



GLOBAL ALLIANCE TO PREVENT
PREMATURITY AND STILLBIRTH

Stillbirth FAQs

- Globally more than 2.6 million stillbirths occur each year — at least 7,000 every day
- Developing countries shoulder 98% of the stillbirth burden, but even in the U.S. 1 in 160 babies is stillborn
- Current interventions could prevent the 27% of stillbirths that occur during labor and delivery; these deaths are also closely linked to maternal mortality

What is a stillbirth?

For international comparison, a stillbirth is defined as a late fetal death occurring after at least 28 weeks gestation, or when a fetus weighs at least 1000g. However, there is no universally accepted definition or common global classification system. An accurate understanding of the enormity of the problem is hampered by inconsistent data across countries and regions.

What are the causes?

Commonly known causes of stillbirth include complications, infections, bleeding, maternal conditions and birth defects. About one million stillbirths occur in the hours or minutes before birth.

Where do these pregnancy losses occur?

In 2016, 98% of all stillbirths occurred in low-income and middle-income countries, with more than 76% in south Asia and sub-Saharan Africa. Most high-income countries have stillbirth rates less than 5 per 1000, while high-burden countries have rates of 25 or more per 1000. If countries with the highest burden had the same rates as wealthy nations, more than three-quarters of the world's annual stillbirths would be prevented.

GAPPS is working to ensure widespread use of recommended interventions, to help discontinue use of ineffective or harmful treatments, and to explore promising but unproven interventions.

What interventions are proven to work?

Yes, many stillbirths occurring later in pregnancy are preventable with current interventions, including improved access to essential obstetric care and treatment of syphilis, malaria and other maternal infections. GAPPS global report identified eight effective evidence-based interventions to reduce stillbirths in low-resource settings:

- Balanced protein energy supplementation
- Screening and treatment for syphilis
- Intermittent presumptive treatment for malaria during pregnancy
- Insecticide-treated mosquito nets
- Birth preparedness
- Emergency obstetric care
- Cesarean section for breech presentation
- Elective induction for post-term delivery

What can we do now?

1. Accelerate research to identify more cost-effective solutions and innovations
2. Scale-up existing evidence-based solutions
3. Standardize the stillbirth definition and classification system for data collection
4. Increase awareness around stillbirths
5. Achieve goals in the Global Action Agenda (GAA) — for this and other reports, visit: www.gapps.org.

How can I help?

Visit the Advocacy section of the GAPPS website (www.gapps.org) and learn more about how you can increase awareness and influence policy around stillbirth.