

Almost one in four stillbirths potentially preventable

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(HealthDay)—Almost one in four stillbirths are potentially preventable,

according to a study published online Jan. 9 in *Obstetrics & Gynecology*.

Jessica M. Page, M.D., from the University of Utah School of Medicine in Salt Lake City, and colleagues conducted a secondary analysis of 512 stillbirths to examine the proportion that were potentially preventable. Cases of stillbirth underwent standard evaluation, including maternal interview and medical record abstraction; each stillbirth was assigned probable and possible causes of death. Potentially preventable stillbirths were defined as those occurring in non-anomalous fetuses, 24 weeks of gestation or greater, weighing 500 g or more that were either (1) intrapartum; (2) resulted from [medical complications](#); (3) resulted from placental insufficiency; (4) multiple gestation; (5) resulted from spontaneous preterm birth; or (6) resulted from hypertensive disorders of pregnancy.

The researchers found that causes of potentially preventable stillbirth in the cohort included placental insufficiency (12.7 percent), medical complications of pregnancy (6.1 percent), hypertensive disorders of pregnancy (3.9 percent), [preterm labor](#) (3.1 percent), intrapartum (1.8 percent), and multiple gestations (0.8 percent). Twenty-seven of the stillbirths were included in two or more categories, leaving 114 potentially preventable stillbirths (22.3 percent).

"Based on our definition, almost one fourth of stillbirths are potentially preventable," the authors write. "Given the predominance of placental insufficiency among [stillbirths](#), identification and management of placental insufficiency may have the most immediate effect on stillbirth reduction."

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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