



NIHR Global Health Research Group
on Stillbirth Prevention and Management in Sub-Saharan Africa

Stillbirth prevention in Sub-Saharan Africa

Working to reduce stillbirth and improve care for mothers and babies.



The NIHR Global Health Research Group

The NIHR Global Health Research Group on Stillbirth Prevention and Management in Sub-Saharan Africa is a research collaboration between the Centre for Childbirth, Women's and Newborn Health (CWNH) led by Prof Dame Tina Lavender, at Liverpool School of Tropical Medicine (LSTM) and the Lugina Africa Midwives Research Network (LAMRN), a midwifery led research network operating in Uganda, Kenya, Malawi, Tanzania, Zambia, and Zimbabwe.

In Uganda, the project is led by Ms Elizabeth Ayebare a Lecturer in the Department of Nursing, School of Health Sciences at Makerere University.



Introduction

Stillbirth and early newborn deaths and their impact on women and their families

Recent estimates have shown that every year about 2 million babies are stillborn (UN IGME Report, 2020); and 2.4 million children died in the first month of life (WHO, 2020). The vast majority occur in Low- and Middle-Income countries and could be prevented.

Stillbirths are caused by maternal infections during pregnancy (malaria, syphilis, and HIV), hypertension, obesity, and diabetes, fetal growth restrictions, placental disorders, complications during childbirth and congenital abnormalities. Neonatal deaths are caused by infections (including sepsis, pneumonia, tetanus and diarrhea), Intrapartum-related complications (birth asphyxia and lack of breathing at birth), pre-term birth, and birth defects.

Having a stillbirth is a distressing and traumatic experience for parents with long lasting effects such as depression and other serious mental health issues, which are linked with higher rates of physical health problems, relationship and family breakdown. In different cultures, stillborn infants are considered “not human” and the causes of deaths are frequently unknown, thus women are blamed and stigmatized for the death. In the event of any death of a baby shortly before, during or after child birth, it is important that the affected women and families can access appropriate care and support.

Our aims are:

- To gain a better understanding of stillbirth, childbirth, and bereavement care in high burden settings.
- To develop culturally relevant studies for further investigation in this unexplored area of stillbirth.
- To establish ourselves in the global healthcare arena as a catalyst for change.

Together we are committed to ending preventable stillbirth and ensuring quality care for parents experiencing the death of their babies before, during or soon after birth.

We work towards this by addressing three areas of care:

1. **Prevention and Detection of Stillbirth:** identification of women with high risk pregnancies, so that potential stillbirths can be detected at an earlier stage and preventative measures put in place.
2. **Promoting Evidence-Based Intrapartum Care:** examining factors which influence how women seek and access care, the quality of the care received, and specific factors associated with stillbirth in local healthcare facilities.
3. **Ensuring Respectful Care for bereaved parents:** gaining a better understanding of the experiences of women, partners, and health workers after stillbirth, so that respectful care can be delivered more effectively.

