



Stillbirth
how professionals
can make a difference

Preventing babies' deaths

The death of a baby is a tragedy, with lifelong consequences for families. Many stillbirths and neonatal deaths could be avoided with better care and resourcing and an improved system for learning lessons when things do go wrong. These five questions could help save babies' lives.

1. Do you really know who's at risk of stillbirth?

Most stillbirths happen in 'low risk' pregnancies: no pregnant woman is truly low risk until she has delivered a healthy baby. However, it is important to consider when risk factors are present, including smoking, alcohol/drug use, obesity and older age.

2. Are you identifying all growth-restricted babies?

Growth-restricted babies are at the highest risk of stillbirth, yet only a minority are picked up antenatally. Research to improve tools for detecting poor growth continues; in the meantime the RCOG's Green-top guideline 31 on the SGA fetus gives advice for consistent antenatal measurements and the identification of SGA babies.

3. Reduced fetal movements – do the women you care for know what to do?

Changes to fetal movements can be a sign that something is wrong. Women need to know that they should call their midwifery unit straight away (not 24 hours later) if they have concerns, even if they've had false alarms already. RCOG Green-top guideline 57 describes how to advise women and respond to reports of reduced movements.

4. Are you contributing to national understanding of stillbirths?

MBRRACE-UK is collecting vital national data on stillbirths and perinatal deaths for audit and confidential enquiries, highlighting gaps in care. This work depends on your unit submitting good-quality data; find out more at www.npeu.ox.ac.uk/mbrpace-uk.

5. Does your unit learn from mistakes and improve care?

Confidential enquiries consistently show that better care could reduce the number of perinatal deaths. All babies' deaths should be reviewed and understood to see where lessons can be learned and care improved. Sands has led work to develop a web-based tool to support high-quality perinatal mortality review. Contact research@uk-sands.org for more information.

Improving bereavement care

The quality of care that bereaved families receive when their baby dies can have long-lasting effects. Good care cannot remove parents' pain and grief, but it can help parents through this devastating time. Poor care can and does make things much worse.

To help healthcare professionals improve bereavement care for parents whose baby dies Sands has five recommendations for all maternity units.

1. Bereavement care training

All staff seeing parents whose baby has died should have bereavement care training to enable them to give supportive, empathic and sensitive care.

2. Bereavement care midwives

All maternity unit staff should have access to a specially trained bereavement midwife who is responsible for staff training and support, and for monitoring policies and procedures to ensure that bereaved parents receive good quality care.

3. Dedicated bereavement room

There should be at least one dedicated bereavement room or suite, away from celebrating families and the sound of live babies, where a woman whose baby has died can labour and/or be cared for afterwards.

4. Bereavement care literature

Sands support booklets for parents and the *Sands Guidelines (Pregnancy Loss and the Death of a Baby: Guidelines for professionals)* should be available on every maternity unit.

5. Post mortem consent package and training

All parents should be offered the opportunity to discuss a post mortem examination of their baby with an experienced doctor or midwife. The consent form should be based on the HTA-approved form developed by Sands, with, if necessary, minimal changes to fit the local situation. All staff who seek consent should have had training based on the *Sands Post Mortem Consent Package* and the *Sands Learning Outcomes for Consent Taker Training*.

The facts

In the UK

- ▶ 5712 babies died before, during or in the first 4 weeks after birth in the UK in 2013, that's around 110 babies every week*
- ▶ One baby in every 216 births is stillborn
- ▶ Mothers living in poverty are over 50% more likely to experience the death of a baby
- ▶ The UK perinatal mortality rate is high compared with some other European countries. If the UK could match mortality rates achieved in Sweden and Norway, for instance, the lives of at least 1,000 babies could be saved every year
- ▶ Only 10% of stillborn babies have a lethal congenital abnormality
- ▶ One in three babies is stillborn at term, a time when he or she might have been safely delivered

*Office for National Statistics. Child Mortality Statistics 2013 (Table 2) www.ons.gov.uk

Visit www.uk-sands.org to find out more about our:

- ▶ support for bereaved parents and their families
- ▶ research and work to reduce deaths
- ▶ work to improve bereavement care
- ▶ campaigns
- ▶ fundraising

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