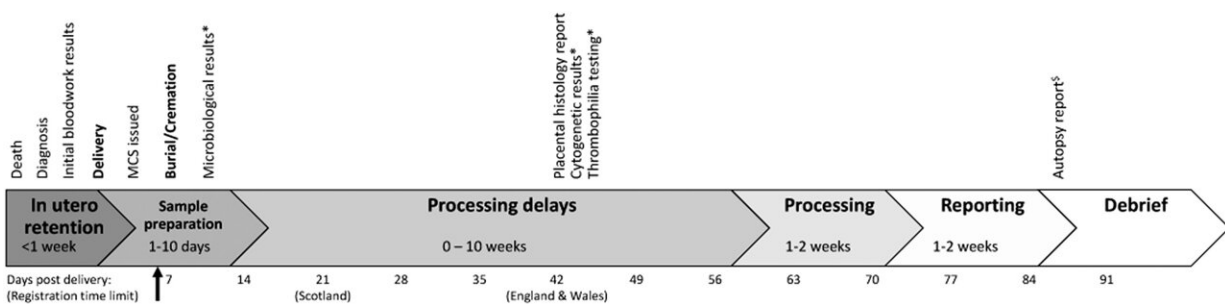


# More than 80% of UK medical certificates recording stillbirths contain errors, research reveals

June 21 2022



Typical timeline for reporting post-mortem investigation results in the UK. Reporting timeline based on full uptake of all recommended investigations, including autopsy, and average reporting times; days since delivery are shown along the bottom with territory-specific legal registration deadlines in brackets [Northern Ireland deadline for registration (365 days) not pictured in displayed timeline]. In practice, legal registration of stillbirth must be complete before burial or cremation; therefore, it is commonly completed within a week of delivery (indicated by bold arrow). The National Health Service aims to report 60% of autopsy investigations within 42 days of examination and 90% within 56 days, longer where specialist opinions are required. Accounting for processing time and delays, many autopsy examinations can take up to 12 weeks for reporting; placental histopathology without autopsy is often reported by 6 weeks post-delivery. Similar timescales are anticipated in other international healthcare settings. In practice the true time from death to delivery is unknown and may, particularly in cases of co-twin demise, take several weeks. However, diagnosis-to-delivery intervals of >1 week are unusual in singleton pregnancies. \* indicates investigations that are not always indicated. Autopsy consent is optional (\$) and

not required under Coronial jurisdiction in the UK. Credit: *International Journal of Epidemiology* (2022). DOI: 10.1093/ije/dyac100

More than 80% of UK medical certificates recording stillbirths contain errors, research reveals.

The study, published in the *International Journal of Epidemiology*, also shows that three out of four stillbirths certified as having an "unknown cause of death" could, in fact, be explained.

Cutting out such errors will aid future studies aimed at reducing [stillbirth rates](#), researchers say. One in every 225 UK pregnancies currently ends in a [stillbirth](#)—which is seven babies every day.

## Significant error

Eradicating mistakes will also improve health care provision, the team says. More than half the inaccurate certificates contained a significant [error](#) that could cause [medical staff](#) to misinterpret what had happened.

Researchers say additional training could be introduced to help staff produce certificates of the highest quality and accuracy.

A team from the Universities of Edinburgh and Manchester examined more than 1120 medical certificates of stillbirths, which were issued at 76 UK obstetric units in 2018.

Of 540 unexplained stillbirths, only 119 remained unexplained following the analysis—195 were re-designated as [fetal growth restriction](#) (FGR) and 184 as placental insufficiency.

## Increased risk

Though its causes are still unclear, FGR predominantly occurs when the placenta is not working well enough to provide a baby with the nutrients to grow normally. It is linked to an increased risk of complications in pregnancy and stillbirth.

Placental insufficiency is an uncommon but serious complication of pregnancy that occurs when the placenta does not develop properly or is damaged.

Overall, FGR—at 306 cases—was the leading primary cause of death after review, yet only 53 of the cases were originally attributed correctly.

Most babies that are born smaller than expected will grow up healthy, but some will have [high blood pressure](#), diabetes or heart disease in adulthood.

"This study shows some medical certificates of stillbirths contain significant errors. Reducing these errors and accurately recording contributing factors to a stillbirth is important in shaping research and health policies aimed at reducing the number of stillbirths. We hope this work will highlight the importance of undertaking a thorough assessment of the clinical records prior to completing a medical certificate of stillbirth," said Dr. Michael Rimmer, clinical research fellow at the University of Edinburgh's MRC Centre for Reproductive Health

"Data from medical certificates of stillbirth inform health care service strategy, funding, research and public health initiatives. It is imperative to identify preventable stillbirths to aid future strategies to reduce deaths. That is why we argue these documents should only be completed following a structured case note review, with particular attention to fetal growth trajectory," said Dr. Lucy Higgins, senior lecturer in obstetrics at

the University of Manchester and consultant obstetrician.

**More information:** Michael P Rimmer et al, Worth the paper it's written on? A cross-sectional study of Medical Certificate of Stillbirth accuracy in the UK, *International Journal of Epidemiology* (2022). [DOI: 10.1093/ije/dyac100](https://doi.org/10.1093/ije/dyac100)

Provided by University of Edinburgh

Citation: More than 80% of UK medical certificates recording stillbirths contain errors, research reveals (2022, June 21) retrieved 12 May 2024 from <https://medicalxpress.com/news/2022-06-uk-medical-certificates-stillbirths-errors.html>

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