STILL AWARE
stillaware.org

Parent organisations are powerful change agents and could have an important role in raising awareness to prevent stillbirth.

Formed by the mother of a baby born still at 9 months in South Australia, creating conversation about stillbirth. Sharing the importance of understanding the individual case, knowing that every baby, every body and every pregnancy is different. Keeping mother and baby safe in pregnancy. Through education and awareness of clinicians and expectant families. We continue to work with key researchers in the field to gather and report data of care provisions and predictors.

# STILLBIRTH, CONSIDERING THE INDEPENDENT RISK FACTORS

This information is compiled from published research data. Through prenatal care, an expectant families individual history should be considered and a conversation relating to potential risk factors is suggested. This information is not intended to replace the advice of a trained medical professional. Still Aware provides this knowledge as a courtesy, not as a substitute for personalised medical advice and disclaims any liability for the decisions you make based on this information. Rather, the organisation encourages expectant families and clinicians to ask the questions. Quality antenatal care that is accessible to all, has the potential to reduce stillbirth rates in high-income countries. Multiple risk factors would warrant closer or more regular monitoring throughout pregnancy, particularly in the third trimester.

## Characteristics of at risk mothers may include:

- Primiparity (first time mothers) I
- Maternal age (less than 18 or 35years +) ii
- Assisted reproduction (IVF) pregnancy ii
- BMI (30 or above) ii
- Maternal ethnic origin (South Asian descent, Australian indigenous & new
- immigrant group) ii
- Previous Stillbirth ii
- Previous Caesarean section ii
- Diabetes (pre-existing & Gestational) ii
- Smoking ii
- Alcohol ii
- Illicit drug use ii
- Lack of folic acid ii
- High blood pressure (Pre-existing and Pre-eclampsia) ii
- Multiple Pregnancy ii
- Infection ii
- Low socio economic status ii
- Poor antenatal attendance (less than 50% of planned visits attended) iii

## Characteristics of at risk baby may include:

- Decreased fetal movement (irregular from what's normal baby) ii for the individual
- Erratic increased fetal movement (crazy, insane or out-of-control movement from what is normal for the individual baby)iv
- Fetal growth restriction (crossing centiles from the expected growth curve for that baby) ii
- Low amniotic fluid v
- Placental blood flow restriction vi
- Gestational age 41 weeks or more ii
- Male ii

# STILLBIRTH - FINDING THE CAUSE

Implementation of national perinatal mortality audit programmes aimed at improving the quality of care could substantially reduce stillbirths. i

Microarray analysis is more likely than karyotype analysis to provide a genetic diagnosis, primarily because of its success with nonviable tissue, and is especially valuable in analyses of stillbirths with congenital anomalies or in cases in which karyotype results cannot be obtained. vii


i Supplement to :Flenady V et al (2016) Lancet ending preventable stillbirths series 2016; published online jan 18. Http://dx.doi.org/10.1016/S0140-6736 915)01029-X
ii Gardosi, Jason et al. "Maternal and fetal risk factors for stillbirth: population based study" BMJ 2013; 346 :f108
iii Stacey et al (2012) Antenatal care, identification of suboptimal fetal growth and risk of late stillbirth: findings from the Auckland stillbirth study Australian and New Zealand Journal of Obstetrics and Gynaecology 52(3) 242–247
iv Warland J et al (2015) An International Internet Survey of the Experiences of 1,714 Mothers with a Late Stillbirth: The STARS Cohort Study. BMC Pregnancy and Childbirth 15 (172) DOI 10.1186/s12884-015-0602-4
v Pilliod, Rachel et al. "374: Oligohydramnios: Risks Of Stillbirth And Infant Death". American Journal of Obstetrics and Gynecology 212.1 (2015): S196. Web. 3 June 2016.
vi "Tommy's". Tommy's. N.p., 2016. Web. 3 June 2016.
vii "Karyotype Versus Microarray Testing For Genetic Abnormalities After Stillbirth — NEJM". New England Journal of Medicine. N.p., 2016. Web. 1 June 2016