Plain language summary

Stillbirth – Investigation, Management and Care

What is this summary about?

The National Women and Infants Health Programme (NWIHP) recently updated the National Clinical Practice Guideline (CPG) on Stillbirth. This CPG is mainly for healthcare professionals who care for women/parents in pregnancy and covers all aspects of care for women who have a stillbirth. This care includes investigating the cause of the stillbirth and the antenatal, intrapartum and postnatal management of a pregnancy complicated by stillbirth. The CPG includes some of the medicolegal aspects of care including the registration of a stillborn infant and the role of the Coroner. The purpose of this plain language summary (PLS), using non-medical terminology, is to provide an overview of the national CPG.

Who is this summary for?

This summary is mainly intended for people who have experienced a stillbirth or those who wish to know more about stillbirth including risk factors, investigation, management and care. This summary may also be used as a reference point for healthcare professionals who care for women/parents that have experienced stillbirth.

Definitions used in this summary

- **Fetus:** baby within the womb that has not yet been born.
- **Intrauterine fetal death (IUFD):** the death of a baby within the womb prior to birth. As this summary relates to stillbirth, IUFD will refer here to the death of a baby at ≥24 weeks (and zero days) or who weighs ≥500g at birth.
- **Stillbirth:** a baby born showing no signs of life at a gestation of ≥24 weeks (and zero days) or weighing ≥500g.
- In this CPG, prior to birth the term intrauterine fetal death is used, and once a baby is born the term stillbirth is used.

What are the risk factors for stillbirth?

Scientific studies have demonstrated several factors that can increase the chance of stillbirth. Some of these risk factors can be influenced either before or during pregnancy and some cannot. The following list does not include every possible risk, but it gives an overview of the common risk factors that are looked at in the national CPG.

https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/

https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/

Risk factors for stillbirth

Maternal (mother's) risk factors

- Mother's age (<20yo/>40yo)
- First pregnancy/Nulliparity (a woman who has never carried a pregnancy before to ≥24 weeks (and zero days)/given birth to a baby weighing ≥500g)
- Non-white ethnicity
- Poverty/socio-economic deprivation
- Past history of stillbirth
- Medical conditions (mother's) that may increase the risk of stillbirth
- The use of assisted reproductive technology (such as in vitro fertilisation/IVF)
- Access to antenatal care
- Maternal weight (body mass index ≥25)
- Maternal smoking and exposure to passive smoking
- Maternal substance use (including illicit drug use and medicinal products)
- Maternal sleeping position (settling to sleep on the side is best)

Fetal (infant's) risk factors

- Congenital/genetic anomalies
- Post due date/gestational age of fetus (risk increases throughout the third trimester with a steep increase beyond the predetermined due date)
- Poor fetal growth/fetal growth restriction
- Multiple pregnancies (e.g., twins, triplets etc.)
- Male fetal sex

Pregnancy-related risk factors

- Pregnancy-specific conditions that increase the risk of stillbirth such as Pre-eclampsia (PET), Gestational Diabetes (GDM) and Intrahepatic Cholestasis of Pregnancy (IHCP)

How is an IUFD diagnosed?

The death of a baby in the womb is diagnosed using ultrasound imaging. The diagnosis is made by showing that the baby's heart has stopped beating. There may be no symptoms, or the pregnant woman may have had pain, bleeding or reduced fetal movement (RFM). This may lead to the woman attending her GP, Midwife or Obstetrician, or the local maternity service in an emergency setting, which means that the woman may receive the news that her baby has died from the attending Doctor on call. Occasionally a fetal death may be unexpectedly diagnosed at a routine clinic appointment. This news should be delivered in a sensitive, supportive, and compassionate manner. However, in the event of a fetal death, it is recommended that the diagnosis is confirmed by a Senior Obstetrician or a trained Sonographer.

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What are the causes of stillbirth?

There are different reasons that a baby may die before birth. Sometimes a definite cause is found, other times a number of possible causes or contributing factors can be found. To help provide answers to parents, clarify the cause of stillbirth for healthcare professionals and inform future obstetric care, a classification system for the causes of stillbirth is used by healthcare professionals.

Stillbirth: major categories for cause of death (https://www.ucc.ie/en/npec/npec-clinical-audits/perinatalmortality/perinatalmortalityreportsandforms/)

- Major congenital anomaly
- Hypertensive disorders of pregnancy
- Antepartum or intrapartum haemorrhage
- Mechanical (e.g. cord accidents)
- Maternal disorder (e.g DM, IHCP)
- Infection
- Specifical fetal conditions
- Specific placental conditions
- Intrauterine growth restriction
- Associated obstetric factors
- Unexplained

How will the death of the baby be investigated?

When a baby dies within the womb investigations may be performed for two reasons.

Firstly, investigations to confirm the physical wellbeing of the woman may be performed. This is because an IUFD may, on occasion, be associated with illness in the woman or directly affect the health of the woman. This may involve physical examination by a doctor or blood tests.

Secondly, investigations may be performed to determine the cause of the intrauterine death. These tests are divided into maternal investigations (tests performed on the woman) and fetal investigations (tests performed on the baby and placenta after birth).

Maternal investigations

Maternal investigations may involve a history of events surrounding the death, a physical examination, blood tests and swabs for infection. The type of investigations will depend on the circumstances of the baby's death.

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Fetal investigations

Fetal investigations include placental histopathology (examination of the placenta), post mortem examination (PME) of the baby and genetic analysis. The woman/parents are asked for their consent to undertake a PME on the baby and written information on the PME is provided. Large studies have shown that these three investigations contribute the most information towards finding out why a baby has died.

When a woman gives birth to a stillborn baby, her Obstetrician and Midwife will explain the investigations that will be offered, and written information will be provided.

A cause of death can be established in 90% of stillbirths when the appropriate investigations are carried out.

What is the role of the Coroner in investigating stillbirth?

Under Irish Law, when any baby is stillborn, the case must be discussed with the Coroner. The Coroner is an independent public official responsible for investigating unexplained deaths. If the stillbirth is unexpected or if the cause of death is unclear, the Coroner may direct a post mortem examination (PME). This means that a post mortem examination will be carried out on the baby in order to help clarify the cause of death. In the event of a Coroner's PME, the process will be explained to the woman/parents and written information will be provided.

If a woman experiences an IUFD how will the baby be born?

The news that her baby has died in the womb is devastating for any woman to receive. Then the thought of giving birth to a stillborn infant can be emotionally overwhelming. The way that a woman gives birth to her baby, also known as the mode of delivery, will depend on several factors and will involve a discussion between the woman and her Obstetrician and Midwife. While most women who have experienced an IUFD give birth vaginally, a caesarean birth may sometimes be necessary.

When a vaginal birth is planned, labour may be induced using several means. These methods lead to the cervix (neck of the womb) dilating (opening) and the onset of uterine contractions and sometimes performing an amniotomy (breaking the waters). The way that labour is induced will also depend on several factors and will involve a discussion between the woman and her Obstetrician and Midwife. It is important that the woman has control over decision making processes including timing of birth, place of birth, analgesia for labour, birth attendants, and planning for the birth itself.

What is bereavement care?

Perinatal bereavement care involves addressing the physical, psychological, emotional and spiritual care needs of the woman, her partner/support person and affected family following the death of a baby. This care is provided by members of a multidisciplinary specialised bereavement team that may include specialist midwifery and nursing staff, chaplaincy and spiritual guides, social workers and members of the perinatal mental health team. Bereavement care begins at diagnosis of IUFD and continues after the birth of a stillborn baby. A member of the bereavement team will meet with the woman/parents shortly after diagnosis and the nature of the care provided will depend on their individual needs.

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The National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death were developed in 2016 to address the bereavement care needs of women in Irish maternity hospitals/units. These standards were updated in 2022 and provide guidance to healthcare professionals and maternity services on how to care for women/parents and families following a stillbirth.

How are women/parents followed up after stillbirth?

It is important that women who give birth to a stillborn infant receive the appropriate follow-up care and support. This usually involves attending the maternity hospital/unit at an interval after birth to explore the events around the diagnosis and stillbirth as well as the results of investigations performed to determine the cause of the baby's death. This meeting also provides the woman/parents with the opportunity to ask any questions and to discuss elements of care that are important to them. The timing and nature of this follow-up will depend on several factors but usually a woman/parents will be seen by a senior Obstetrician within 3 months following a stillbirth, even if the results of some investigations are still awaited. Results of the PME of the baby, especially in Coronial cases, may take longer to become available for the woman/parents and the clinicians.

How is pregnancy following stillbirth managed?

Pregnancy following stillbirth can cause mixed emotions for a woman/parents and can be a source of great anxiety. Obstetric Maternity care in a subsequent pregnancy will depend on the nature of the previous stillbirth and the recurrence risk of contributing factors. Planning for subsequent pregnancies should be included in ongoing postnatal care. Women should have an early booking visit arranged early in the subsequent pregnancy in order to explore any risk factors early and to make a plan for the pregnancy and the birth. Ideally women and their partners should have continuity of carer by a dedicated team experienced in caring for couples with pregnancy after loss.

For further information visit:

https://pregnancyandinfantloss.ie/

https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/

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