



Testimonials

Overview

Stillbirth remains one of the most silenced forms of loss in global health. Nearly one million families in Africa experience a stillbirth each year, yet their grief is largely invisible in policy, research, and public discourse.

The State of Africa's Stillbirths Report, the first continent-wide assessment, deliberately centres lived experience alongside epidemiological evidence, collecting testimonials from parents and health workers across multiple African countries. This report shares moving testimonials from parents and health workers across various African countries, highlighting the suffering of mothers who carried their children in hope, fathers facing grief alone, and health professionals delivering devastating news without proper support. Stories from nine countries, the Central African Republic, Ghana, Morocco, Mozambique, Sierra Leone, South Africa, Tanzania, Tunisia, and others, reveal common themes of isolation, blame, and the toll on health workers. These narratives highlight the need for better bereavement care and support systems. To truly address preventable stillbirths, we must focus on solutions that provide dignity, recognition, and compassionate care for both families and health workers.

Parents' Voices

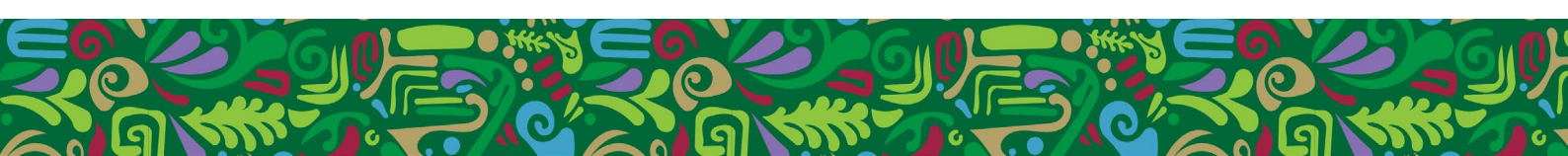
Melita Matenchi, Parent, South Africa

"There is no heartbeat."

Holding onto Faith and Resilience – Melita's Story

Pregnancy as a newlywed carries an aroma of hope. In 2015, full-term and expectant, I went to the hospital and heard the words no mother should hear: "There is no heartbeat." Just a day earlier, everything had been normal. Hope vanished overnight.

I experienced a physically and emotionally challenging birth. Labour was induced but progress stalled and a medical intervention seemed inevitable. I held onto my faith and prayed, "Daddy, I have accepted that the baby is no more. I ask that you help me deliver." Then labour



progressed and my baby was born. The cord was wrapped around his neck three times. He was born still. Silent. But born.

Returning home without a baby was devastating. I was supported by family, friends, and community, and rather than withdrawing, I chose connection and allowed my grief to be witnessed and shared instead of carrying it alone.

Later, a second pregnancy ended in stillbirth and reopened wounds. Cultural blame and narratives questioned my choices and future but we chose resilience and faith. Now I support others experiencing similar pain.

Loss changes you forever, but it can also teach you how strong you are and how deeply connection and compassion matter when everything else falls away.

Hannah Mwangi & Leonard Nango'le, Parents, Kenya

“No family should survive loss and be abandoned by the system meant to care for them.”

Two Stillbirths: Compassion Must Be Part of Care – Hannah & Leonard Nango'le, Kenya

No parent expects to leave a maternity ward without a baby. Yet twice, I did, and each time, the system met my grief with silence.

In 2016, I lost my daughter Tyrah to a cord prolapse. No doctor was available. The emergency was poorly managed. I bled so severely I needed a transfusion. Afterward, I was placed in a ward full of mothers with live babies; no counselling, no explanation, no compassion.

In 2017, my daughter Tiffany was born prematurely at 35 weeks in a hospital without enough facilities to save her. She lived 37 hours. Again, I was surrounded by newborn cries that deepened the trauma and later discharged without support. There was no follow-up. Cultural stigma added to the pain, “it’s a curse,” people said.

My husband grieved too, but his pain was invisible. He was told to “be strong” and had no space to mourn.



In 2024, our son Oliver was born alive and healthy, a new chapter of healing and hope. Today, through the Empower Mama Foundation, we advocate for trauma-informed care, respectful maternity services, and support for fathers' mental health. No family should survive loss and then be abandoned by the system meant to care for them.

Bousseina Fotor, Parent, Central African Republic

"After my baby was born dead, what I fear most is becoming pregnant again."

After My Baby Was Born Dead, What I Fear Most is Becoming Pregnant Again – Bousseina Fotor, CAR

In 2024, I became pregnant again after my 10- and 8-year-old, full of joy at the thought of welcoming another child into our family.

I worked in Obo, a remote town in eastern CAR and my husband thought it would be safer for me to give birth in Bangui because of better medical care. In January 2025, I went into labour late at night. My sister rushed me to the nearest maternity facility, but the midwives said they could not manage my complications. Because of delays waiting for an ambulance, I only reached the main hospital the next day at noon. My baby was already gone.

No one told me until evening. I cried until I had no strength left.

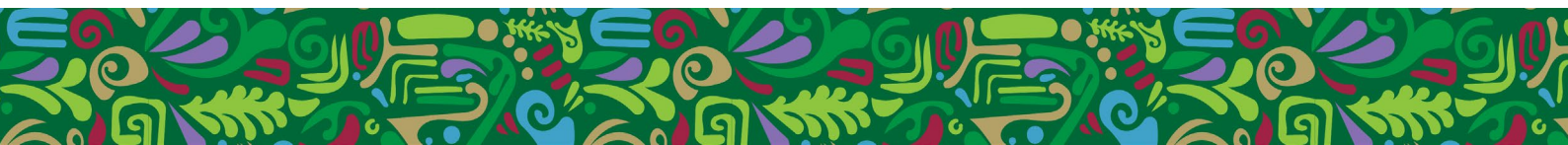
The loss followed me home. For three months, I bled constantly, struggled to walk, and often felt paralysed. My husband blamed me for the loss and left. I eventually found a new job and attended some counselling, but the sadness still weighs heavily on me.

"I never saw my baby alive. I keep a photo of his lifeless body on my phone, but I still cannot bring myself to look at it."

What I fear most now is becoming pregnant again.

Irene Torshie Attachie, Midwife and Parent, Ghana

"I woke up from anaesthesia expecting to hold my baby. Instead, there was silence."



I Woke up to Silence – Irene Attachie, Ghana

I am a midwife. I have stood beside countless women as life entered the world. But nothing fully prepared me to be on the other side of the bed. I have experienced four pregnancy losses before, and when I finally carried to term, we named our son Elikem meaning “I am established.” His name was our declaration of hope. In October, after an emergency Caesarean section, that hope collapsed.

I woke up from anaesthesia expecting to hold my baby. Instead, there was silence.

No cries. No cuddles. Just silence.

When I was finally allowed to see Elikem, he was physically perfect. Tall. Whole. But gone.

Placed in a postnatal ward among celebrating mothers, I watched joy unfold around me while colleagues asked, “Where is your baby?” No one had told them. I wished someone had told me how isolating this would be.

At home, our loss was met with avoidance and cultural discomfort. Silence replaced condolence. My husband and I grieved alone and in silence.

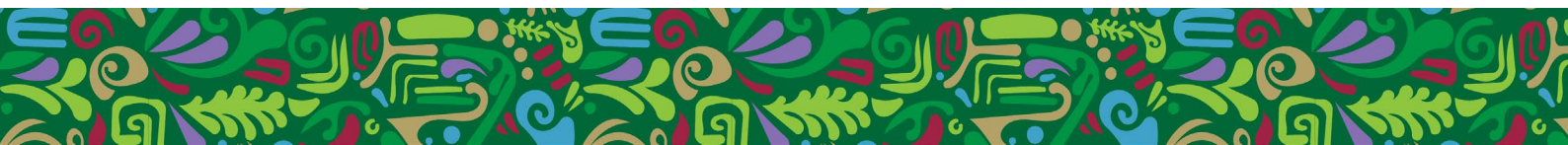
I now advocate for compassionate bereavement care. Stillbirth is not just a medical event. It is a life-altering loss. Still babies should be prepared in a presentable way for family viewing and time together.

Latifa Bellili, Parent, Tunisia

“The pain remains like an open wound.”

April 15: A Date I will Never Forget – Latifa Bellili, Tunisia

April 15, 2024 is not just a date on the calendar. It is the day I gave birth by caesarean section to my stillborn baby, after going past my due date.



Throughout the pregnancy I was exhausted and constantly vomiting. By month seven, I was short of breath and unwell, yet the more I suffered, the less I was told to worry. In the ninth month, I had no signs of labour. My doctor told me not to return until contractions started.

At the hospital, I received some support. Two healthcare workers helped me with the procedures and stayed by my side. I am grateful for that. But in the post-partum unit, the cries of other babies made my pain even worse.

My greatest emotional support came from my family, especially my mother and sisters. Apart from them, there was no other support. In my community, people tell me God will give me another baby. I wish I could meet a specialist. I carry deep loneliness. The pain remains like an open wound.

What I can tell other pregnant women is that: a woman must closely follow her antenatal care plan, attend regular check-ups, ask questions, and vet all the opinions around her. Early care may save a baby's life.

Nonsikelelo Jili, Parent, South Africa

"My baby fell into the toilet."

My Baby Fell into the Toilet – Nonsikelelo Jili, South Africa

I was pregnant for the first time, full of hope, until one morning I woke up bleeding.

My antenatal visits had all been normal. Later, I learned that my waters had broken without my knowledge. At the hospital, instead of urgent care, I was sent away, redirected, and accused of having an abortion because I was young.

Left to manage my own paperwork and told to walk to the toilet alone, my baby fell into the toilet. Staff shouted insults. My partner was told to retrieve our baby. To this day, no one has explained why my son, Yandisa, died.

I was placed in a ward with mothers of live babies and woken up at feeding times to breastfeed. Wrong language was used. My own mother became convinced I had caused the loss.

The community called me cursed ("a dark cloud"). I was isolated from babies, from women, from life. When I became pregnant again, I lost another baby at 27 weeks. The stigma deepened.

I still wonder who my children would have become growing up alongside their three siblings.



Hanane Azougagh, Midwife, Morocco

“After 21 years as a midwife and hypnotherapist, stillbirth is the loss that never becomes routine.”

Jafari B. Lutavi, Midwife, Tanzania

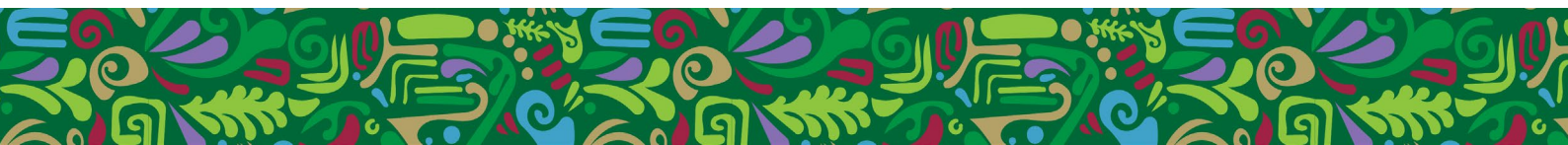
“I witness stillbirth as a daily reality—and one that is largely preventable.”

At Muhimbili National Hospital in Tanzania, I witness stillbirth as a daily reality, and one that is largely preventable. Many women arrive in critical condition after receiving limited antenatal care and inadequate monitoring at lower-level facilities. One of the most challenging responsibilities is informing families of a stillbirth. Providing privacy, compassion, and time to grieve is essential, yet emotionally demanding. Unfortunately, structured emotional or professional support for staff is limited. There are no formal bereavement care protocols or routine debriefing sessions. Reducing stillbirths requires stronger referral systems, consistent resources, and standardised bereavement care training to support both families and health workers.

Dr. Benedict Affare, Obstetrician Gynaecologist, Ghana

“What stands out most to me is that many stillbirths we see are preventable.”

The leading causes are conditions we understand well and are manageable, yet outcomes remain poor because of inadequate capacity to diagnose and intervene, especially at lower-level facilities. Delays in seeking care can determine whether a baby lives or dies. Ultimately, what remains clear to me is that adherence to protocols dealing with the causes of stillbirths, strengthening client education about these causes, and the need to report early to hospitals will reduce preventable stillbirths.



Dr. Nafissa Osman, Mozambique

“Breaking the news of a stillbirth never gets easier. Parents want answers we don’t always have.”

There is little formal training in bereavement care. Most of what I learned came from experience and from colleagues. Bereavement care should be included in medical and midwifery training.

Dr. Frances Wurie, Sierra Leone

“I lost one of my twins at 31 weeks inside a hospital with modern medicine. The question that changed my life was ‘if this could happen to me, how about women in facilities that are not fully equipped?’”

Authors

Moses Isiagi, Irene Torshie Attachie, Vivian Gaiko, Nonkululeko Shibula, Tomomi Kitamura, Ashley Mutemi, Linda Vanotoo, Melita Matenchi, Hanane Azouggagh, Jafari B. Lutavi, Nafissa Osman, Bousseina Fotor, Latifa Bellili, Benedict Affare, Frances Wurie, Lumbani Ngulube, Hannah Blencowe, Lucia Hug, Adeniyi Aderoba, Emily Atuheire, Salome Maswime, Mary Kinney

