Midwives are key to the prevention of stillbirths

The Lancet five-paper series, *Ending Preventable Stillbirths*, released worldwide today outlines a renewed call to action for the integration of stillbirth prevention into global and national health strategies.

A collaboration of 216 authors, investigators and advisers across 43 countries and over 100 organisations, the Series identifies the need to accelerate progress to reach World Health Assembly’s maternal, neonatal and child survival targets by 2030.

At least 2.6 million babies are stillborn every year worldwide, or 7300 every day. The stillbirth rate is a key indicator of the quality and equity of woman’s health care; most stillbirths result from conditions such as maternal infections, non-communicable diseases, and complications during childbirth and are preventable through high quality maternity care.

Although rates for high income countries such as Australia are relatively low compared to low- and middle-income countries, stillbirth is a major health burden, with rates of more than double the neonatal mortality rates and often equal to all deaths of infants under one year. At least six babies are stillborn each day in Australia, leading to devastation and sadness for the families and for their midwives and doctors.

In a 2012 study that compared overall stillbirth rates between 28 high income countries, Australia was ranked worst (28th) with the highest stillbirth rate, although the ranking improved when stillbirths of less than 28 weeks gestation (or under 1000g) were excluded.

President of the Australian College of Midwives, Professor Caroline Homer said, “Midwives can play a critical role in the prevention of stillbirth and are the most cost-effective providers of the essential care that helps save the lives of mothers and babies.”

Each stillbirth is profoundly distressing for parents, and many experience a range of negative psychological symptoms that often persist long after the death of their baby. How the woman and her family are cared for during this time plays a crucial role in how they recover from their loss. An estimated 4.2 million women are living with depression following a stillbirth. Social stigma and taboo can further increase trauma for families.

Professor Homer said that being with a woman who has experienced a stillbirth is emotionally challenging and bereavement training should be included in midwifery education so midwives are equipped to provide appropriate care after a perinatal death. Following a stillbirth, many midwives experience feelings of guilt, blame and sadness, as well as fears of litigation and disciplinary action. “Midwives are at the births of every stillborn baby in Australia and experience this tragic loss alongside the woman and her family. They need to be able to access debriefing and professional support.”

The Australian launch of the *Ending Preventable Stillbirths* series will be held today in Brisbane. For more information about the Series, visit [www.stillbirthalliance.org](http://www.stillbirthalliance.org) #endstillbirth

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