

Addressing and Preventing Stillbirths

For Patient Information



Stillbirth, also called Intrauterine Fetal Demise (IUFD) or fetal death, is the loss of an unborn baby (fetus) after 20 weeks of pregnancy. When stillbirth occurs, the baby does not show any signs of life, such as a heartbeat or breathing. Most women recognize the loss of the baby soon after it happens because there is a lack of fetal movement. For some women, labor suddenly starts (spontaneous labor) shortly after fetal death.

What Are the Causes?

Often, the cause of this condition is not known.

What Increases the Risk?

The following factors may make a pregnant woman more likely to have a stillbirth:

- Use of tobacco products, drugs, or alcohol during pregnancy
- Being pregnant with two or more babies
- Having had a stillbirth before
- Being younger than age 15 or older than age 35
- Being obese or having a long-term condition such as high blood pressure or diabetes before becoming pregnant
- Fetal growth restriction. This happens when the baby does not grow enough in the uterus.
- Fetal birth defects
- Having any of these conditions during a past pregnancy: Early (preterm) delivery, Fetal growth restriction, or Preeclampsia

Preventing Stillbirths

- Have regular antenatal checkups
- Eating healthy and being active
- Quit smoking
- Avoid alcohol during pregnancy
- Go to sleep on your side

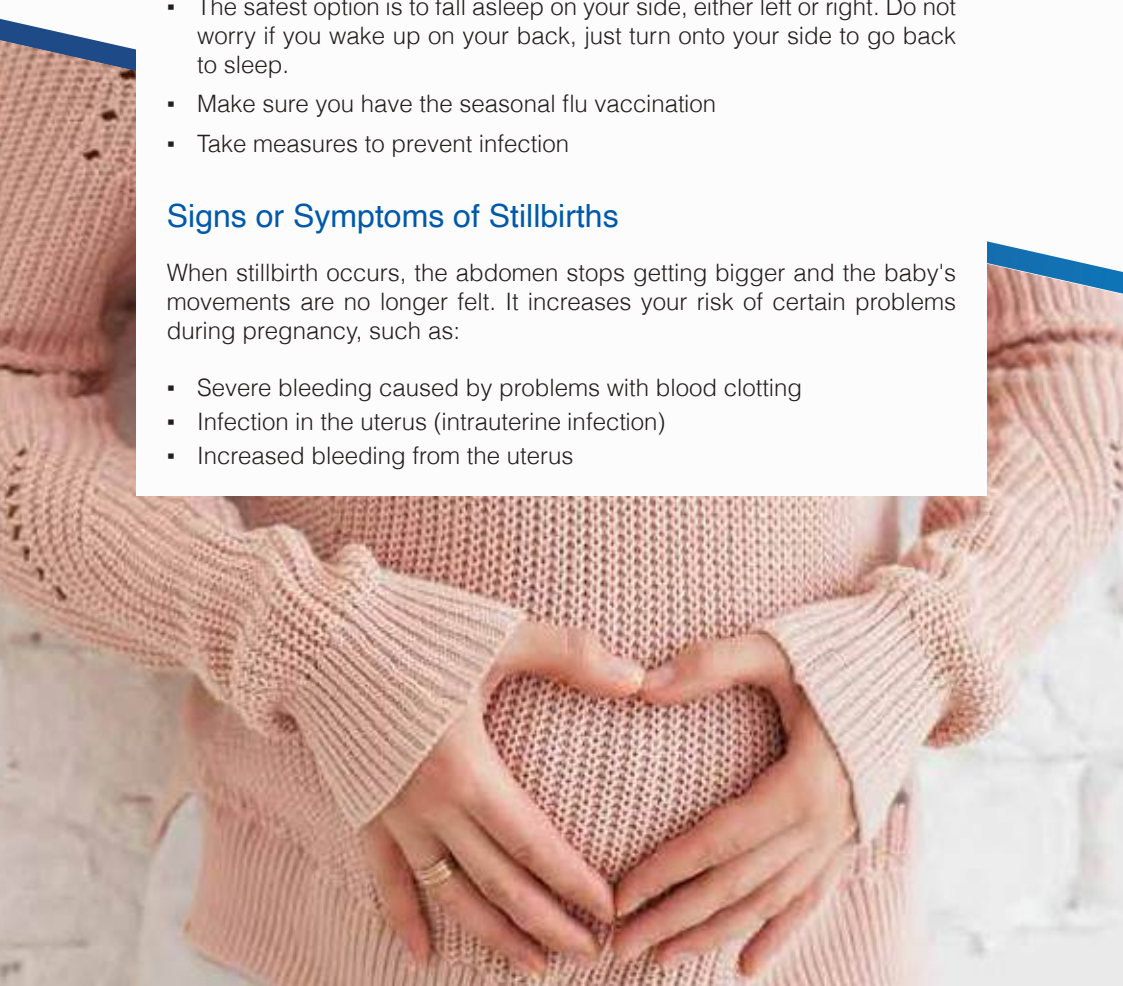
Sleep Posture and Stillbirth

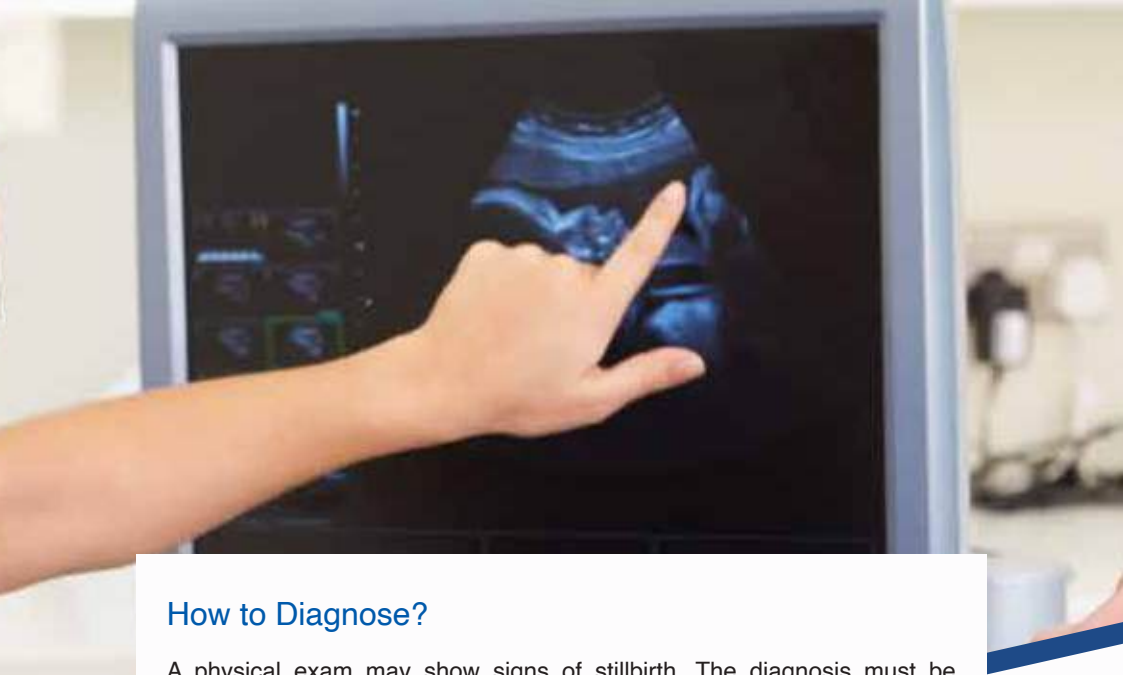
- Research suggests that going to sleep on your back after 28 weeks of pregnancy doubles the risk of stillbirth
- It's thought this may have to do with the flow of blood and oxygen to the baby
- The safest option is to fall asleep on your side, either left or right. Do not worry if you wake up on your back, just turn onto your side to go back to sleep.
- Make sure you have the seasonal flu vaccination
- Take measures to prevent infection

Signs or Symptoms of Stillbirths

When stillbirth occurs, the abdomen stops getting bigger and the baby's movements are no longer felt. It increases your risk of certain problems during pregnancy, such as:

- Severe bleeding caused by problems with blood clotting
- Infection in the uterus (intrauterine infection)
- Increased bleeding from the uterus





How to Diagnose?

A physical exam may show signs of stillbirth. The diagnosis must be confirmed with an ultrasound to check for:

- The lack of a heartbeat
- The lack of fetal movements
- The lack of fetal breathing

What Happens After Stillbirth Is Diagnosed?

Stillbirth May Be Treated By:

Waiting for your body's natural process of labor to begin (expectant management). You will be monitored closely during this time for signs of infection or other problems. You may have the option to return home with instructions about what to expect as your body continues to naturally release your baby and placenta.

Using medicines to start your labor (labor induction). This is done if labor does not start on its own. If labor has not started, you may choose to have your labor induced with medicines and be monitored in the hospital setting. This will cause you to have contractions to deliver your baby and placenta.

Surgery to deliver your baby and placenta through an incision in your abdomen and your uterus (cesarean delivery, or C-section).

Post Delivery

- You will be encouraged to see and hold your baby. This may help with the grieving process.
- You may consider creating keepsakes, such as taking a photo or getting an imprint of your baby's footprint or handprint.
- Request to have any religious or cultural ceremonies that you prefer. Work with your healthcare team to arrange for the handling of your baby's remains.
- You may decide if you would like to have your baby examined to find out if problems were present that could happen again in a future pregnancy.
- You may be given antibiotic medicine to treat infection if you lose your baby because of an infection.
- If you have Rh-negative blood, you may be given an injection of Rho(D) immune globulin to help prevent problems with future pregnancies.

Follow These Instructions at Home

Medicines

- Take over-the-counter and prescription medicines only as told by your health care provider.
- If you were prescribed an antibiotic, take it as told by your healthcare provider. Do not stop taking the antibiotic even if you start to feel better





General Instructions

- Your healthcare provider may recommend working with a trained grief counselor who can help you work through your feelings. It may help to work with this counselor before and after delivery.
- Consider meeting with others who have experienced stillbirth. Ask your healthcare provider about support groups and resources.
- Talk with your healthcare provider about any activity restrictions, including sexual activity.
- Use a sanitary pad for bleeding and discharge from your vagina. Do not douche or put anything, such as tampons, in your vagina until your health care provider says it is okay.
- When you are ready, meet with your healthcare provider to discuss steps to take for a future pregnancy.
- Keep all follow-up visits. This is important.

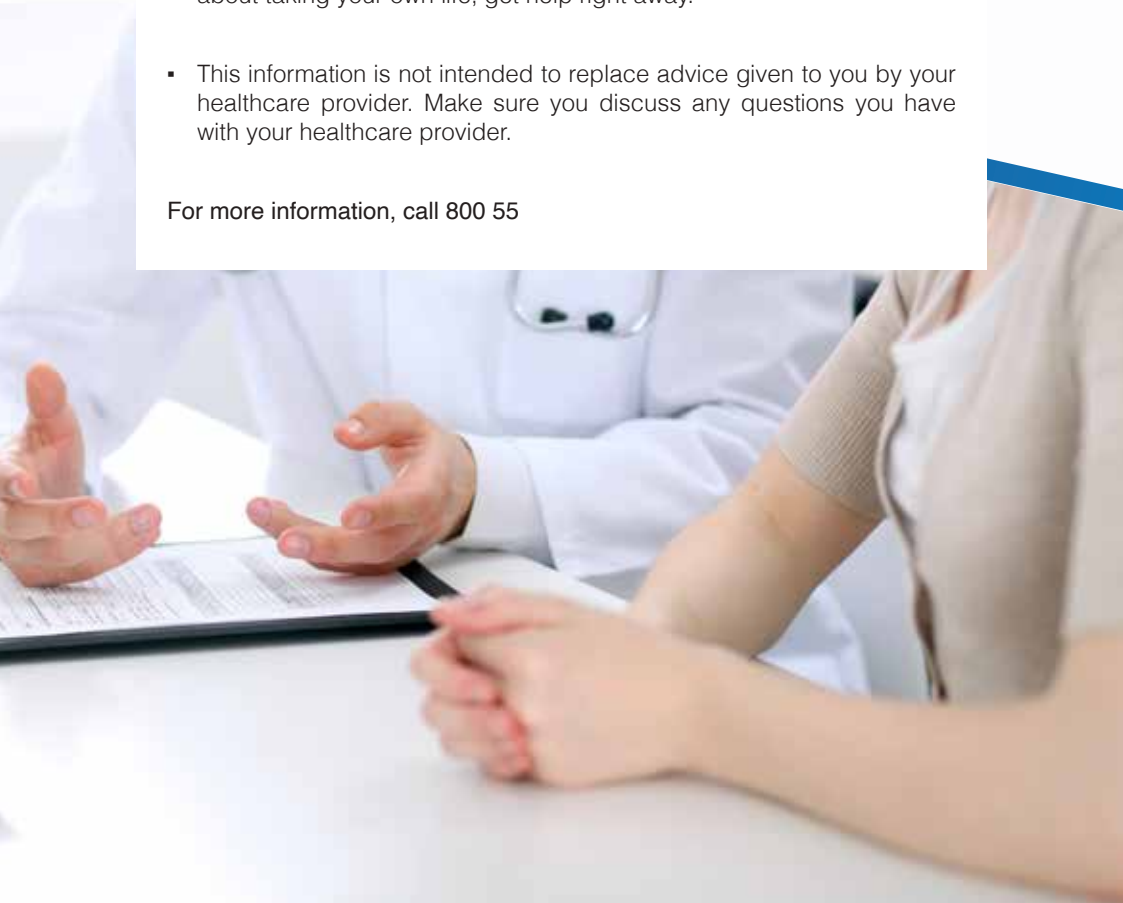
Contact a Health Care Provider If:

- You continue to feel grief, sadness, or lack of motivation for everyday activities, and those feelings do not improve over time.
- You have painful, hard, or reddened breasts.
- You have not had a menstrual period by the 12th week after delivery.
- You have a fever or chills.
- You have vaginal bleeding for more than 6 weeks after delivery, or bad-smelling fluid comes from your vagina.

Get Help Right Away If:

- Heavy vaginal bleeding soaks through 2 large sanitary pads an hour for more than 2 hours.
 - You have chest pain or shortness of breath.
 - You feel more pain in your abdomen.
 - You have leg pain, swelling, or redness.
 - You have a severe headache or changes in your vision.
 - You feel sad, and your sadness takes over your thoughts.
 - You think about hurting yourself.
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- These symptoms may represent a serious problem that is an emergency. Do not wait to see if the symptoms will go away. Get medical help right away.
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- If you ever feel like you may hurt yourself or others, or have thoughts about taking your own life, get help right away.
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- This information is not intended to replace advice given to you by your healthcare provider. Make sure you discuss any questions you have with your healthcare provider.

For more information, call 800 55





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