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Stillbirth should be given greater priority on the global health agenda, argue experts

Without action, an additional 52 million stillbirths will occur between now and 2035

Clear targets to prevent stillbirths should be included in national and global health plans, argue experts in **The BMJ** this week.

Without accelerated action, an additional 52 million stillbirths will occur between now and 2035, warn Zeshan Qureshi from University College London, and colleagues.

In 2009, the global rate of stillbirths was estimated to be 18.9 per 1,000 births, equating to a total of 2.64 million stillbirths, 1.2 million of which were during labour. The burden is heaviest for women in low and middle income countries, particularly in South Asia and sub-Saharan Africa, and the poorest women in high income countries.

Given its scale, stillbirth prevention should be high on the global health agenda, write the authors. However, stillbirth is not mentioned in the current draft of the United Nations sustainable development goals, which sets global targets for 2015-30, even though newborn and under 5 mortality rates are included.

They argue that, unlike stillbirth, there has been strong national and international political drive to improve maternal and child health, and they say stillbirths should have similar value to

newborn deaths. “There is a strong case to be made at country and international levels that the introduction of stillbirth targets will encourage greater investment into perinatal care interventions,” they say.

They point out that efforts to protect and fulfil women’s reproductive rights “should encompass supporting wanted pregnancies, minimising harm to mother and baby during pregnancy and childbirth, and ensuring survival and care of newborns.”

They acknowledge that there are several challenges to stillbirths being “counted” particularly in low income communities, but say inclusion of stillbirths in economic evaluations of pregnancy and childbirth interventions increases their cost effectiveness.

A systematic review of interventions against preventable deaths during or shortly after birth (perinatal deaths) estimated that 531,000 stillbirths, 113,000 maternal deaths, and 1.325 million newborn deaths could realistically be averted every year until 2020 for \$4.5bn (£2.9bn; €4.0bn) a year or \$0.90 per capita in the 75 highest burden countries.

“Counting stillbirths in health metrics and economic evaluations is long overdue,” argue the authors. “Having a specific stillbirth related target in the sustainable development goals could bring attention to this silent loss and halve this burden,” they conclude.

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Notes to Editors:

Analysis: Stillbirth should be given greater priority on the global health agenda

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