was an intrauterine death, whilst doctors and midwives attended to other mothers with live fetuses. As a family, we were psychologically tortured. At around 2 pm, my husband lost his patience and looked for the doctor, and asked him to give us a transfer letter to another hospital where I could be attended to. My husband said, "I know we have lost the baby but I'm concerned for my wife's life, too." The doctor then asked one of the midwives to put me in a private room while promising to come and attend to me, but no doctor or midwife entered that room for 3 more hours, until my husband went around hunting again for the doctor. Finally, I think because of my husband's insistence, I was transferred to the private ward to start induction. My husband was sent out to buy misoprostol tablets. He went to most of the pharmacies in Kampala but he could not find any, and my labour was induced with intravenous pitocin instead.

Nearly 24 hours later, after the third dose of Pitocin, I developed very strong uterine contractions. However, both the qualified midwives and doctors left me to labour alone in the hands of a junior midwife, my sister and my husband. Special thanks go to my husband and sister who were by my side caring for me and rubbing my back when the contractions were unbearable and the pain was too much. I had spontaneous vaginal delivery at 7 pm on 30th November to a macerated stillbirth, assisted by my sister since the student nurse feared to deliver me. During the delivery I only saw black hair at the perineum during crowning.

Next I was informed that my husband had taken the body home while I remained in hospital for a night. When I reached home I was told that my husband, my sister and other relatives had taken the body to the village for burial. I remained in psychological and physical pain, asking God, Why me? but as I was reading the Bible, I came across a scripture in Deuteronomy 29:29, "the secret things belong to the Lord our God, but the things revealed belong to us and our children forever". This scripture

spoke to me; I felt it was not necessary to ask God why me since the cause of the baby's death was not revealed to us.

However, my employer put me back in psychological pain. When they learned that I had a stillbirth, the Human Resources Manager called me to report back for work within the first week of delivery, saying that I was not entitled to maternity leave since the baby had died. To recover from this pain, it took me almost one year, with the support of my husband, close relatives and friends. I let it go when I conceived my secondborn, Ebenezer, and other children. But for all my live pregnancies, I delivered by Caesarean section due to potential uterine rupture and multiple scars.

My messages:

- To women and families which have a stillbirth, you can undergo all the stress that comes with a stillbirth but this is not the end of life. You can still have a lovely family.
- To health workers, especially midwives and doctors, let us give psychological and physical support to the women and families that undergo this and similar situations such as inevitable abortion, stillbirth before birth and during birth, and neonatal death, because these deaths equally affect women and families just like the death of a child or an adult, even though in most cases people think these deaths can be ignored and life goes on.
- To employers, let us treat these women who have had a stillbirth like those who have had live birth, because they undergo the same physical pain, and their pain is even worse because it comes with psychological pain that goes away only after a long time with good care and treatment from family, relatives and friends. Let us give them leave equivalent to official maternity leave and, where possible, even longer.
- To policy makers, let us not ignore this need for leave days, which should appear in relevant policies.
- To the educators of health workers, these issues should also appear in the curriculum, so that all health workers are taught to care for women and families who suffer the death of their beloved ones.
- To all humans, let's care for God's creation and God's image.

This post from a member of the Stillbirth Advocacy Working Group (SAWG) reflects the perspective of the author alone; it does not represent the views of the SAWG."

About the Stillbirth Advocacy Working Group

The Stillbirth Advocacy Working Group was founded by the Partnership for Maternal, Newborn and Child Health, and is co-chaired by the International Stillbirth Alliance and the London School of Hygiene & Tropical Medicine. Email co-chairs Hannah Blencowe or Susannah Leisher at hannah.blencowe@lshtm.ac.uk or shleisher@aol.com to learn more.

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