

PRESS RELEASE

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New charity report calls for urgent action to prevent babies' deaths.

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6,500 babies are stillborn or die shortly after birth every year in the UK, and Sands, the stillbirth and neonatal death charity, believes that as many as 1,200 stillbirths could be avoided.

In a new report, *Preventing Babies' Deaths: what needs to be done*, launched by Sands today at the House of Commons, the charity proposes that as many as 1,200 babies' lives could be saved every year through a combination of more research, better care and greater awareness of the risks of stillbirth and newborn baby death.

Neal Long, Chief Executive, Sands: "The scale of baby deaths in the UK is shocking. 17 babies are stillborn or die shortly after birth every day, with stillbirth being the largest contributor to child deaths under the age of five years. Our new report, *Preventing Babies' Deaths: what needs to be done*, describes the devastating impact these deaths have on parents and their families, and highlights the areas where we believe progress can be made to save hundreds of babies' lives."

The report highlights that advances in neonatal medicine have led to small but welcome reductions in the number of newborn babies dying, however, Sands remains extremely concerned by the UK's persistently high stillbirth rates; stillbirth numbers in the UK are the same today as they were in the late 1990s, with 1 in 200 babies being stillborn. The UK has one of the highest stillbirth rates when compared to similar high income countries (*The Lancet Stillbirth Series, 2011*), yet Sands strongly believes that with the appropriate

commitment and investment in research and improved care, a reduction in these rates is achievable and should be a key focus for all those concerned with maternity services.

Neal Long continues: “A third of stillborn babies – around 1,200 babies - are born late in pregnancy, at gestations when they might safely be delivered. But routine antenatal care is failing to detect far too many babies who need help. These babies’ deaths are those that Sands, researchers and clinicians working in obstetrics, believe are avoidable deaths.

“We want to see real national commitment to tackling this ignored tragedy and preventing all avoidable baby deaths in the future. We want lives saved and families spared the desperate heartbreak of losing their precious baby.”

The report includes the personal stories of parents who babies have died, describing the profound, long-lasting and devastating impact of stillbirth and newborn baby death. Louise McGeechan, Mum to Erin, stillborn on 31 August 2010, 12 days past her due date, exemplifies this: *“After Erin died, I got a letter from the hospital and it described all the scans I’d have if I got pregnant again. But it’s too little too late. I wanted Erin. She wasn’t a test run.”*

What are the facts today?

- 17 babies die every day in the UK, 11 are stillborn and another 6 die shortly after birth – this equates to 6,500 babies dying every year
- Stillbirth is not a rare event; 1 in 200 babies are stillborn (die in the womb after 24 weeks gestation) and a third of these deaths happen at full term, (after 37 weeks gestation), at an age when a baby is preparing to start life outside the womb. If these babies can be identified, then early delivery could save many of these babies’ lives
- Babies who die within the first four weeks of life (neonatal deaths) are also not rare, 1 in 300 babies die before they are a month old
- UK rates of stillbirth are the same today as in the late 1990s, in the same period infant mortality rates have fallen to their lowest ever rate

- While there is proper focus and concern about preventing child deaths caused by, for example: meningitis (around 50 deaths per year); road deaths (81 in 2009); or cot deaths (400 per year), the 4,000 stillbirths each year are more or less ignored
- *The Lancet* medical journal's 2011 *Stillbirth Series*, showed the UK to be among the poorest performing countries when it comes to tackling stillbirth, placing us 33rd out of 35 similar high income countries.

Sands *Preventing Babies' Deaths* Report outlines the key issues contributing to baby deaths in the UK and the action we believe is needed to prevent deaths in the future:

Key issues:

1. Lack of research to understand the causes of stillbirth:

- Over 90% of babies who are stillborn have no congenital abnormality; around a third of stillbirths are unexplained (in other words perfectly formed, normal-sized babies); and a further third are also perfectly formed but small. The most prevalent underlying cause in all these groups relate to problems with the placenta.

What needs to be done?

- Problems with the placenta are poorly understood and require urgent research – until there is a way to test whether a placenta is functioning well, all women and their babies are potentially at risk. Government research funding bodies must direct funds expressly into the causes and prevention of unexplained stillbirth.

“For an otherwise healthy baby to die undelivered near term is, with hindsight, an easily avoidable event. Research to make it avoidable in practice is a priority”. Professor Jim Thornton, Professor of Obstetrics and Gynaecology, University of Nottingham.

2. Routine antenatal care is failing to detect babies at risk of stillbirth:

- Routine antenatal care is clearly failing to spot too many babies who need help. 4,000 babies are stillborn every year in the UK, 1,200 of these babies after 37 weeks gestation when the baby is full-term.
- Screening methods used today in antenatal care are not dissimilar to those in use 40 years ago. Lack of research into the causes of stillbirth has hampered the development of effective tools for assessing how healthy the baby is in the womb in the third trimester; babies continue to slip through the net and die.

What needs to be done?

- New reliable screening tests to prevent stillbirths are urgently needed. It is time there was an effective screening programme for stillbirth which is fit for 21st century healthcare.

3. Poor awareness of the risks of stillbirth

- Many mothers are unaware of the risk of stillbirth or that 1 in 200 babies are stillborn, as public health messages, focusing on health in pregnancy, are not linked to the possibility of a baby dying. If pregnant women are unaware of the risk factors for stillbirth and potential warning signs that their baby is not thriving, how can they contribute to the management of their care or alert health care staff that something may be wrong?
- Doctors and midwives are also often unaware of both how common stillbirths are and how profound the impact of a baby's death is. Stillbirths barely feature in undergraduate or on-the-job training for doctors and midwives.

What needs to be done?

- The establishment of a national forum to share understanding of the public health aspects of perinatal death and develop public health and education messages.
- There must be medical training for doctors and midwives to include a module on the risks and impact of perinatal deaths to improve awareness and understanding.

4. No national data collected on baby deaths to improve care and save lives in the future:

- Good data and audit are essential to advance understanding of why babies die and to improve care in the future. But the UK's national audit programme (The Clinical Outcome Review Programme for Maternal and Newborn Health) for collecting perinatal mortality data in the UK is currently suspended – babies who die today will not go into any kind of national audit to help us understand why babies die and how to improve care. This is unacceptable.

What needs to be done?

- The Clinical Outcome Review Programme for Maternal and Newborn Health must be resumed by April 2012 at the latest so that data on the number of babies dying every year is not irrevocably lost.
- This work must be properly funded so that full and thorough analysis can be carried out on all factors leading to a death, including quality of care. The remit of the audit programme must also ensure that it can make recommendations to improve care and reduce rates of baby death.

5. Need for rigorous review of every death:

- Sometimes babies die because of failures of care. A national confidential enquiry into stillbirth in 2000 found that sub-optimal care contributed to the death of a baby in three quarters of cases. Yet lessons about what went wrong are often overlooked and opportunities to improve care are missed. There is currently no standardised process of review when a baby dies in the UK. The quality and rigour of the process of review varies widely between hospital trusts and is not independently scrutinised.

What needs to be done?

- Standardised review of all baby deaths must be developed and followed in all hospital trusts. This needs to include the parents' perspective on their care.

6. Under-resourced maternity, neonatal and pathology services:

- Safety and quality are currently threatened by under-staffing in every area of perinatal care and service delivery, from midwives to specialist pathologists.
 - The Royal College of Midwives is petitioning the government for 5,000 more midwives and warns that shortages are affecting both quality and safety.
 - The Royal College of Obstetricians and Gynaecologists continues to be concerned by the lack of 24-hour obstetric cover on maternity wards.
 - The Royal College of Pathologists estimate that a 20% increase in the numbers of perinatal pathologists is needed to deal with even the current low rates of post mortem take up.

What needs to be done?

- Urgent action is needed to ensure minimum levels of staffing and the right skills mix in all areas of maternity care and perinatal pathology service delivery.

Notes to editors:

Case studies available - Sands has a number of parents throughout the UK who are willing to share with the media their own personal experiences of the loss of their baby.

For further information, please contact Sands press office:

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Most common causes of stillbirth

Many stillbirths are associated with poor growth in the baby. For a third of all stillbirths no cause is identified. Where a cause is specified the most common causes are:

- Congenital malformation of the baby
- Antepartum haemorrhage/placental problems
- Pre-existing maternal medical conditions
- Pre-eclampsia
- Obstetric cholestasis

- Birth complications
- Infections

The most common risk factors for stillbirth

- Being an older Mum (over 35 years)
- Smoking
- Alcohol or drug misuse
- Maternal obesity
- Any previous history of pregnancy complications
- First pregnancy and multiple pregnancies
- Being from a black or Asian ethnic group
- Being from a socially deprived area
- Maternal factors such as diabetes and hypertensive illness.