STILLBIRTH

When fetal death occurs after 20 weeks of pregnancy, it is called stillbirth. These tragic deaths occur in about 1 in 160 pregnancies. Most stillbirths occur before labor begins. The pregnant woman may suspect that something is wrong if the fetus suddenly stops moving around and kicking. A small number of stillbirths occur during labor and delivery.

HOW IS FETAL DEATH DIAGNOSED?

An ultrasound examination (a test that uses sound waves to take a picture of the fetus) can confirm that the fetus has died by showing that the fetus's heart has stopped beating. It sometimes can help explain why the fetus died.

The healthcare provider also can do some blood tests on the mom to help determine why the fetus died.

WHAT TESTS ARE DONE AFTER THE FETUS IS DELIVERED?

After delivery, the fetus, placenta, and umbilical cord are examined carefully to help determine why the fetus died. The provider often recommends an autopsy and tests to diagnose common chromosomal problems. In some cases, the provider recommends tests for specific disorders or various infections. In up to half of all cases, these tests cannot determine the cause of stillbirth (2). However, information from these tests often is useful in helping couples plan a future pregnancy, even if the cause of the stillbirth remains unknown.

How is the pregnant woman treated? The health care provider discusses options for delivering the fetus. Some women may need to deliver immediately for medical reasons. However, many couples can decide when they want to deliver the fetus. Some choose to wait until the woman goes into labor. Labor usually starts within two weeks after the fetus dies. Waiting for labor generally poses little risk to a woman's health. If labor has not begun after two weeks, providers recommend inducing labor because there is a small risk of developing dangerous blood clots after this time. Most couples choose to have labor induced soon after they learn of their baby's death. If the woman's cervix has not begun to dilate in preparation for labor, the provider may use vaginal medicine to help prepare her cervix. She is then treated with the hormone oxytocin (also called Pitocin), which is given through a vein. Oxytocin stimulates uterine contractions. Generally, a woman does not need a cesarean unless she develops problems with labor and delivery.

CAUSES OF STILLBIRTH

There are several known causes of stillbirth. Sometimes more than one of these causes may contribute to the baby's death. Common causes include:

- ***Birth defect***s: Chromosomal Disorders, Genetic, Environmental, or Unknown Causes.

- ***Placental problems:*** Placental problems such as "placenta abruption" cause about 25 percent of stillbirths

- ***Poor fetal growth:*** Fetuses who are growing too slowly are at increased risk of stillbirth. An ultrasound examination during pregnancy can show that the fetus is growing poorly, allowing healthcare providers to carefully monitor the pregnancy.

- ***Infections:*** Infections involving the mother, fetus, or placenta appear to cause about 10 to 25 percent of stillbirths. Infections are an important cause of fetal deaths before 28 weeks of pregnancy. Some infections may cause no symptoms in the pregnant woman. These infections may go undiagnosed until they cause serious complications, such as fetal death or preterm birth

- ***Chronic health conditions in the pregnant woman:*** About 10 percent of stillbirths are related to chronic health conditions in the mother, such as high blood pressure, diabetes, kidney disease, and thrombophilias (blood clotting disorders). Pregnancy-induced forms of high blood pressure (such as preeclampsia) also may increase the risk, especially when they recur in a second or later pregnancy.

- ***Umbilical cord accidents***: Accidents involving the umbilical cord may contribute to about 2 to 4 percent of stillbirths. These include a knot in the cord or abnormal placement of the cord into the placenta. These can deprive the fetus of oxygen.

Some more uncommon causes of stillbirth include:

- Trauma (such as car accidents)
- postdate pregnancy (a pregnancy that lasts longer than 42 weeks)
- Rh disease (an incompatibility between the blood of mother and baby)
- Lack of oxygen (asphyxia) during a difficult delivery.
- Maternal age over 35
- Maternal obesity M
- Multiple gestation (twins or more)
- African-American ancestry A recent study found that African-American women had a two-fold increased risk of stillbirth compared to white women