

Stillbirth

HIVE Discussion NMI

October 30, 2022



Stillbirth

Spontaneous death and subsequent birth of a fetus at 20+ weeks gestational age

1 in 175

Or about 21,000 cases annually in the USA

Risk Factors

- Twins & multiples
- Advanced Maternal Age
- Growth restriction
- Smoking, drinking, drug use
- Diabetes
- Hypertension Disorders
- BMI 30+
- Nulliparity
- History of Stillbirth

Additional “Causes”

- Placental Insufficiency
- Placental Abruptio
- Cord Entanglement
- Injuries
- Infections

A word on sociodemographics

Often cited that the following are risk factors for stillbirth:

- “Being African American”
- “Low socioeconomic status”

And it's important that we're careful in our understanding and phrasing of these concepts. It is not poverty or specific ethnicities that lead to stillbirth - it is societal treatment, oppression, racism, classism, and the chronic stressors that come with this that lead to serious health complications

Prevention

Is there anything we can do to detect cases that may become a stillbirth? Are there effective interventions?

- Disease Prevention & Infection Detection & Treatment
- Major stress reduction
- Kick Counts (daily from 27 weeks with risk factors, from 36 weeks without risk factors)
- Routine Prenatal Care with attention to pregnancy complications detection
- Taking parents seriously when they express concern or symptoms out of the norm

60%

Of stillbirths are “unexplained”

Difficult to know the role of explanation with lack of autopsies

60%

Of stillbirths occur in pregnancy

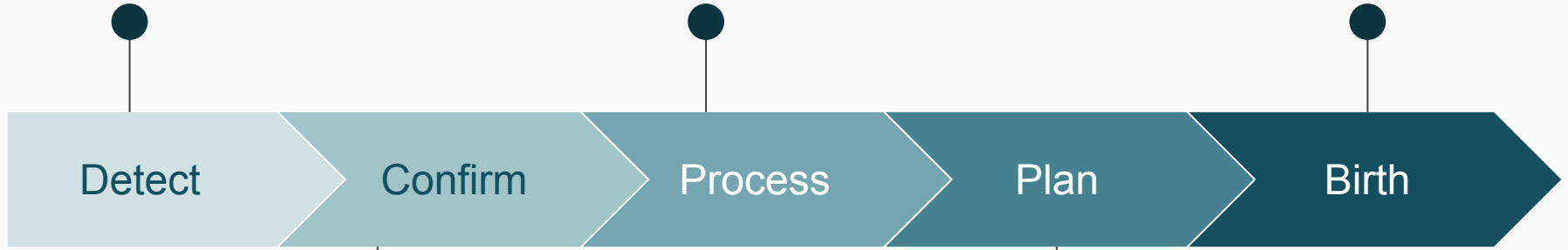
50%

Of prenatal stillbirths at/near
term

In pregnancy or in labour, by parent or midwife: lack of mvmt, FHR, bleeding, etc.

Ask questions, understand what is happening, pause to process

Attendance at birth, immediate postpartum bonding, saying goodbye



Detect

Confirm

Process

Plan

Birth

Second opinion or FHR detection method, ultrasound, hospital confirmation

Choice of birthplace, modes of delivery, induction of labor, logistical planning

Logistics to Coordinate as the Midwife

Confirmation of Death

- If prenatal death - confirmed by ultrasound or doctor's note
- If intrapartum, do your guidelines stipulate transport?
- Death Certificate

Coordination with a processing team:

- Local Coroner
- Local Hospital (if planning to birth at hospital, or if might transport)
- Local Funeral Home
- Hospice Supports
- Do they want an autopsy?

Supportive Allies

For families and
midwives

- Funeral Home Directors
- Death Doulas (Infant & Pregnancy Loss Doulas)
- Photographers (Now I Lay Me Down To Sleep)
- Support groups, organizations for Grief
- Midwifery Organizations

What is it like to attend a stillbirth as the midwife?

Especially: what is this is at home?

- Can feel very quiet if fetal monitoring is absent
- Can feel very heavy and laden in grief
- If infection is present, can be very strong smell at birth
- Depending on how long since death there may be skin peeling, decomposition, slack joints
- Baby may be very delicate
- Baby may not be an active participant (deflexed, etc.)
- If not at term (small) may be very quick
- Some decisions will need to be made quickly

- After the birth, appropriate pathways of notification will need to be made promptly
- A discussion around remains & processing will need to be had somewhat promptly
 - Autopsy?
 - Funeral home?
 - Hospice?
- Making memories
 - Photos
 - keepsakes

What is the process of stillbirth like in the hospital?

How is a midwife involved?

- Typically on the Labour & Delivery Floor - special signifier on the door of the room
- Pain relief options
- Shift work by nature with providers and nurses
- May be restrictions on who can be there and in what roles
- Easy access to complications management
- Easy access to funeral homes, coroner, etc. - often streamlined

Protective Practice

Expect to be
investigated

- When possible, ensure objective confirmation of death (outside US, etc.)
- Contact Lawyer ASAP (midwifery orgs may be a good source for this)
- Notify insurance, if you have it
- Extra detail to charting
- Follow local protocols, alert appropriate professionals when stepping outside protocols

Do not learn
about this
while it is
happening

Be Prepared

To minimize stress
and maximize
care

- Have a solid practice protocol for stillbirth & its permutations - may special attention to this (do not just begrudgingly complete it as an assignment for NMI) and be sure you vett it with practicing, local midwives.
- Have the numbers saved for ultrasound, coroner, hospital, funeral home, etc. : make connections with these people ahead of time.
- Have a self care & coverage plan built into practice protocol