



**QUESTIONS AND ANSWERS ON
STILLBIRTH (SADS)
Revised February, 2006

Q: What is Stillbirth?

A: Stillbirth is the death of an infant in-utero and past 20 completed gestational weeks. The majority of these deaths occur at or near full term – they are otherwise healthy babies that die shortly before or during birth. More than 26,000 babies are stillborn in the United States each year.

Q: What is S.A.D.S.?

A: S.A.D.S. stands for Sudden Antenatal Death Syndrome, a more clinical name for a stillbirth death.

Q: What causes stillbirth?

A: Some of the most common diagnosable causes for stillbirth are placental problems, birth defects, growth restrictions and infections. Other causes include maternal diabetes and high blood pressure, cord accidents and postdate pregnancy (longer than 42 weeks.) It is believed that as many as two-thirds of all stillbirth deaths remain unexplained.

Q: Are stillbirths predictable?

A: Stillbirth deaths are unpredictable, and there are no identifiable risk factors. They cut across socio-economic classes, races, religions, body types and maternal age groups. No woman is immune, although some high-risk pregnancies may include a higher risk of stillbirth.

Q: Are stillbirths preventable?

A: At this time, stillbirth cannot be predicted or prevented. However, there are helpful strategies for pregnant women to follow to help *reduce the risk* of stillbirth:

- Begin to monitor your baby's activity at around 26 weeks. If you feel less than 8-10 kicks during a two-hour period, or if the baby is moving less than usual and you are concerned, contact your doctor immediately
- Do not smoke, drink alcohol or use drugs (unless prescribed by your doctor)
- Report any vaginal bleeding, leakage or sharp pain
- If you are post-term, discuss options with your doctor. Pregnancies longer than 42 weeks may be at increased risk for stillbirth
- Do not hesitate to request a second or third opinion anytime during your pregnancy if needed to put your mind at ease.

Q: Is stillbirth hereditary?

A: There is no evidence to reflect that stillbirth is hereditary. However, because 1 in 116 babies are stillborn, women within the same extended family may experience a stillbirth. It is important to note that these related women's stillbirths may have no connect whatsoever.

Q: What are the chances of a woman who has had one stillbirth to have another with her subsequent pregnancies?

A: Although all pregnancies can be considered a possibility for stillbirth to occur, 98% of all pregnancies result in healthy, live babies.

Q: How is a stillborn baby delivered?

A: The majority of mothers experiencing a stillbirth death will have to go through labor and delivery in the same manner as mothers who deliver a live baby. Vaginal delivery is the most preferred method in both cases, although caesarean sections are not uncommon. When a baby is stillborn, the risks a caesarean would pose to a healthy baby are no longer considered and the emphasis is placed on the health and well-being of the mother. Having adequate pain-control options, supportive family members and birth assistants can help ease the overwhelming emotional and physical pain of stillbirth.

Q: Will stillbirth parents get to spend time with their stillborn baby?

A: It is encouraged that the parents have some personal, quiet moments with their baby. Many hospitals assist with the dressing and bathing of the baby and will encourage other members of the family to hold the baby and say goodbye. Many parents who refused this process at the time of delivering a stillborn baby have indicated that they now regret not having the opportunity to hold their baby.

Q: Should an autopsy be performed on a stillborn baby?

A: Before deciding whether their baby should have an autopsy, parents should carefully consider their cultural and religious views. Medically speaking, autopsies on all stillborn babies are critical in order to obtain more definitive and comprehensive answers – and ultimately prevent as many stillbirth deaths as possible. Finding a cause of death through autopsy is also important for those parents that may consider another pregnancy.

Q: Should parents have a funeral service for a stillborn baby?

A: Most states require that parents take responsibility for their child's remains, whether that be by burial or by cremation. Having a funeral or memorial service for a stillborn baby helps many families say goodbye and brings closure that will help with the healing process.

Q: Where can stillbirth families find support?

A: There are several national organizations that can help stillbirth families find support groups in their communities:

First Candle/SIDS Alliance, www.firstcandle.org, 800-221-7437

International Stillbirth Alliance, www.stillbirthalliance.org

MISS Foundation, www.missfoundation.org, info@missfoundation.org

National Stillbirth Society, www.stillnomore.org, 800-611-7237

Q: What should people say to a family who has had a stillborn?

A: Immediately following the stillbirth of their baby, families are often in a very intense grieving period. Everybody grieves differently, so remember to be patient. Saying things such as, "I'm so sorry," or "I can't imagine what you're going through but I promise to be here for you whenever you might need me," will let the family know that you care and that they can depend on you. However, statements like, "You can have another baby," or "It was God's will," may upset the parents during an already extremely difficult time.