Are stillbirths stillborn on the global agenda?

Dr. Hannah Blencowe  MBChB Msc MRCGP MRCPCH
MARCH, London School of Hygiene and Tropical Medicine

For The Lancet Stillbirth Series team

#stillbirth
#newbornactionplan
#WD2013
Are stillbirths stillborn on the global agenda?

1. Stillbirths do matter
   Findings from *The Lancet* Stillbirth Series

2. Yet stillbirths still don’t count
   Hidden individual losses to global health agenda

3. Why change is possible
Stillbirths matter for women

“No fetal heartbeat. These three words began the surreal journey of inducing labour and finally my daughter's stillbirth... In the weeks that followed I waded through each day trying to keep my head above an ocean of sorrow. I mostly hibernated...

I just wanted to stop breathing, to stop time moving me forward...”

Malika Ndlovu
Stillbirths matter for families

Over 7200 families a day experience a stillbirth…. Each is an individual, painful story

Whether they are famous or not, in a rich country or poor, the grief is overwhelming, and usually hidden

Follow up studies show that unresolved grief is common even 20 years afterwards
Stillbirths matter globally

**Stillbirth rates**

(deaths per 1000 livebirths)

**Lowest countries**
1. Finland (2)
2. Singapore (2)

**Highest countries**
192. Nigeria (42)
193. Pakistan (47)

10 countries account for 66% of the world’s stillbirths – 66% of neonatal deaths and 60% of maternal deaths

1. India
2. Pakistan
3. Nigeria
4. China
5. Bangladesh
6. Dem Rep Congo
7. Ethiopia
8. Indonesia
9. Tanzania
10. Afghanistan

2.6 million stillbirths

98% occur in low-income and middle-income countries

55% are for rural families in Africa and South Asia

Nearly half stillborn babies were alive at the start of labour.

The risk of stillbirth during labour (intrapartum) for an African woman is 50 times higher than for a woman in the UK.
Things aren’t changing fast enough for these babies…

If the same progress continues, then by 2020 over 90% of all stillbirths will be in Africa and South Asia.

Sub-Saharan Africa and South Asia have the slowest rates of decline.

But change is possible

Stillbirth rates halved 1950-1975 with improvements in infection treatment and obstetric care

Colombia, Mexico and China halved their numbers of stillbirths over the past two decades
We know how to prevent stillbirths

<table>
<thead>
<tr>
<th>Interventions to prevent stillbirths</th>
<th>Universal coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periconceptual folic acid fortification</td>
<td>Stillbirths prevented</td>
</tr>
<tr>
<td>Malaria in pregnancy - ITNs &amp; IPTp</td>
<td>27,000</td>
</tr>
<tr>
<td>Syphilis screening and treatment</td>
<td>35,000</td>
</tr>
<tr>
<td>Hypertensive diseases in pregnancy and management</td>
<td>136,000</td>
</tr>
<tr>
<td>Diabetes screening and management</td>
<td>57,000</td>
</tr>
<tr>
<td>Fetal growth restriction management</td>
<td>24,000</td>
</tr>
<tr>
<td>Induction of labor at or beyond 41 completed weeks</td>
<td>107,000</td>
</tr>
<tr>
<td>Obstetric Care (3 levels including CEmOC)</td>
<td>52,000</td>
</tr>
</tbody>
</table>

Total Stillbirths Averted: 1,134,000

1.1 million stillbirths could be prevented
But need higher coverage and quality of care
Childbirth care is one of the best health investments if you count women and babies.

Deaths prevented:
- Stillbirths 1.1 million (45%)
- Newborn deaths 1.4 million (43%)
- Maternal deaths 201,000 (54%)

TRIPLE RETURN ON INVESTMENT
Making the case for investing in MNCH is stronger if we count stillbirths

Childbirth care cost analysis:
- Cost per maternal death prevented is **US$54,350**
- Counting newborns and stillbirths this becomes **$3,920** per death prevented

In 68 priority countries (including 92% of all stillbirths):
- Total additional running cost of **US$ 2.32** per person per year for universal coverage with:
  - 10 interventions for women, newborns and stillbirths
  - plus 5 maternal and newborn specific interventions

Affordable given results of 2.7 million lives saved

Investment in maternal health should count the full effect...
2. Yet stillbirths don’t count …
Hidden Individual Loss of Stillbirths

Stillborn babies do not get societal recognition - rarely named, funeral rites or held, dressed by the mother.

One in four stillbirths is not seen by either the mother or her family.

Nearly one third of stillbirths are attributed to the mother’s sins or evil spirits.

Many people believe that stillbirth is a natural selection process and that the baby was not destined to live.

Invisible in global data and policy

1. Global data
   - NOT routinely reported to World Health Organization
   - NOT included in the Global Burden of Disease metrics
   - NOT measured appropriately in most national surveys

2. Global goals
   - Stillbirths NOT counted in the MDGs although intimately linked to:
     - Maternal health in MDG 5
     - Neonatal deaths, accounting for 43% of child deaths in MDG4
     - Poverty (MDG 1) and girls education (MDG2)

Stillbirths are still missing in national and international health policy and programmes

Post MDG Consultation > 400 submissions the word newborn came once, stillbirth no times.
Out of ~ 250,000 donor disbursements only 2 mention stillbirth

ODA disbursement for MNCH doubled but in 2008 just 6% of MNCH funding mentioned “newborn”
3. Why change is possible for stillbirths
1. We have data and solutions

2011 – Lancet Stillbirth series

<table>
<thead>
<tr>
<th>Stillbirth rate estimates for 193 countries</th>
<th>115</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Factors for stillbirth in high income countries</td>
<td>111</td>
</tr>
<tr>
<td>1. Invisibility of stillbirth: Making the unseen seen</td>
<td>44</td>
</tr>
<tr>
<td>3. Interventions: Evidence on what works</td>
<td>43</td>
</tr>
<tr>
<td>4. Implementation: Integrated care has triple benefit</td>
<td>34</td>
</tr>
<tr>
<td>5. High-income settings: Priority actions</td>
<td>70</td>
</tr>
<tr>
<td>6. 2020 vision: Goals and research priorities</td>
<td>32</td>
</tr>
</tbody>
</table>
2. Families voices are being heard

High income countries

Low and middle income countries

“Thank you for listening to us. Now I have hope that others who loose their children like this in India can know they count”

Indian Engineer, father of 3, two of them stillborn babies
3. Media and general public do care

Responses to *The Lancet* stillbirth series
1,000 individual news organisations, including 100 US television stations, 200 other television networks/ national television stations
Media reach assessment of almost 1 billion people

Launched in 7 cities
London
New York
Hobart
Geneva
Florence, Italy
Cape Town
New Delhi

*These papers, like no other *Lancet* Series before, have triggered a remarkable response not just from academia and organisations, but also from the public."

Richard Horton *Lancet editorial one month after*
4. Professional organisations are ready to lead the change

“We believe that FIGO, IPA and ICM have a major part to play in saving the lives of millions of stillborn babies worldwide, especially in developing countries”

G Serour, S Carbral, B Lynch
The Lancet, 2011
Goal by 2020

- Countries with a current stillbirth rate of more than 5 per 1000 births to reduce their stillbirth rates by at least 50% from the 2008 rates

- Countries with a current stillbirth rate of less than 5 per 1000 births to eliminate all preventable stillbirths and close equity gaps

The key issue is a void of ownership

- In global newborn survival efforts, attention to stillbirths remains limited.
- In global efforts for maternal health, the woman’s aspiration of a live baby is not a major focus.
- No one professional organisation group see that stillbirths “belong” to them and risks being left out by all.
- Parental groups are powerful, yet few countries have parent groups and strong champions, almost non-existent in low income

Key opportunities include Promise Renewed for Preventable Maternal Deaths, the Global Newborn Action Plan and Return to Zero film
Let’s make it different

- Stillbirths count for women and families:
  ~ A ‘silent cry’ that is never forgotten

- We know what works:
  ~ Countries all over world can reduce stillbirths

- Counting stillbirths increases the case for investing in care around the time of birth:
  ~ A triple return on investment

We all have a role to play .... Will we raise our voices and raise up our hands to speak and act for these women and their stillborn babies?