Stillbirth in Georgia:
An Overview of the Problem & Opportunities for Improvement

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INFANT MORTALITY IN GEORGIA

In 2017, **932** families in Georgia had babies who died prior to their first birthday

STILLBIRTH IN GEORGIA

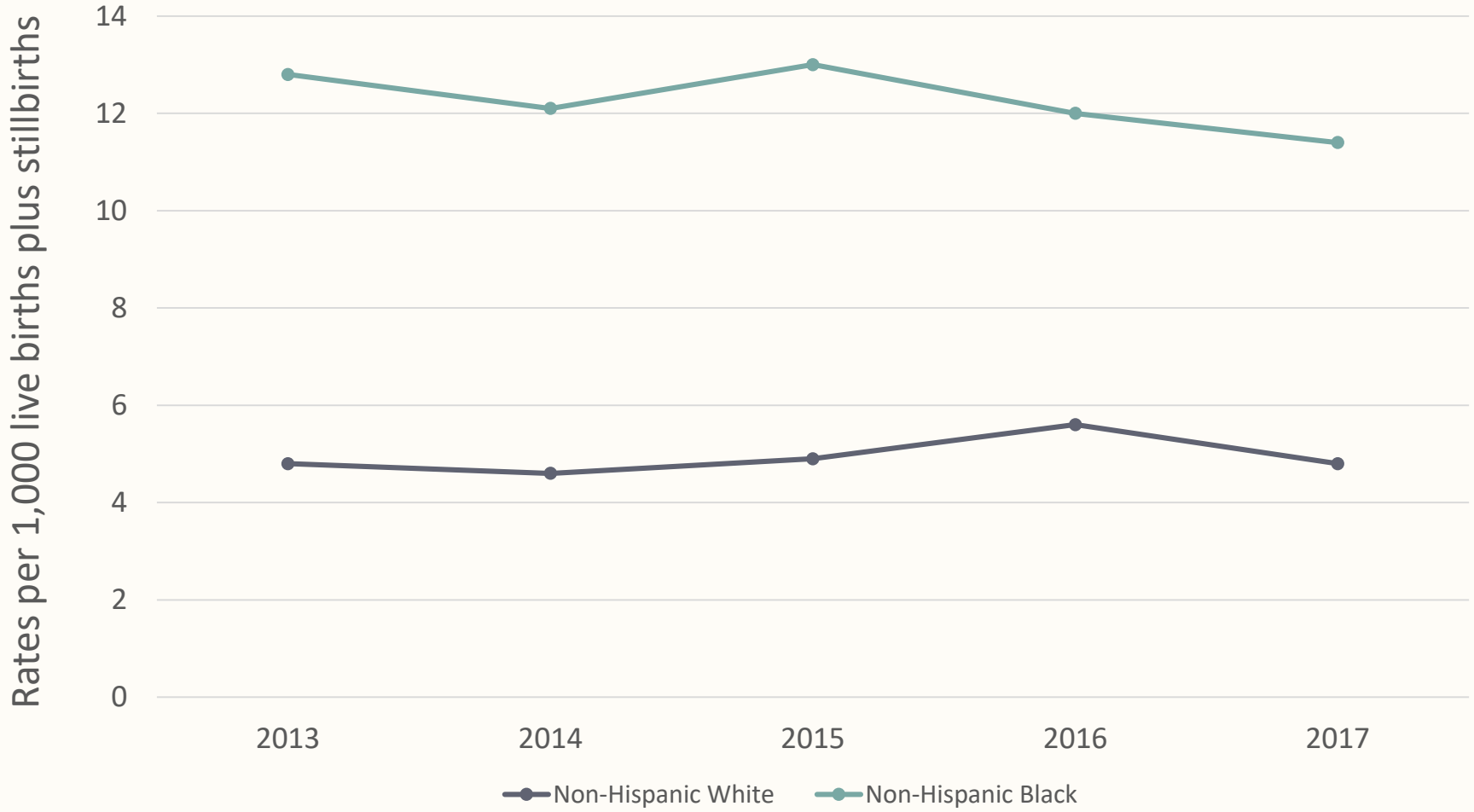
In the same year, **1,012** Georgia families endured a stillbirth

Impact of Stillbirth

- The loss of a baby during pregnancy is felt no differently than the loss of a child who was born alive
- Increased risk of depression
- Relationship dissolution
- Financial implications
- Affects both existing and subsequent children

Stacey and Sean Dinburg
Parents of Rhyan Ava – born sleeping in 2014
Photo credit: Gabrielle Matarazzo

Georgia Stillbirth Rates: 2013-2017



Data retrieved from: https://oasis.state.ga.us/

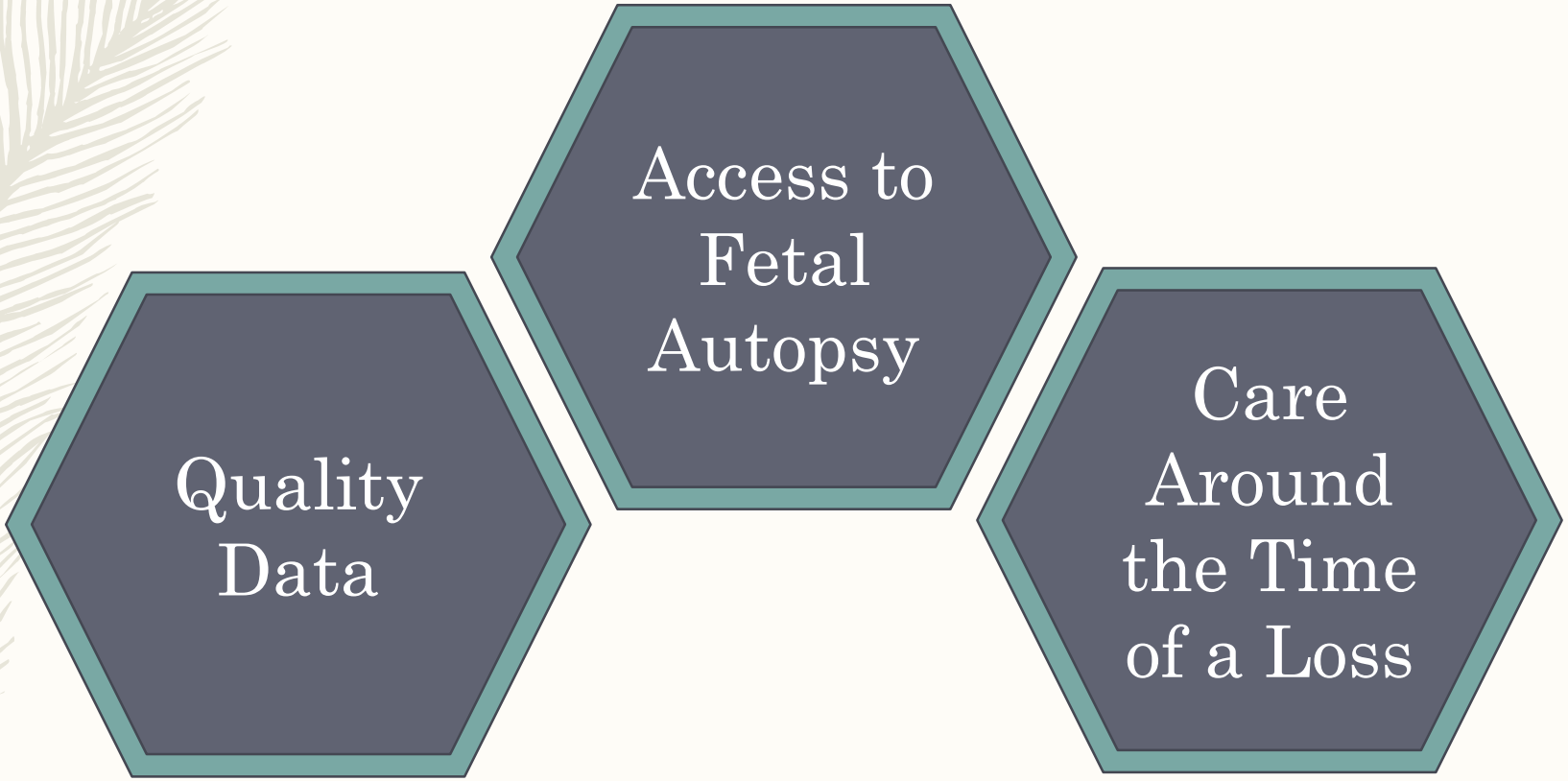
Comparing Stillbirth Rates in Georgia and the United States: 2013

2013 Stillbirth Rates (per 1,000)*							
Overall		Non-Hispanic White		Non-Hispanic Black		Black-White Disparity	
Georgia	United States	Georgia	United States	Georgia	United States	Georgia	United States
8.1	5.96	4.8	4.88	12.8	10.53	2.67	2.16
36% higher in GA		Roughly Equal		22% higher in GA		24% higher in GA	

$$*Calculated\ as: \frac{Stillbirths}{Live\ Births + Stillbirths} \times 1{,}000$$

Data retrieved from: https://oasis.state.ga.us/ and https://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_08.pdf

Areas Needing Improvement



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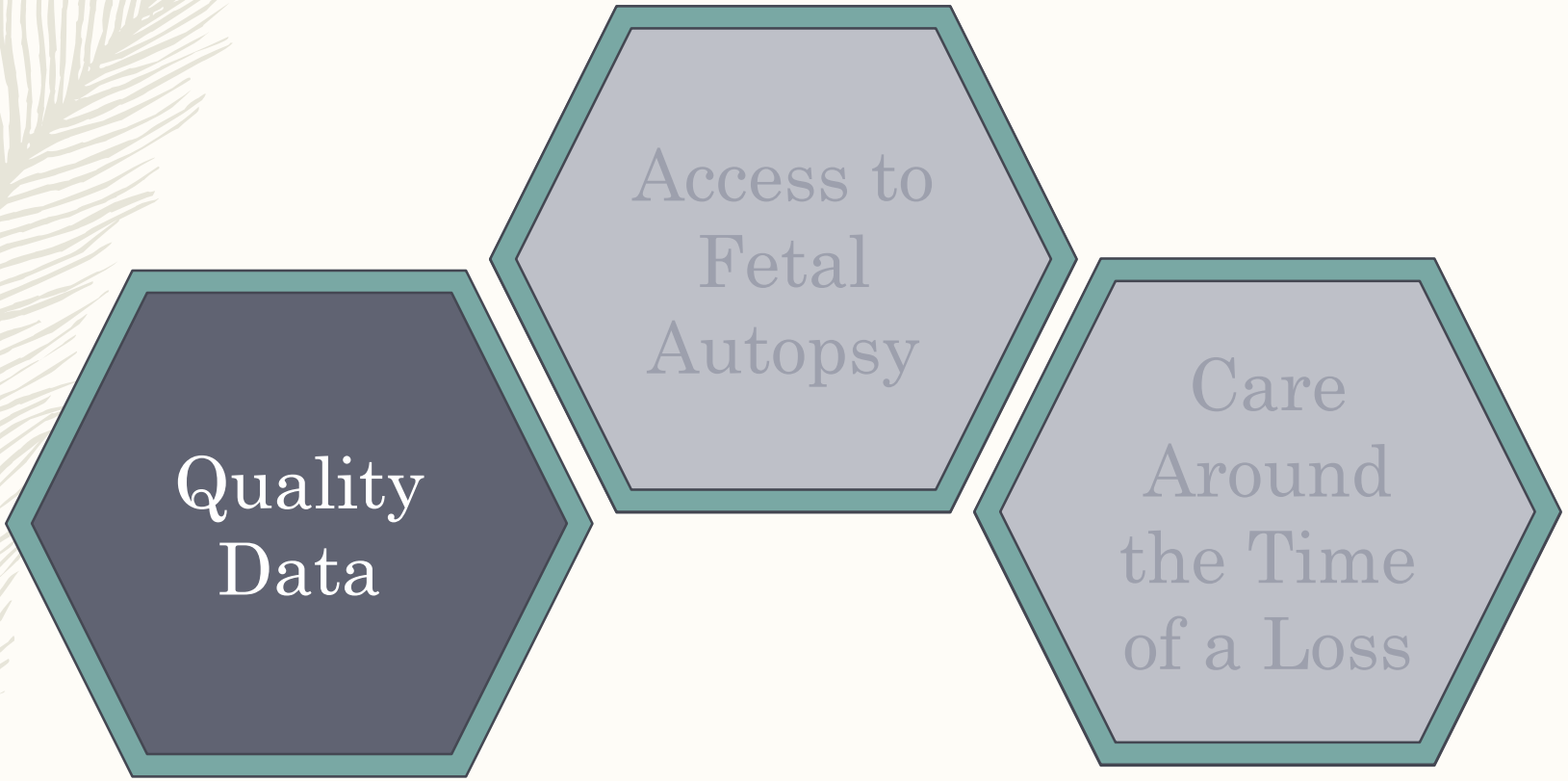
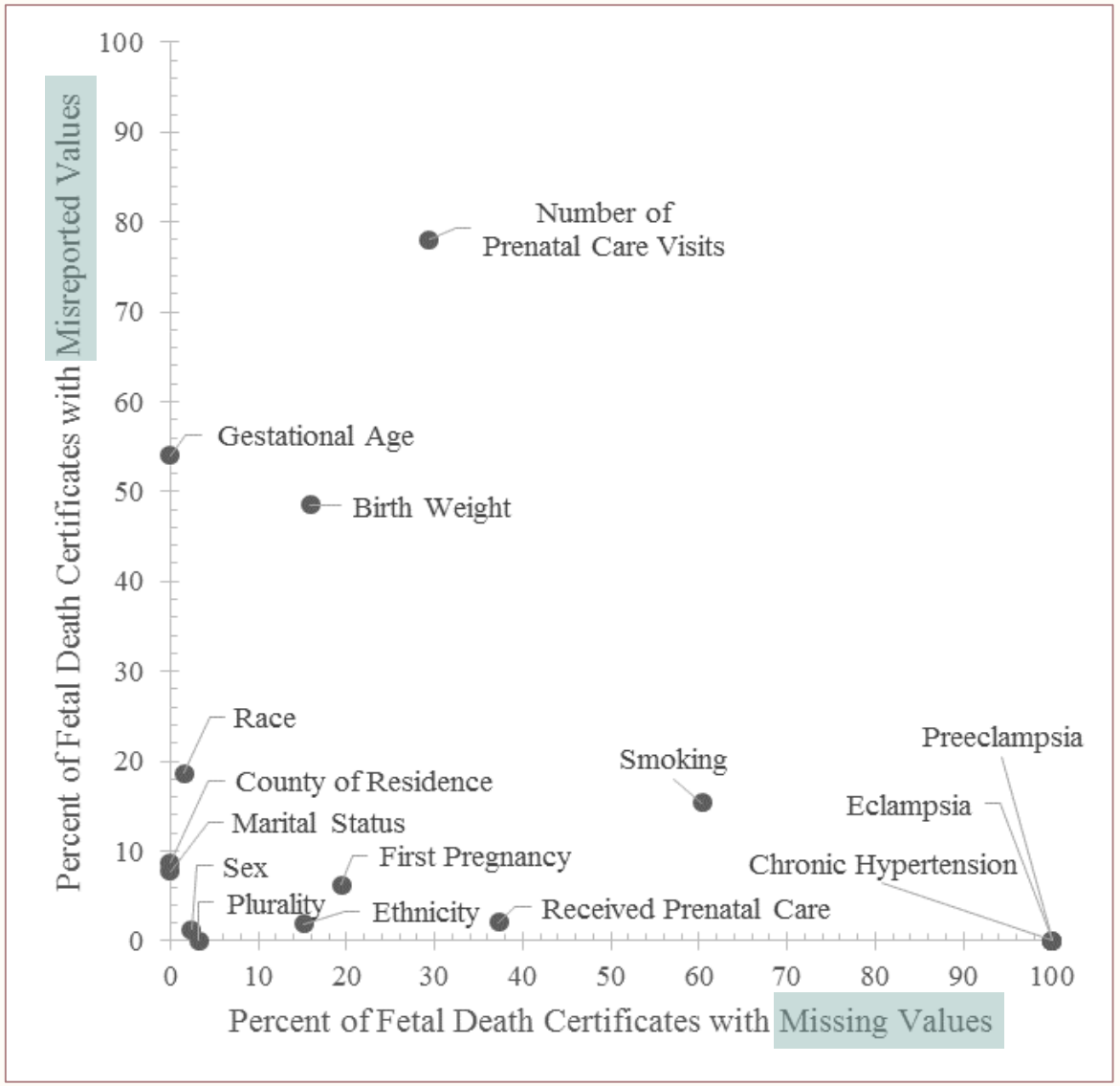


Available Data

- Fetal death certificates
- Reporting requirements vary by state
- Data obtained from delivery facilities and patients
- Quality typically less rigorous than that of birth certificate data

Fetal Death Certificate Data Quality: DeKalb County, 2006-2008

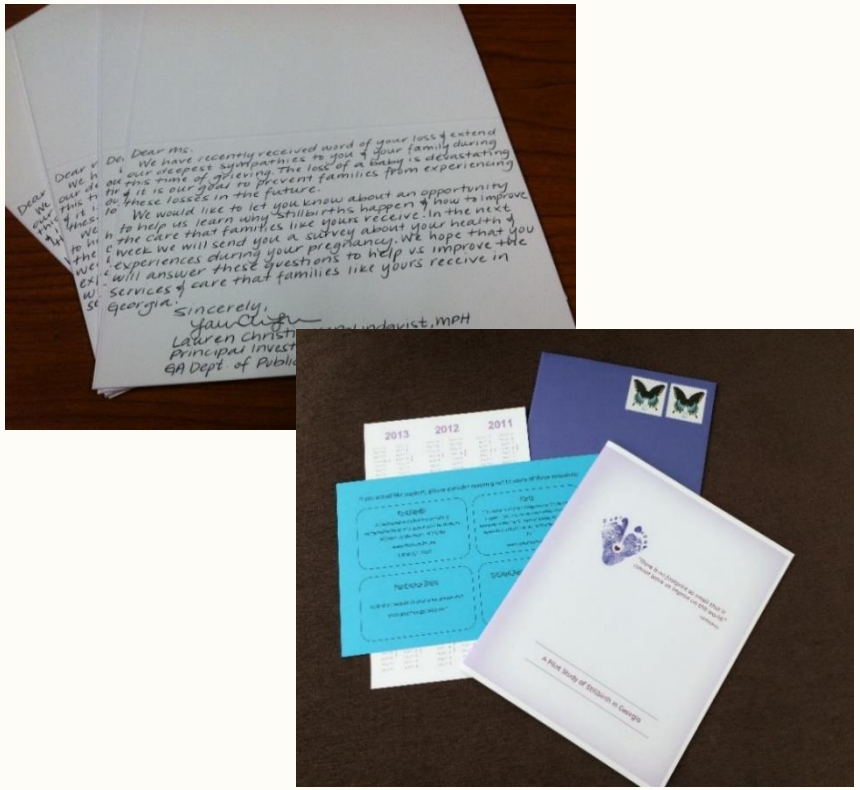


Need for Additional Surveillance

- Fetal death certificates capture **limited data**
- Need to better understand women's **experiences** around the time of a loss

Expansion of PRAMS to Include Stillbirth

- Pilot research using PRAMS as a model
- Generally well-received by study participants
- CDC has funded the Utah Department of Health to monitor stillbirth and related factors



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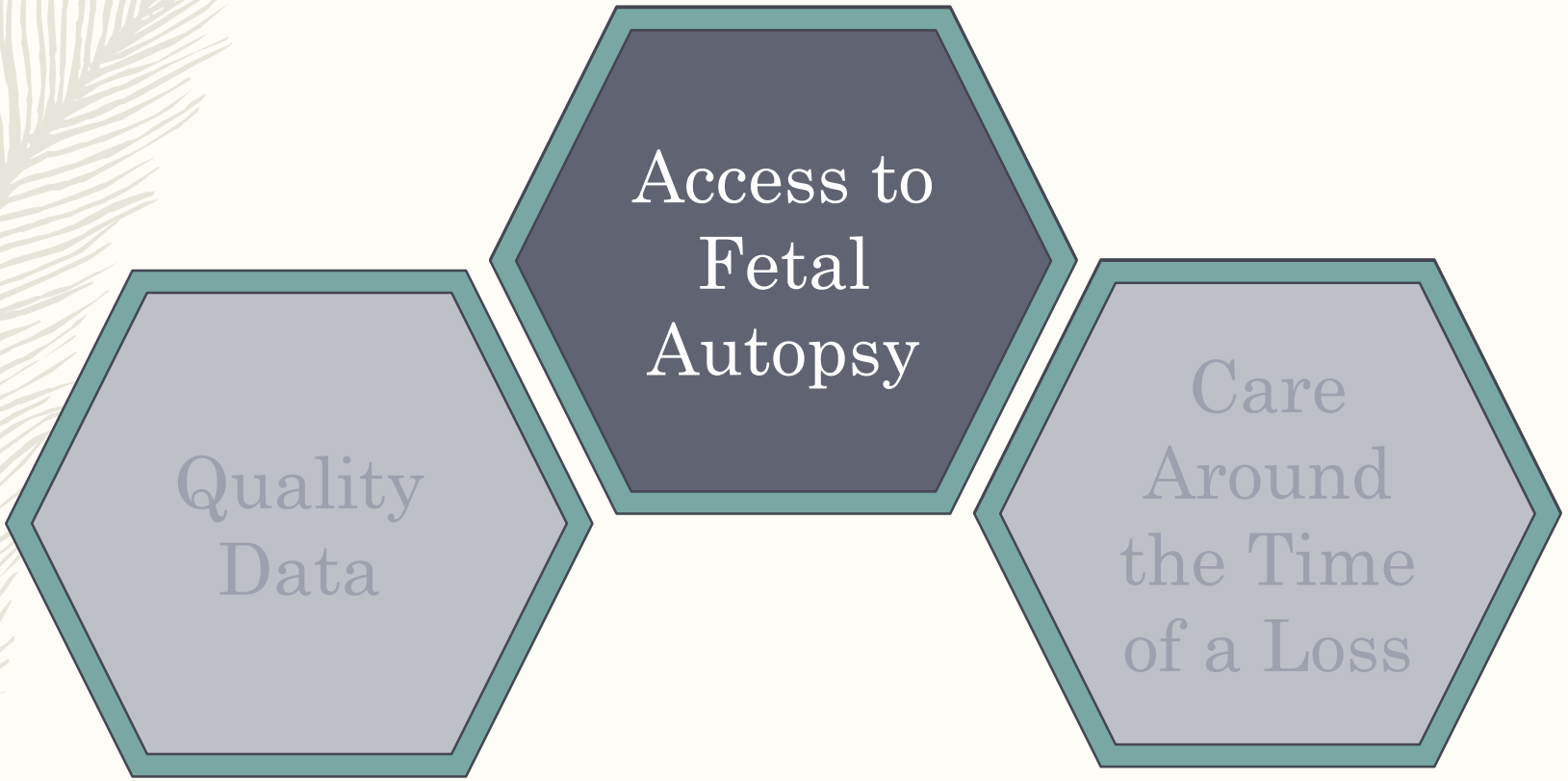
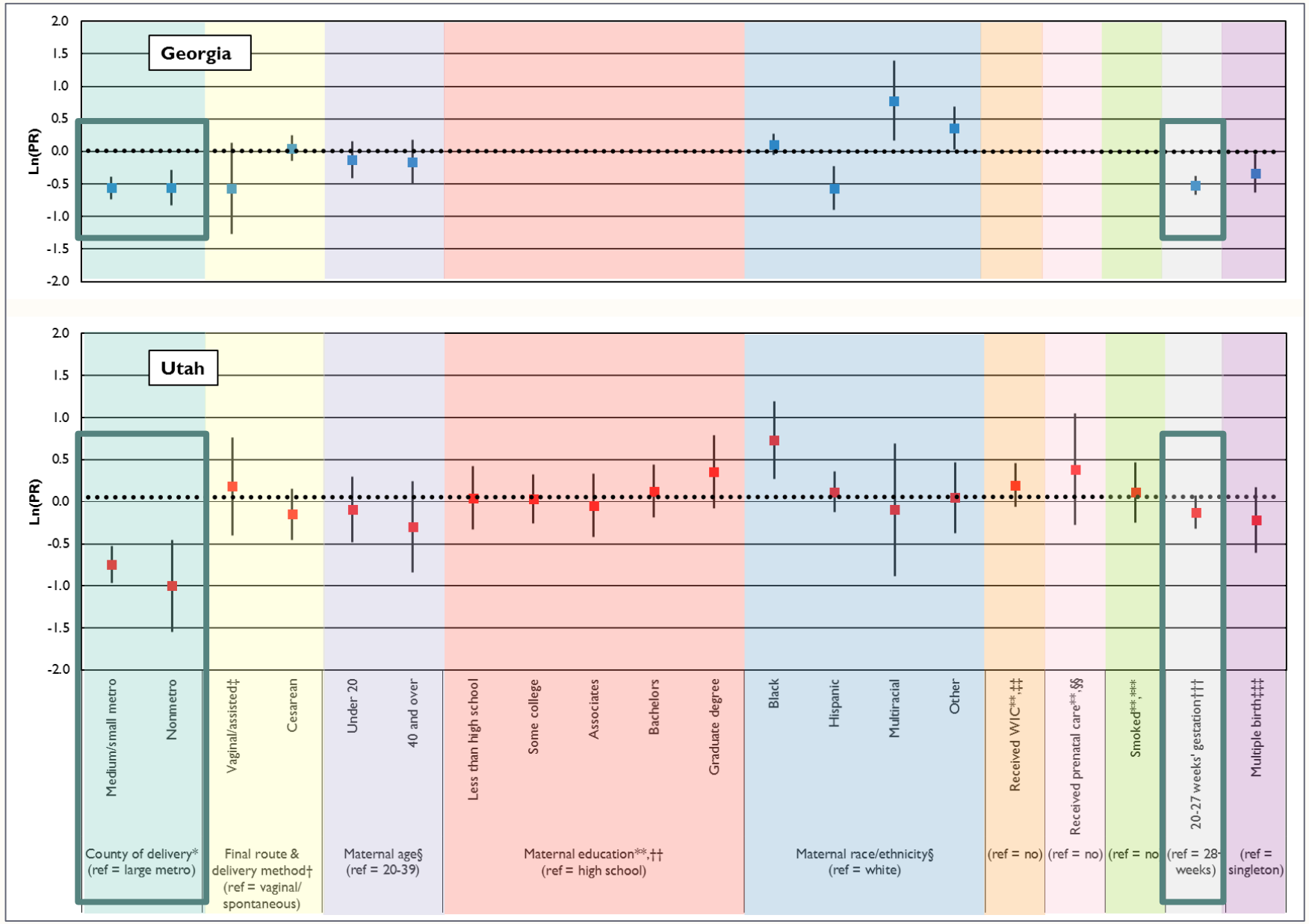


Identifying the Causes of Stillbirth

- 25-50% of stillbirths have **no known cause**
- **Placental pathology** and **fetal autopsy** are the most useful tests for identifying causes of stillbirth
- From 2010-2014, only **12%** of stillbirths in Georgia were identified as having had a fetal autopsy

Factors Associated with Fetal Autopsy, Georgia & Utah, 2010 - 2014

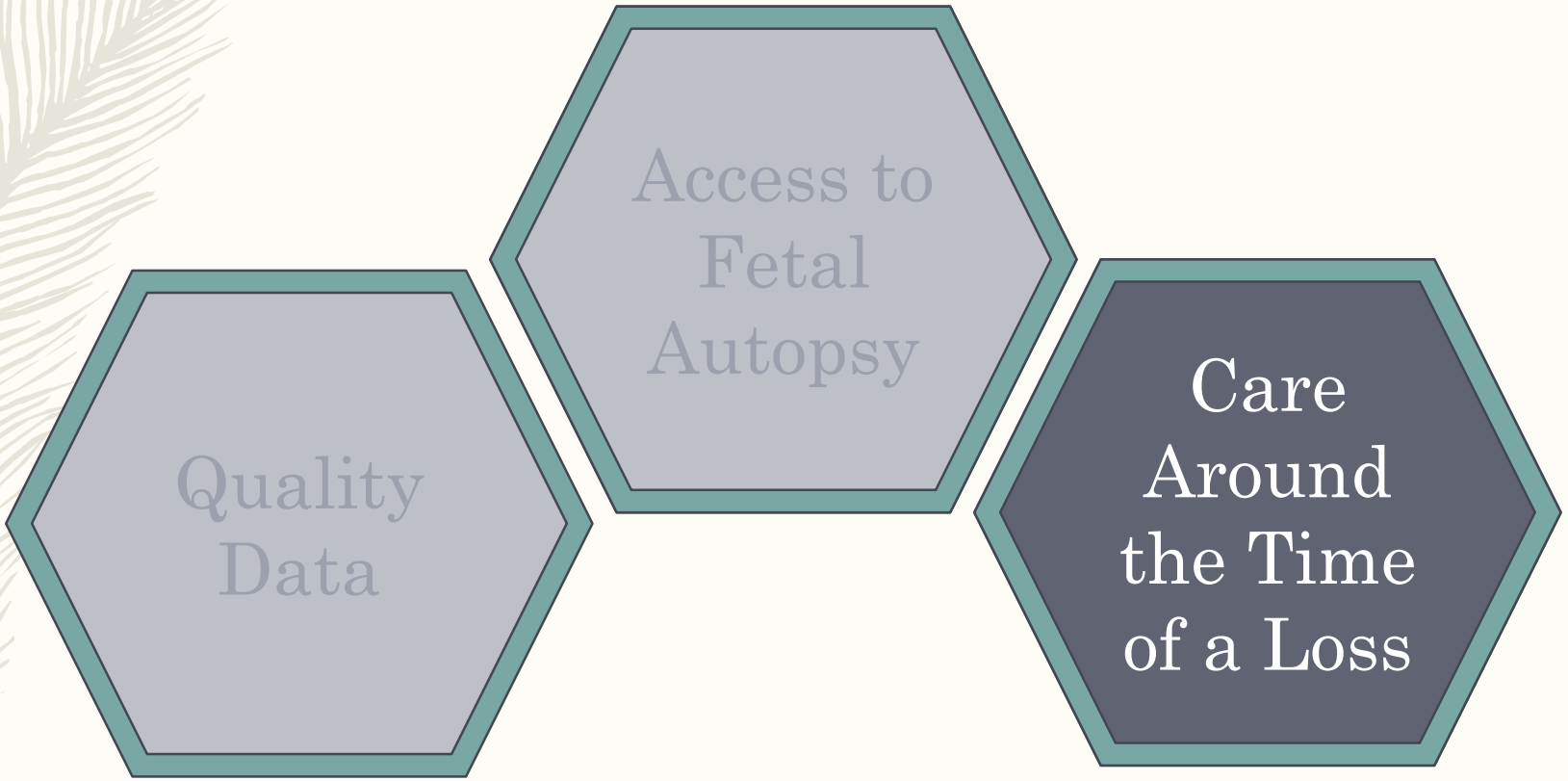


Forsberg K, Christiansen-Lindquist L, Silver RM. (2018). "Factors Associated with Stillbirth Autopsy in Georgia and Utah, 2010-2014: The Importance of Delivery Location." Am J Perinatol.

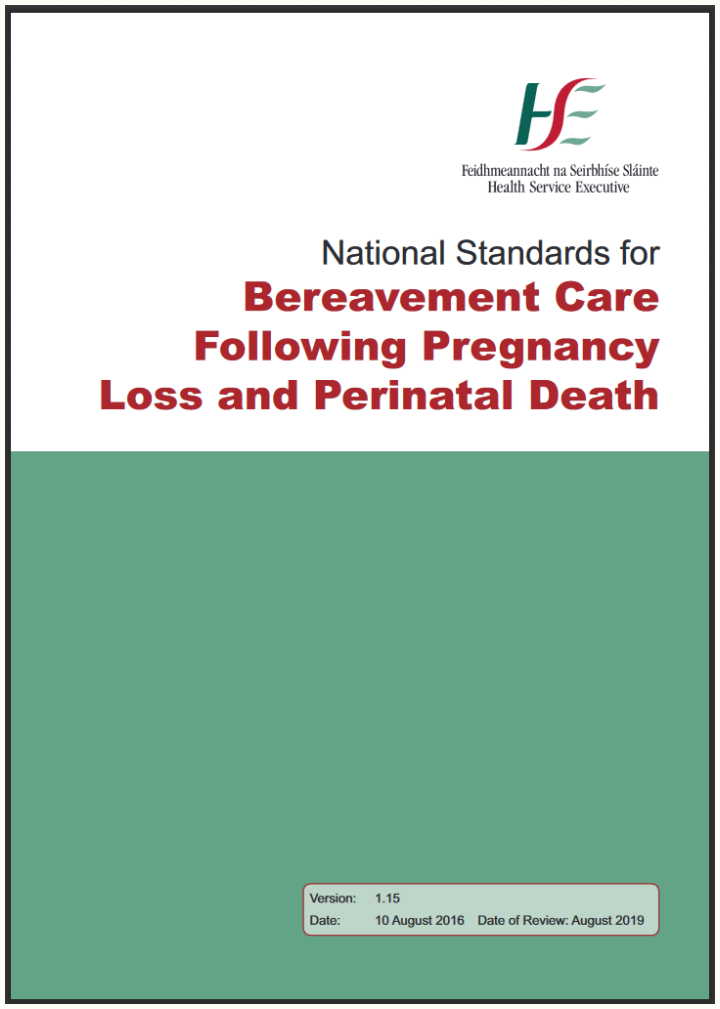
Additional Reasons for Low Fetal Autopsy Rates

- **Too few pathologists** with requisite training
- Physician **discomfort** with discussing the procedure with patients
- Patient **misunderstanding** of the procedure and timeline

Areas Needing Improvement

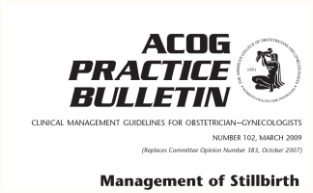


IRELAND



http://www.hse.ie/eng/about/Who/acute/bereavementcare/standardsBereavementCarePregnancyLoss.pdf

UNITED STATES



Management

Sensitivity is needed when discussing evaluation of a stillborn fetus with the family. In discussing options, clinicians should refer to the fetus by name, if one was given. Grief-stricken parents may be reluctant to consent to evaluation or autopsy examination, and some may have religious or cultural objections. Parents should be informed about the reasons for autopsy, procedures (eg, the face usually is not disfigured) and potential costs. Even though the bereaved parents may not want the information initially, health care providers should emphasize that results of the evaluation may be useful to the patient and her family in planning future pregnancies. If the family objects to a standard autopsy, they should be informed of the potential value of less invasive methods of evaluation, including the use of photographs, X-ray imaging, ultrasonography, magnetic resonance imaging, and tissue sampling (blood or skin). These

▶ ***What support services and clinical counseling should be offered to the patient with a fetal death?***

Patient support should include emotional support and clear communication of test results. Referral to a bereavement counselor, religious leader, peer support group, or mental health professional may be advisable for management of grief and depression. Feelings of guilt or anger in parents who have experienced a perinatal death are common and may be magnified when there is an abnormal child or a genetic defect. However, some parents may welcome discussion and find relief in autopsy results. The results of the tests are important even when no specific diagnosis is identified (69). The results of the autopsy, placental examination, laboratory tests, and cytogenetic studies should be communicated to the involved clinicians and to the family of the deceased infant in a timely manner. If there was no growth of the fetal chromosomes (or these were not obtained), further consultation with a genetics or maternal–fetal medicine subspecialist is advised to discuss the need for parental chromosomal testing. A copy of the results of the tests and a list of diagnoses excluded should be provided to the patients.

- "**Sensitivity is needed** when discussing evaluation of a stillborn fetus with the family."
- "…clinicians should **refer to the fetus by name**, if one was given."
- "Patient support should include **emotional support and clear communication of test results**...**in a timely manner**."
- "The results of the tests are important **even when no specific diagnosis is identified**."

Care After a Stillbirth: The Patient's Perspective

- Every patient will have different needs
- May not have known that this was a possible outcome
- "Only have a matter of moments to make a lifetime of memories"
- Details of these encounters with health care professionals will be remembered forever

Care After a Stillbirth: The Health Care Provider's Perspective

- Relatively rare events
- Lack of training (& time to obtain it)
- Some physicians may see this as being outside of their purview
- "Second victims" of these tragic events

“We cannot change the outcome. But we can make it more bearable with good care and support”

—Nurse Midwife, 2017 International Stillbirth Alliance attendee

Questions?

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