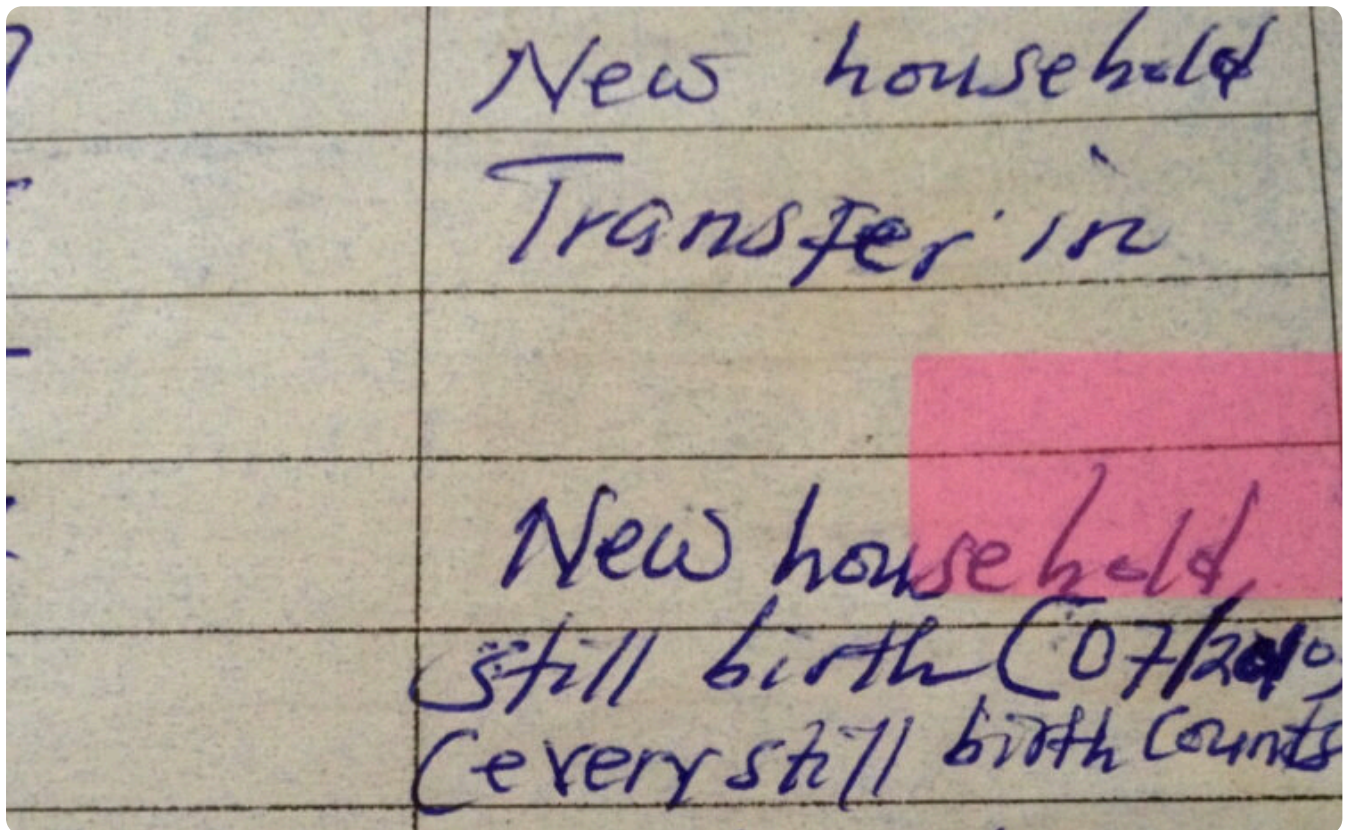


Sep 29, 2022

Stillbirths

Every Stillbirth Counts: Advanced Bereavement Care in Zambia



Community health worker pregnancy register reporting a stillbirth at 8 months gestation with the comment, 'every stillbirth counts.'

Written by Chowa Tembo Kasengele, MS, BSN, and Ilana R. Siegal, MD, MA from the Stillbirth Advocacy Working Group

According to Zambia's new Bereavement Training Guidelines, "don't worry, God will give you another child" is not a reassuring phrase for expectant mothers coping with stillbirth; no parent can know God's plan, so the promise of a future child does not console the loss of one in the present.

In the Mansa District, over 30 Zambian health workers, including midwives, nurses, obstetricians, general practice doctors, ultrasound technicians, and nursing and midwifery students, were trained in Advanced Bereavement Care (ABC) through the [Lugina Africa Midwives Research Network](#) (LAMRN). [LAMRN](#) was a network of midwives and stakeholders from six African countries collaborating with The University of Manchester and Liverpool University in the UK. The organization's mission was to improve midwifery knowledge, practice, and evidence-based research to improve reproductive health in the region.

The [World Health Organization \(WHO\)](#) reported Zambia's stillbirth rate at **14.8 per 1,000** total births in 2019, down from **19.6** in 2004. However, due to cultural, systematic, and geographic factors that contribute to under-reporting of stillbirths, this statistic is most likely an underestimate. Many women give birth at home and stillbirths are socially and statistically invisible. A lack of government-issued stillbirth certificates and no funerals keeps the problem in the dark. Having worked as [LAMRN Zambia Project Lead](#), Chowa Tembo Kasengele (one of the authors) addresses stillbirths in Zambia by developing bereavement support for parents and strengthening stillbirth civil registration. Since LAMRN training was limited to Mansa District health workers, she is currently seeking financial support to scale up ABC training of health workers in the remaining 11 districts in Luapula Province.

Chowa is passionate about exploring the cultural factors that drive stillbirth practices. Without a culturally relevant approach to education about and care after stillbirth, Zambia and other countries face challenges in countering the narratives that maintain the stillbirth taboo and reduce data transparency. As an example, when a Zambian woman has a stillbirth, she should avoid crying to prevent subsequent stillbirths. She must refrain from seeing or touching her stillborn baby, or even following the stillborn baby to the graveyard. Stillborn babies are sometimes put in the sluice room, the "dirtiest room" in the health facility, awaiting disposal. Does this mean a stillborn baby is considered "dirty?" Chowa challenged health workers undergoing ABC training to find a more dignified place for stillborn babies to "rest" before their final "disposal".

To address maternal isolation and depression after suffering a stillbirth, Chowa works with a network of women in Mansa District called the Public Private Involvement (PPI) group. Women in the PPI group have experienced stillbirth themselves and now comfort and support grieving mothers and families through church platforms, community meetings, radio stations and health facilities. Chowa has witnessed improvements in maternal wellbeing with the initiation of bereavement training for many healthcare professionals. Providing bereavement training creates a safe space for families to process their loss, gives dignity and respect to the deceased baby, and "makes stillbirths count."

"When I was diagnosed with a stillbirth during labor, the Midwives treated me with respect and explained what was happening. The baby had the umbilical cord around its neck tightly. I felt supported by the Midwives; indeed, things have improved at the hospital." (Puerperium mother)

“Having undergone the ABC training, we have established a stillbirth clinic to help prevent subsequent stillbirths.” (Obstetrician, Midwife)

This post from the Stillbirth Advocacy Working Group (SAWG) reflects the perspective of the authors alone; it does not represent the views of the SAWG. 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 susannah.leisher@hsc.utah.edu. To learn more or sign up to join the group by emailing sawg@stillbirthalliance.org.

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