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UK HAS ONE OF THE WORST STILLBIRTH RECORDS IN LEAGUE TABLE OF SIMILAR NATIONS – FINDINGS PUBLISHED TODAY IN THE LANCET MEDICAL JOURNAL'S SERIES ON STILLBIRTH. SANDS, THE STILLBIRTH AND NEONATAL DEATH CHARITY, ALARMED BY FINDINGS AND CALLS FOR IMMEDIATE ACTION.

The UK has one of the worst stillbirth records when compared to similar high income nations. The findings are published today in The Lancet medical journal's Series on Stillbirth, which provides the most comprehensive assessment to date of the global stillbirth situation. To access the Series please go to www.thelancet.com/series/stillbirth.

The UK's stillbirth rate (for deaths in the third trimester) in 2009 was 3.5 stillbirths per 1,000 births with the UK ranking only 33rd best globally in terms of our stillbirth rate. This places us amongst the most poorly performing high income countries, with only France (rate of 3.9) and Austria (rate of 3.7) scoring worse.

The Lancet Series analysis of stillbirths in high income nations (Paper 5) shows that while countries such as Norway, Australia and The Netherlands have seen significant reductions in their stillbirth rates over the last ten years, in the UK stillbirths are at the same levels we saw a decade ago.

The Series highlights the fact that stillbirth rates vary between countries with similar populations, demonstrating that stillbirths are not 'just one of those things'. Many stillbirths are due to preventable factors and it is possible to take action and avoid the deaths of many babies. Why is this not happening in the UK?

When a baby is stillborn, parents and families are left devastated. The impact of the loss is shattering and lifelong. It is hard enough to bear the death of a precious baby; harder still to know the death might potentially have been prevented.

The Facts:

[NB: In the UK a stillbirth is defined as a baby born dead after 24 weeks gestation. See full explanation of definitions of stillbirth below in Notes to editors.]

- 11 babies are stillborn every day in the UK. That means over 4000[i] babies dying every year leaving thousands of Mums and Dads, their families and friends devastated by the death of their babies.

- A significant proportion of these deaths are potentially preventable.
- While infant and neonatal mortality has declined in the UK, the stillbirth rate has remained largely unchanged over the past ten years, and even increased in 2009 to 5.2 stillbirths per 1,000 births (from 5.1 in 2008)[ii]. *(NB this rate is for 24+ weeks gestation deaths)*
- Stillbirths are 10 times more common than cot death. 1 in every 200 babies are stillborn, compared to 1 in every 1,000 babies born with Down's syndrome.
- Most babies who are stillborn did not have any serious abnormality and a third of stillbirths have no obvious cause, meaning the baby was otherwise perfect. Most stillborn babies die at gestations when they might have survived if they had been delivered in time.
- Stillbirths can happen to any woman, not just those with health problems and risk factors.

Why are UK stillbirth rates high?

- There is a widespread lack of awareness of the extent, risk and impact of stillbirth. Although many stillbirths are potentially preventable, there is little targeted action to reduce rates.

- Too many pregnancies that were thought to be 'low-risk', end in stillbirth. We don't have accurate ways to detect which babies are at risk of stillbirth and so many babies' failure to thrive is not discovered until it's too late.

- Sub-optimal maternity care contributes to over half of otherwise unexplained stillbirths. Failures to identify problems or act quickly enough are frequently cited as examples of poor care. Maternity services in the UK are under considerable strain from lack of resources and funding, putting staff under increasing pressure and making it harder to deliver safe care.

- Too many stillbirths are under-investigated, meaning lessons are not learned, practice does not change, and parents are left without answers as to why their baby died. Our post mortem rate is low at only 45% up-take, so valuable information on why babies die is lost.

- 1 baby in every 200 is stillborn. Yet most prospective parents are unaware that stillbirths happen at all, and do not know about risk factors, such as obesity, ethnicity, smoking, alcohol consumption and being a Mum over 35, may actually increase their own personal risk of stillbirth. Training for clinicians also fails to highlight these risks.

- The Lancet Series highlights inequalities in stillbirth rates in ethnic minority and socially deprived groups. The reasons for the differences are poorly understood and strategies for tackling these differences are not in place.

What can we do to improve things in the UK?

Stillbirths must be made a key public health priority. Sands would like to see:

1. **Increase awareness of stillbirth risk.**

    - Women need to be informed about risk factors such as obesity, smoking, alcohol consumption and being an older Mum (over 35 years of age) which all increase the risk of a stillbirth, so they can make informed decisions about their life choices and health in relation to pregnancy. 42% of mothers questioned in a Sands survey (2009) did not have any information at all on stillbirth, until their baby died.

    - Women need better information about warning signs that their baby may not be thriving, such as fetal movements slowing down, so they have the confidence to seek help quickly if they think something is not right.

    - Healthcare staff need appropriate training so they are fully aware of the risk factors and warning signs for stillbirth and they know about best practice for how to respond when any signs are present.

2. **Learn the lessons when a baby dies:**

    - We need far more rigorous investigations into stillbirths in the UK so lessons can be better learnt. Several high income countries, such as Norway, Australia and The Netherlands are seeing significant reductions in their stillbirth rates. Detailed audit of every stillbirth has given these countries information about what is contributing to the deaths so they can improve care.

    - We want an analysis of best practice for stillbirth review in the UK, and national guidance to make the review process more effective in finding answers about what contributed to a baby's death.

- Reviews must be carried out to find out the clinical cause of death, but also with a view to identifying changes in practice that could reduce future deaths. There must be accountability to ensure recommended improvements in maternity practice are implemented and sustained.

- Specialised perinatal post mortem services need to be more accessible – there are not enough specialist pathologists in all areas, and the costs of ordering a post mortem are inhibiting when budgets are tight.

3. Quality maternity care:

- We need properly funded and resourced maternity services that provide the highest levels of care with safety as the first priority. This should be a truly 24 hour, 7 days a week level of service and care.

- Antenatal care needs to accessible and able to meet the needs of the UK's increasingly complex maternal population.

4. Fund more research:

- We need research to find ways to screen pregnancies more accurately so that vulnerable babies can be delivered early and safely.

- We need to find out why otherwise healthy babies are dying. 1 in 3 stillbirths are related to placental dysfunction and a third of stillbirths are unexplained. We need research to find out what is going wrong.

- We need research to understand why some women from ethnic minorities and socially deprived groups are more likely to have a stillbirth and what the most effective ways of tackling inequalities are.

Neal Long, Chief Executive, Sands, the stillbirth and neonatal death charity: "11 babies dying every day is a national scandal which has persisted for far too long in this country. This seemingly endless death toll of thousands of babies every year has the most terrible long-term impact on parents and their families.

“There is now very clear evidence from countries similar to our own that stillbirth rates can be significantly reduced. We now have no excuse in the UK for our persistently high stillbirth levels and we must act immediately. Many Mums in the UK have increasingly complex pregnancies, this coupled with already stretched maternity services, entering an era of budget cuts, could spell disaster for many more babies and their families.”

Professor Gordon Smith (Head of Department of Obstetrics and Gynaecology, Cambridge University and Chair of the RCOG’s Stillbirth Clinical Study Group), says: "The majority of stillbirths in the UK could be prevented if we had better means of detecting babies at risk. This Lancet series outlines the scope of the problem and the priorities for research. But addressing these research questions will require funding. Given the magnitude of the problem and the gains that are available through preventing such losses, I hope funding agencies will take this on board and provide the resources required."

Steve Hale, Bereaved Dad, explains why the Lancet Series on Stillbirth is so important: “Our son Matthew was stillborn at 38 weeks, no complications, no issues, no explanation. My life changed forever that day, and while you somehow get through the first hours, weeks and months, there is no getting back to “normal” life. You have to find a new normal, a normal in which you try to deal with the fact that your baby died. The Lancet research raises some fundamental questions, not least why there is so little being done about the fact that 11 babies are dying every single day here in the UK.”

- Ends -

Notes to editors:

Case studies available - Sands has a number of parents throughout the UK who are willing to share with the media their own personal experiences of the loss of their baby.

For further information, please contact Sands press office:
Katie Duff – 0845 6520 442 or 07554 454312
Lisa Wardle - 07846 498506
The Lancet Press office:
Tony Kirby – 020 7424 4949

Definition of a Stillbirth
In the UK stillbirth is defined as any baby born dead after 24 weeks gestation. Other countries use different definitions, ranging from 20 to 28 weeks gestation. To allow comparison between countries the Lancet series has used data from 28+ weeks gestation. Hence the difference between the 2009 stillbirth rate used in the UK of 5.2 per 1000 live births, and that used in the Lancet Series of 3.5 per 1000 live births.

Stillbirth rates over time

Stillbirth rates are given as the number of stillbirths per 1000 live and stillbirths. In high income countries such as the UK, rates of stillbirth declined significantly from the mid 1980's. In 1992 the UK definition of stillbirth changed from babies born dead after 28 weeks gestation to those born dead after 24 weeks gestation.
But since the late 1990's the decline has stopped and there has been very little overall change in UK stillbirth rates: the early 2000's even saw a significant rise in stillbirth rates followed by a gradual return in 2009 to levels seen in 1999.

Most common causes of stillbirth

Many stillbirths are associated with poor growth in the baby. For a third of all stillbirths no cause is identified. Where a cause is specified the most common causes are:

- Congenital malformation of the baby
- Antepartum haemorrhage/placental problems
- Pre-existing maternal medical conditions
- Pre-eclampsia
- Obstetric cholestasis
- Birth complications
- Infections

The most common risk factors for stillbirth

- Being an older Mum (over 35 years)
- Smoking
- Alcohol or drug misuse
- Teenage pregnancies
- Maternal obesity
- Any previous history of pregnancy complications
- Post term pregnancies
- First pregnancy and multiple pregnancies
- Being from a black or Asian ethnic group or from a socially deprived area
- Maternal factors such as diabetes and hypertensive illness.

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[i] Centre for Maternal and Child Enquiries (CMACE) Perinatal Mortality 2009: United Kingdom. CMACE: London, 2011.

[ii] Centre for Maternal and Child Enquiries (CMACE) Perinatal Mortality 2009: United Kingdom. CMACE: London, 2011.