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Global call to action on preventable stillbirths

Margaret Murphy, a member of the Scientific Advisory Committee of the International Stillbirth Alliance, shares her experience working on this call for global action with **Deirdre Munro**

DESPITE advances in maternity care, babies still die around the time of their birth. There are an estimated 2.6 million stillbirths annually across the globe, of which 98% occur in low-income and middle-income countries. A high number of these deaths are preventable, with half of all stillbirths (1.3 million) occurring during labour and birth.

Most result from preventable conditions such as maternal infections (most commonly syphilis and malaria), non-communicable diseases and obstetric complications. In high income countries stillbirth occurring during labour is a rare event with 90% of deaths occurring antenatally. Many stillbirths are preventable with high quality antenatal and intrapartum care.

Ending preventable stillbirths

In spite of the numbers of babies who die, stillbirth statistics remain hidden. There is global disagreement on a universal definition of what gestation constitutes stillbirth. Many countries do not record stillbirth rates and it does not feature strongly in global strategy documents, such as the United Nations sustainable development goals. To help address this silence, the *Lancet* launched its second series entitled 'Ending preventable stillbirths' on January 19, 2016. This series of four key papers brings together global experts in the area of stillbirth research. A synopsis of the contents of the four papers is presented below.

The stillbirth rate is a sensitive marker of quality and equity of healthcare. The *Lancet* series 2016 conducted economic cost benefit analysis and discovered such inputs result in a quadruple return on investment, by preventing maternal and newborn deaths and stillbirths, and improving child development.

Stillbirth creates a heavy burden of psychosocial and economic cost on families and nations. This burden of stillbirth affects women, families, caregivers, communities and societies. Parents experience various psychological symptoms that often persist long after the death of their baby, including anxiety, depression and protracted grief. Research suggests some of these symptoms could be lessened by respectful maternity services, including bereavement care.



An estimated 4.2 million women globally are living with depression associated with a previous stillbirth. In some cultures stigma and taboo can further exacerbate trauma for families, with many women socially ostracised. A fatalism exists that nothing can be done to prevent the occurrence of stillbirth and this can impede stillbirth prevention.

There are however chances of integrating stillbirths within women's and children's health programmes. The *Lancet* authors recommend that these opportunities be steadily grasped. Initiatives such as the 'Every Newborn Action Plan', within the Every Woman Every Child (EWEC) umbrella, with targets laid out for 2030, have included stillbirths. Data for tracking stillbirth rates have increased. Yet in many relevant policies mentions of stillbirth remain restricted. This results in the limitation of research and funding opportunities.

Series recommendations

The *Lancet* series has identified priority actions necessary to achieve a reduction in stillbirths, including:

- Intentional leadership, especially from policy makers, which is identified as the biggest challenge
- An increased voice, especially for women
- The implementation of integrated interventions with proportionate investment
- Indicators to measure effect of interventions and especially to monitor progress and quality of care
- Investigation into crucial knowledge gaps.

Summary

Through her involvement with the ISA Scientific Advisory Committee, Margaret will work to enhance international collaboration in the prevention of stillbirth and related adverse pregnancy outcomes, including psychosocial outcomes. This will be done through facilitating collaboration in conduct and dissemination of high quality collaborative research, in particular to collaborate with global partners in promoting action from the *Lancet's* stillbirth series.

Deirdre Munro is a member of the INMO Executive Council and is project co-ordinator QID, Corporate HSE

Deirdre Munro and Margaret Murphy are members of Global Village Midwives, which supports priority recommendations to end preventable stillbirths. Margaret Murphy is a lecturer in midwifery at University College Cork and a member of the Scientific Advisory Committee of the International Stillbirth Alliance. As a member of The Lancet stillbirths in high-income countries investigator group, Margaret contributed Irish stillbirth statistics to the Lancet series paper 4 by Flenady et al, 'Stillbirths: recall to action in high-income countries'. This is the first time that Irish stillbirth statistics have been included in such a global paper

Resources
– Global Village Midwives Twitter @Globalvillagemw
– www.thelancet.com/series/ending-preventable-stillbirths