

Stillbirth Key Documents

[Please note this list is not exhaustive]

Date	Author	Title	Synopsis	Link
2014	SANDS	Updates to the Sands audit tool for maternity services: caring for parents when a baby has died <i>[last few pages state changes in this version]</i>	The Sands Audit Tool enables maternity units to assess the level of care that they give to parents whose baby dies. Sands has produced an update to the tool which takes into account recent research and recommendations for care in hospital when a baby has died	Link
2014	Papageorghiou et al (The Lancet)	International standards for fetal growth based on serial ultrasound measurements: the Fetal Growth Longitudinal Study of the INTERGROWTH-21st Project	In 2006, WHO produced international growth standards for infants and children up to age 5 years. Using the same methods and conceptual approach, the Fetal Growth Longitudinal Study (FGLS) aimed to develop international growth and size standards for fetuses. The authors recommend these international fetal growth standards for the clinical interpretation of routinely taken ultrasound measurements and for comparisons across populations	Link
2014	Conde-Agudelo et al (BJOG)	First and second trimester tests to predict stillbirth in unselected pregnant women: a systematic review and meta-analysis	Several biophysical and biochemical tests have been proposed to predict stillbirth but their predictive ability remains unclear.	Link
2014	Lindquist et al (BJOG)	Experiences, utilisation and outcomes of maternity care in England among women from different socio-economic groups: findings from the 2010 National Maternity Survey	The objective of this analysis was to explore the healthcare-seeking behaviours and experiences of maternity care among women from different socio-economic groups in order to improve understanding of why socially disadvantaged women have poorer maternal health outcomes in the UK	Link
2014	Gardosi et al	Preventing stillbirths through improved antenatal recognition of pregnancies at risk due to fetal growth restriction	Improved training and adoption of standardized protocols has led to increased antenatal detection of fetal growth restriction, and this in turn has resulted in significant reductions in stillbirths in areas with high uptake of the training programme. A comprehensive, evidence-based growth assessment protocol (GAP) is currently being rolled out across the NHS to implement this strategy for stillbirth prevention. (This paper was presented at the Public Health England (PHE) Annual Conference in 2013.)	Link

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2014	NHS Improving Quality	A Review of Support Available for Loss in Early and Late Pregnancy	<p>This report: Scopes what support currently exists for women and families across England who experience loss at both less than and greater than 24 weeks gestation</p> <p>Scopes what support exists for stillbirth, pre and post-delivery, identifies the key charities involved in this and determines what they offer</p> <p>Identifies areas of good practice, soft intelligence and stories from women with experience of loss.</p>	Link
2014	Jason Gardosi and Mandy Williams - Perinatal Institute	Cost Benefit Analysis -Serial ultrasound scanning in pregnancies at risk of intrauterine growth restriction	This paper estimates the costs and benefits of a comprehensive ultrasound surveillance protocol for fetal growth in pregnancies at increased risk as defined by the new RCOG guidelines, based on data from the West Midlands.	Link
2014	Malin GL et al	When is birth weight at term abnormally low?	A systematic review and meta-analysis of the association and predictive ability of current birth weight standards for neonatal outcomes. Objectives of this review were To evaluate the relationship between birth weight standards and neonatal outcome in term-born infants (at ≥ 37 weeks of gestation).	Link
2014	RCOG	The Investigation and management of the small for gestational age foetus	This newly developed guideline is a major update of the first edition published in 2002, under the same title. This guideline identifies risk factors – both major and minor – for a SGA fetus, and presents appropriate screening for a SGA fetus.	Link
2013	SANDS	Research Report: Stillbirth Public Health Messages	<p>Test public awareness messages developed by the Stillbirth Public Health Task and Finish Group. The target groups for this research was pregnant women, those still to complete their families and midwives.</p> <p>Objectives; Exploration – to find out whether the target audience believe that increased awareness/education is important and what concerns may be around increasing awareness. Message testing – of the key messages developed to find out how well they sit with the target group and how these messages can be conveyed in a sensible, sensitive and effective way. Creative concepts/channels of delivery – to understand how the target audience may prefer to have the messages delivered</p>	<p style="text-align: center;">Link</p> <p>This link is for the SCN folder not an internet link. As soon as a link is available on line this will be updated.</p>

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2013	Gardosi,J et al	Maternal and foetal risk factors for stillbirth: population based study	Objective: To assess the main risk factors associated with stillbirth in a multi-ethnic English maternity population. Population 92 218 normally formed singletons including 389 stillbirths from 24 weeks of gestation, delivered during 2009-11.	Link
2012	RCOG	Information for you When your baby dies before birth	Patient information sheet: This leaflet helps to explain the care you will receive during and after the birth of your baby, and care in future pregnancies. It does not cover everything related to the longer-term emotional support you may need.	Link
2012	SANDS	Preventing Babies' Deaths what needs to be done	Preventing Babies' Deaths: what needs to be done (January 2012) proposes that as many as 1,200 babies' lives could be saved every year through a combination of more research, better care and greater awareness of the risks of stillbirth and newborn baby death.	Link
2011	SANDS	The SANDS Audit Tool for Maternity Services Caring for parents whose baby has died	The Sands Audit Tool for maternity services: Caring for parents whose baby has died was developed to help those responsible for commissioning and providing maternity services to assess the quality of care they provide to bereaved parents, and identify any improvements that are needed.	Link
2011	Perinatal Institute for Maternal and Child Health	Perinatal Mortality, Social Deprivation and Community Midwifery 2008-9	This is the third report in our current series of regional clinical outcome reviews, aiming to understand the causes underlying perinatal mortality and develop strategies for prevention. The focus here is on social deprivation; once again we have applied the powerful tool of independent, confidential case reviews to assess the standard of care and avoidability of outcome. This is analysed alongside a survey of community midwives to assess how they are coping with the task of looking after mothers with increased social risk.	Link
2010	RCOG	Late intrauterine foetal death and stillbirth	To identify evidence-based options for women (and their relatives) who have a late intrauterine fetal death (IUFD: after 24 completed weeks of pregnancy) of a singleton fetus. To incorporate information on general care before, during and after birth, and care in future pregnancies. The guidance is primarily intended for obstetricians and midwives but might also be useful for women and their partners, general practitioners and commissioners of healthcare.	Link
2009	SANDS	Saving Babies Lives	Highlights problem areas that are contributing to the level of baby loss in UK, the long-lasting impact of these deaths, and recommends changes that could save babies' lives	Link

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2007	Perinatal Institute	Birmingham and the Black Country Reducing Perinatal Mortality Project	Confidential Enquiry into Still Births with Fetal Growth Restriction	Link

Literature Search August 2014 conducted by: Library & Knowledge Service, The Rotherham NHS Foundation Trust

Author	Date	Document Title	Full Text /Abstract	Location
Platts et al. BMC Pregnancy and Childbirth	2014	The Midland and North of England Stillbirth Study (MiNESS)	Full Text	
Sahlin et al. Fetal Diagn Ther.	2014	Molecular and cytogenetic analysis in stillbirth: results from 481 consecutive cases.	Abstract	Abstracts 3
Morken et al. BMC Pregnancy Childbirth.	2014	Perinatal mortality by gestational week and size at birth in singleton pregnancies at and beyond term: a nationwide population-based cohort study.	Abstract	Abstracts 3
Placek et al. Placenta	2014	Systematic review of placental pathology reported in association with stillbirth.	Abstract	Abstracts 3
Endler et al. BJOG	2014	Retained placenta is associated with pre-eclampsia, stillbirth, giving birth to a small for gestational age infant, and spontaneous preterm birth: a national register based study.	Abstract	Abstracts 3
Heazell et al. BMC Pregnancy Childbirth.	2013	A randomised control trial comparing standard or intensive management of reduced fetal movements after 36 weeks gestation – a feasibility study.	Abstract	Abstracts 3
Edmunds SF and Silver RM. Clin Perinatol.	2013	Stillbirth reduction efforts and impact on early birth.	Abstract	Abstracts 3
Naimy et al. BMC Public Health	2013	Perinatal mortality in non-western migrants in Norway as compared to their countries of birth and to Norwegian women	Full Text	
Mohangoo et al. PLOS ONE	2013	International Comparisons of Fetal and Neonatal Mortality Rates in High-Income Countries: Should Exclusion Thresholds Be Based on Birth Weight or Gestational Age?	Full Text	
Stormdal Bring et al. Nordic Federation of Societies of Obstetrics and Gynecology, Acta Obstetricia et Gynecologica Scandinavica	2013	Causes of stillbirth at different gestational ages in singleton pregnancies	Full Text	
Nausheen et al. PLOS ONE	2013	Validation of verbal autopsy tool for ascertaining the causes of stillbirth.	Abstract	Abstracts
McCowan et al. PLOS ONE	2013	Clinical prediction in early pregnancy of infants small for gestational age by customised birth weight centiles: findings from a healthy nulliparous cohort.	Abstract	Abstracts
Vergani et al. American Journal of Perinatology.	2013	Perinatal complications in twin pregnancies after 34 weeks: effects of gestational age at delivery and chronicity.	Abstract	Abstracts
McPherson E. Curr Opin Obstet Gynecol.	2013	Discovering the Cause of Stillbirth	Abstract	Abstracts 2
Derricott et al. Placenta.	2013	Investigating the association of villitis unknown etiology with stillbirth and fetal growth restriction – a systematic review.	Abstract	Abstracts 3
Haavaldsen et al. Curr Opin Obstet Gynecol.	2013	Fetal death and placental weight/birthweight ratio: a population study.	Abstract	Abstracts 2
Gardosi et al. BMJ	2013	Maternal and fetal risk factors for stillbirth: population based study.	Abstract	Abstract 3
Helgadottir et al. Curr Opin Obstet Gynecol.	2011	Incidence and risk factors of fetal death in Norway: a case-control study.	Abstract	Abstracts 2