

Reducing the Risk of Stillbirth Consensus statement (June 2015)

The following messages were identified by an expert group, convened by Sands and the Department of Health, to identify the important modifiable risk factors for stillbirth and recommend the core messages that should be included in all health information for pregnant women.

Background

Pregnancy and childbirth are natural processes and, although most pregnancies are mainly trouble-free, one in 220 pregnancies which go beyond 24 weeks ends in a stillbirth. Stillbirth is one of the most common of the serious complications of pregnancy, affecting the lives of around 3,500 families every year in the UK.

Not all the causes of stillbirth are known. However, experience from other countries suggests that raising awareness of the risk factors among both women and health professionals, the signs to look out for and when women should seek help can reduce the incidence of stillbirths. Focus groups with British women and midwives suggest pregnant women and women planning pregnancies would value knowing more about the 'modifiable risks' of stillbirth i.e. the risk factors they are able to do something about to reduce their risk. Some measures, such as having the flu jab, can protect both the mother and baby from serious illness or death.

We support the promotion of the following messages directed at pregnant women and women considering a pregnancy, developed with multi-disciplinary expert knowledge, to help pregnant women reduce the risk of stillbirth.

Messages

Certain things increase the chances of stillbirth but there are things you can do about those risks. The following is our advice - you may want to discuss this information further with your midwife:

- **It is important not to miss any of your antenatal appointments.** Some of the tests and measurements that can identify potential problems have to be done at specific times. Attending appointments will also enable your midwife to give you information as your pregnancy progresses.
- **Try to swap unhealthy foods for healthier options and try to keep active.** Being overweight or obese can increase the risk of problems in pregnancy. While pregnancy isn't the time for a weight-loss diet, you don't need to put on any extra kilos in pregnancy if you are already overweight.
- **If you smoke, the best thing you can do is stop.** Stopping at any time in pregnancy will help, though the sooner the better. The NHS provides lots of support to help women stop smoking in pregnancy – your midwife, GP or pharmacist can advise you, and there will be a 'stop smoking' programme you can join, which your midwife will direct you to.
- **The safest way to ensure your baby is not damaged by alcohol is to not drink while you're pregnant.** If you are finding it hard to stop drinking, ask for help from your midwife or GP.

- **If you currently use or have used street drugs or other substances, it's important to tell your midwife.** The more she knows about your general health, the better she'll be able to help you and your baby. So do not be afraid to share this information with her. It will be treated in strict confidence and only shared with relevant professionals if the midwife thinks it is in the best interests of your baby.
- **Have the seasonal flu jab (vaccination).** Your midwife or GP will offer you this free of charge. It's safe to have at any stage of pregnancy and women who've had the vaccine when pregnant also pass some protection onto their babies, which lasts for the first few months of the baby's life.
- **Wherever possible avoid contact with people who have infectious illnesses,** including diarrhoea, sickness and childhood illnesses, such as chickenpox or parvovirus (slapped cheek). If you have been or are in contact with someone with an infection, speak to your midwife or GP for advice.
- Get to know what other infections might affect your pregnancy and their signs so you can take seek help from your midwife or GP if you become ill. These are listed at NHS Choices.
- **Be strict about good hygiene wherever you are.**
- Get to know which foods to avoid while pregnant. These are listed at NHS Choices.
- **If any of these happen you should seek help straight away by contacting your maternity unit. Don't wait until the next day:**
 - **If you think your baby's movements have reduced,** slowed down or changed, then lie on your left side for an hour and concentrate on your baby's movements. If you are still worried call your maternity unit straight away. Don't wait to see what happens.
 - **If you have bleeding from the vagina.**
 - **If you have watery, clear or coloured discharge from the vagina that seems abnormal for you.** This could be your waters breaking or signs of an infection.
 - **If you have signs of pre-eclampsia.** These include: obvious swelling, especially affecting the hands and face or upper body; severe headache that won't go away, sometimes with vomiting; problems with vision (blurring, flashing lights or spots difficulty in focussing); and severe pain just below the ribs in the middle of your abdomen. Although pre-eclampsia is usually mild, in some pregnancies it can lead to life-threatening problems for both mother and baby.
- **When to seek help from your maternity unit within 24 hours and not wait until your next antenatal appointment. Call your maternity unit if you have itching** (particularly on the hands and feet, but other areas of the body may be affected too), even mildly. While this is normal for most women, occasionally it's a sign of a liver disorder called intrahepatic cholestasis of pregnancy (ICP, also called obstetric cholestasis) which if left untreated can lead to premature labour and increase the risk of stillbirth.

Organisations involved in preparing consensus statement

- Bounty
- Kicks Count
- Mama Academy
- NCT
- Perinatal Institute
- Royal College of Midwives
- Royal College of Obstetricians and Gynaecologists
- Tommy's

Endorsing organisations

- Bliss
- Emma's Diary
- Lullaby Trust

For further information please go to: www.saferpregnancy.org.uk

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