

THE PATTERN OF STILLBIRTH RATES IN THE UK

A. Global Variation in the incidence of Stillbirths

To put the problem of stillbirths into a global perspective, the incidence of stillbirths is higher than the annual number of deaths caused by HIV/AIDS (figure 1.1). Despite this high incidence, the amount of information and research carried out to understand stillbirths is very low (Spong 2011). Until recently, despite its frequent occurrence, stillbirths have not received as much attention as some other fatal outcomes like AIDS.

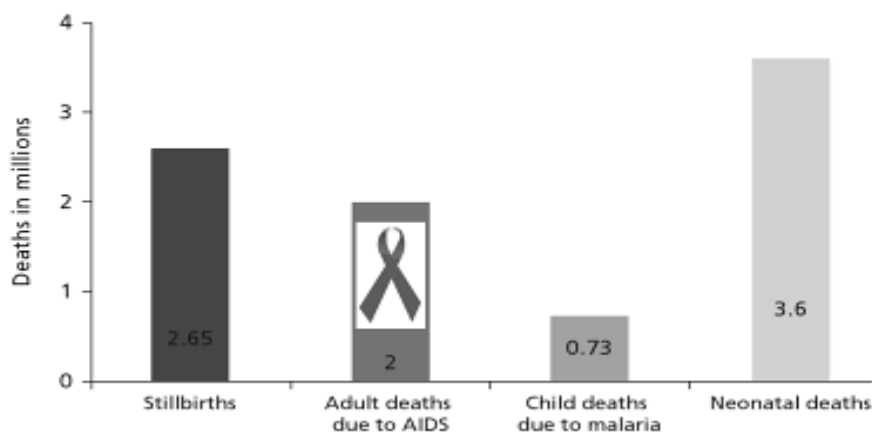


Figure 1.1. The global number of stillbirths compared to other causes of global mortality in 2008 (Spong 2011).

Figure 1.2 below shows the global variation of stillbirths that occurred in the third semester of pregnancy in 2008. Sub-Saharan Africa had the highest stillbirth rates with 29 stillbirth rates per 1000 total births, followed closely by South Asia with 26 stillbirths per 1000 total births. South East Asia and North Africa also had relatively high stillbirth rates with 14 stillbirths and 13 stillbirths per 1000 total births respectively. Latin America, Eurasia and Eastern Asia have moderate stillbirth rates 9 stillbirths, 8 stillbirths and 8 stillbirths per 1000 total births respectively. The developed regions have the lowest stillbirth rates of about 3 stillbirths per 1000 total births.

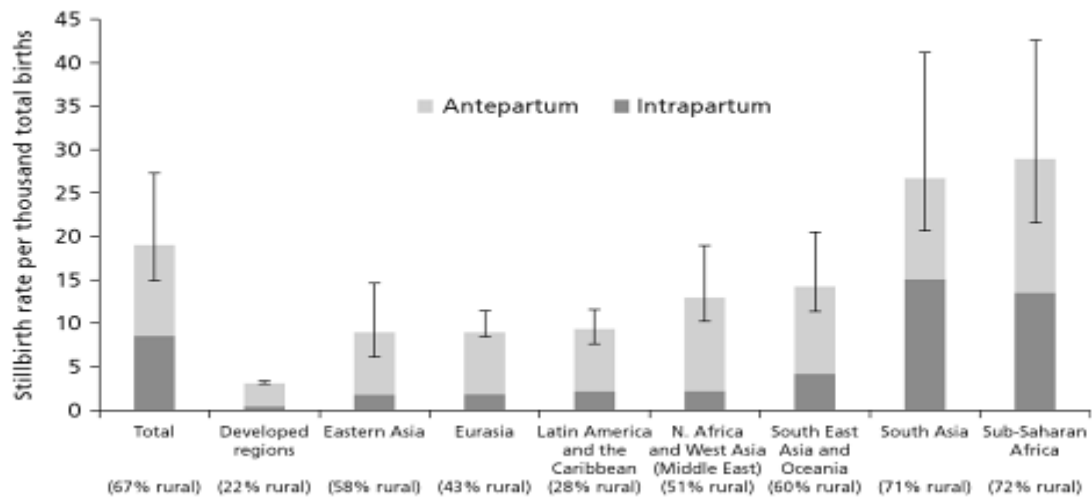


Figure 1.2. Regional variations in third trimester stillbirth rates for the year 2008 (Spong 2011)

B. Stillbirths in the UK

In the UK, one in every 200 births is a stillbirth (NHS 2011). In England and Wales alone, 3,811 pregnancies resulted in stillbirths in 2011; a 2.6% rise from the previous year with a stillbirth rate of 5.2 per 1000 births (ONS 2011). In the UK, the problem with stillbirth outcomes is further compounded by the fact that the country has one of the highest rates of stillbirths in high-income countries.

The Pattern of stillbirth rates in the UK

Preliminary findings have shown that the North-West region of England has the highest stillbirth rate in the UK with a rate 6.1, followed by the Yorkshire & Humber region with a stillbirth rate of 5.7 and London and West Midlands regions with stillbirth rates of 5.6. The regions with the lowest stillbirth rates are Northern Ireland and East of England with stillbirth rates of 4.1 (figure 1.3).

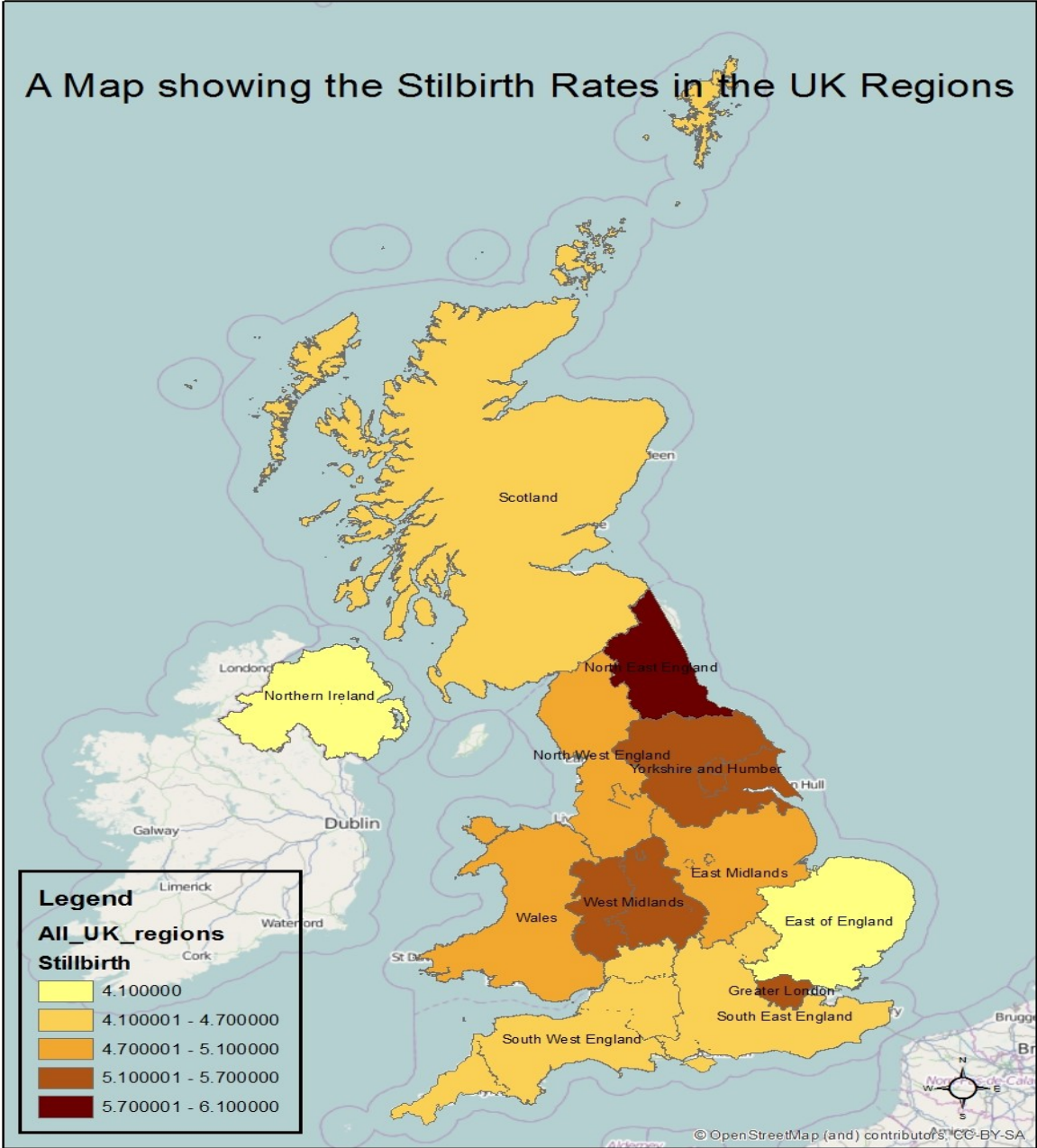


Figure 1.3. Map of Stillbirth rates in UK regions (Bridget Osho 2014)

Within London, the Brent borough has the highest stillbirth rate of 8.9. The boroughs with the lowest stillbirths rates are Kingston Upon Thames, Richmond upon Thames and Merton with stillbirth rates of 2.1, 2.4 and 2.9 respectively (figure 1.4).

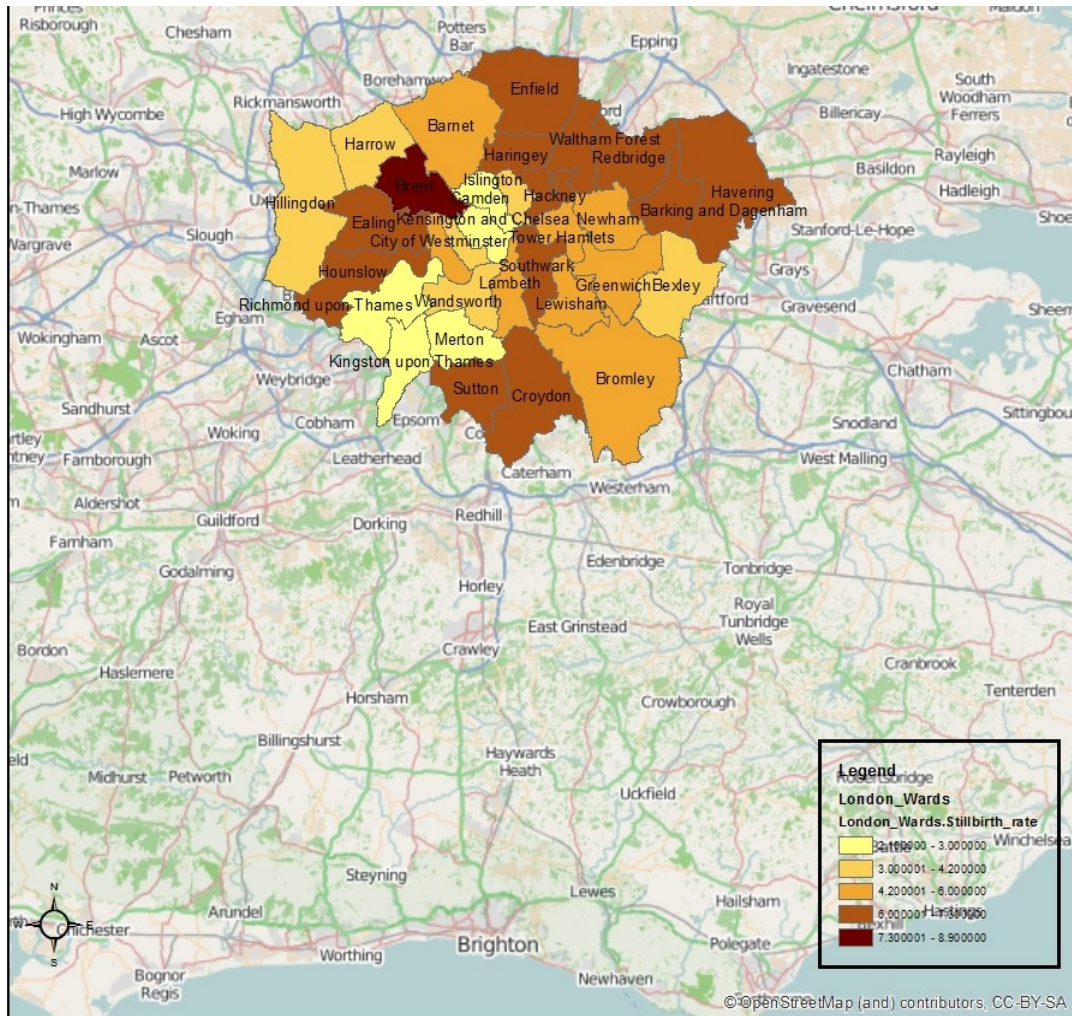


Figure 1.4. Map of Stillbirth rates in UK regions (Bridget Osho 2014).

C. *The Problem with Stillbirths*

When a woman conceives, the expected natural outcome of that pregnancy is to have a healthy baby after about nine months. In reality, pregnancy has different outcomes; live births, stillbirths or miscarriages. Live births can be defined as the completion of a pregnancy resulting in the birth of a live baby. Live births can be further categorised into healthy live births and unhealthy live births. For women who do not have a live birth, the experience is quite traumatic.

Studies show that for parents who suffer stillbirths, it is the painful loss of a family member and the crushing of the hope and expectation of having that person in their lives (Hughes et al 1999 and Cacciatore 2013). Indeed the consequences of stillbirth include depression, anxiety, post traumatic stress disorder and disorganisation of the family and in some cases the breakup of families usually due to stress on familial relationships (Spong 2011).

References and Bibliography

Bowdler N. (2011). *UK Stillbirth Rates among Highest of Rich Nations*. BBC Online. Available at: <http://www.bbc.co.uk/news/health-13068789> . Accessed 02 May 2013

Cacciatore J. (2013). Psychological Effects of Stillbirth. *Seminars in Fetal and Neonatal Medicine* 18 (2) pp. 76-82

CEMACH (2005). *Stillbirth, Neonatal and Post-neonatal mortality 2000–2003: England, Wales and Northern Ireland*. Confidential Enquiry into Maternal and Child Health [Online] available at <http://www.hqip.org.uk/assets/NCAPOP-Library/CMACE-Reports/44.-April-2005-Stillbirth-Neonatal-and-Post-Neonatal-Mortality-2002-2003.pdf> Accessed 9 July 2013.

Graham D, Hardill I. & Kofman E. (2002). *Human Geography of the UK: An Introduction*. Routledge.

Goldenberg R. L et al (2011). Stillbirths: the vision for 2020. [Online]. *Lancet* 2011; 377: 1798–805. Available at: <http://www.drfofarty.co.uk/sb6.pdf> Accessed 8 July 2013.

Hughes P.M. , Turton P. & Evans C.D.H. (1999). Stillbirth as Risk Factor for Depression and Anxiety in the Subsequent Pregnancy: Cohort Study. *BMJ : British Medical Journal* 318 (7200) pp. 1721-1724

National Assembly for Wales (2013). *One-day inquiry into stillbirths in Wales Health and Social Care Committee*. [Online]. Available at: <http://www.assemblywales.org/bus-home/bus-business-fourth-assembly-laid-docs/cr-ld9222-e.pdf> Accessed 10 July 2013.

NHS (2011). *Stillbirth*. National Health Service Online. Available at: <http://www.nhs.uk/conditions/Stillbirth/Pages/Definition.aspx> Accessed 01 May 2013.

ONS 2011. *Births and Deaths in England and Wales, 2011 (Final)*. Office of National Statistics [Online]. Available at: http://www.ons.gov.uk/ons/dcp171778_283306.pdf Accessed 02 May 2013

Spong C. Y. (2011). *Stillbirth: Prediction, Prevention and Management*. John Wiley & Sons.

The Lancet (2012). *Stillbirths: Global Health Series*. Elsevier Health Sciences.