Every Woman, Every Child's 'Progress in Partnership' for stillbirths: a commentary by the stillbirth advocacy working group

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Short running title: Commentary: 'Progress in Partnership' for stillbirths

Globally, an estimated 2.6 million third trimester stillbirths occurred in 2015 (2, 3) – a number which has not seen meaningful decline over the past decade and which has improved at a considerably slower rate than levels of child and maternal mortality.(1, 4) Half of all stillbirths occur during labour and birth, and almost all take place in low and middle income countries.(4) Until recently, this huge burden remained largely invisible.(2, 5) Attention to stillbirths has increased over the last few years with two Lancet Series highlighting the size and preventability of this issue, and the development of the first global stillbirth targets by the Every Newborn Action Plan in 2014.(6) However, there remain numerous global challenges to overcome if we are to end preventable stillbirths by 2030.(1) This commentary is a response to the recently released Every Woman Every Child's 2017 Progress Report on the Global Strategy for Women's, Children's and Adolescents' Health.(7) Within this commentary we outline key opportunities within the Report to further highlight the global burden of preventable stillbirths and to encourage and guide practical action for reducing that burden. We provide specific action points and recommendations for incorporation into the 2018 Report and advocate for continued attention to stillbirths at all levels.

It is very encouraging to see data on stillbirths and newborns highlighted upfront within the 2017 Progress Report's executive summary and to see that the lack of commitment to stillbirths is clearly outlined. We fully agree that an ongoing lack of attention and commitment to stillbirths and stillbirth prevention will influence the prioritisation and allocation of funds to appropriate interventions and will impede progress towards ending preventable stillbirths.

The economic and psychological costs associated with stillbirths are vast, and prevention of avoidable stillbirths could provide a triple return on investments through the economic and societal value of live children to families, communities and nations;(2) however, this is not referred to in the 2017 Progress Report. The 2016 Lancet Series on Ending Preventable Stillbirths found that rapid scale-up of seven interventions focusing on preconception, antenatal care, and labour and birth care – folic acid supplementation, syphilis detection and treatment, treatment of malaria in pregnancy, diabetes case management, pre-eclampsia

management skilled personnel attendance at birth, and induction of labour for pregnancies longer than 41 weeks – provide over half of the full rate of return of investments in stillbirth prevention. While maximum return varies by context and country, rapid scale-up of these interventions would surpass the benefits of business as usual and could return up to 10 and 25 times the initial cost in low and middle income countries, where almost all stillbirths occur. By addressing wider risk factors for stillbirth including maternal infection, non-communicable diseases, and obstetric complications, interventions to prevent stillbirths also ensure that women and newborn babies survive and thrive, contributing to further economic and societal returns. As such, stillbirth prevention should be fully integrated within the maternal-newborn continuum of care. We encourage acknowledgement of the full economic and societal impact of stillbirth prevention, including reference to specific interventions, in the next Progress Report. Additionally, we encourage emphasis on integrated approaches to stillbirth prevention across the maternal-newborn continuum of care.

Similarly, the wide-reaching emotional, psychological and psychosocial consequences related to stillbirth are not thoroughly outlined or referred to within the 2017 Progress Report. Mothers, fathers, families and caregivers who experience stillbirths and other adverse pregnancy and childbirth outcomes such as pregnancy loss, fistula and newborn death, suffer enduring grief, isolation, fear and stigma.(8-10) This can be reduced through interventions focusing on the sensitisation of health systems, health workers and communities to stillbirths, as well as through improved coverage of respectful bereavement care.(8) We advocate for recognition of these important long-term costs and implications of stillbirth in future Progress Reports.

It is encouraging that one of the action areas highlighted in the Report is to implement recommendations from the 2016 Lancet Series on Ending Preventable Stillbirths. However, while the paragraphs pertaining to maternal mortality, quality, equity and dignity of care, and sexual and reproductive health and rights, provide detailed and specific action points, the paragraph on page 35 relating to stillbirths is somewhat brief, general and high-level. We encourage the use of specific priority action points outlined in the 2016 Ending Preventable

Stillbirths Series (see Box 1) – for example, developing culturally appropriate protocols of respectful care after death; counting every pregnancy, baby and stillbirth; and addressing health system bottlenecks, particularly the need for midwives – to guide countries to develop appropriate measures for stillbirth prevention.(1)

Box 1: Priority actions to change the trend for stillbirths from the 2016 Lancet Series on Ending Preventable Stillbirths

1. Intentional leadership
2. Increased voice, especially among women
3. Implementation of integrated interventions commensurate with investment
4. Indicators to measure impact and monitor progress
5. Investigation of crucial knowledge gaps

After much stillbirth advocacy in the past few years, we fully welcome and support the inclusion of stillbirths as part of the burden of deaths in the 2017 Progress Report. We understand the challenge of terminology in placing 'stillbirths' where they belong along the continuum, between woman and child, however we encourage EWEC to emphasise stillbirths as an equally important issue to that of all other preventable deaths.

With these points in mind, we outline four key recommendations for inclusion within the 2018 EWEC Progress Report on the Global Strategy for Women's, Children's and Adolescents' Health (see Box 2).

Box 2: Key recommendations for the 2018 EWEC Progress Report on the Global Strategy for Women's, Children's and Adolescents' Health.

1. **A higher degree of specificity relating to stillbirths**: we encourage increased attention to the target global stillbirth rate of less than 12 stillbirths per 1000 live births, as established by the Every Newborn Action Plan.
2. **Acknowledgement of the psychological and emotional trauma caused by stillbirth**: we recommend emphasising the need for respectful bereavement care as well as acknowledgement of the emotional and financial costs to women, families and societies that experience stillbirths.
3. **More specific action points for reducing stillbirths to be incorporated**: detailed priority actions are outlined in the 2016 Lancet Series on Ending Preventable Stillbirths (Box 1) and we recommend the use of these alongside case studies of countries that have made good progress towards reducing stillbirths.(1)
4. **Emphasise stillbirths as equally important**: we support the continued inclusion of stillbirths within the burden of death and encourage EWEC to emphasise stillbirths as equally important to all other preventable maternal, newborn and child deaths.

We support the steps taken in the 2017 Progress Report towards highlighting the issue of stillbirth and identifying possible actions to reducing the burden. However, more needs to be done if the 2030 targets to end preventable stillbirths is to be achieved. Improved collection and monitoring of relevant data and indicators for stillbirths at a local, national and global level is needed, including stillbirth prevention and supportive care following a stillbirth and allowing socio-economic and ethnic disaggregation to ensure that no-one is left behind. We call on leaders within EWEC to encourage continued attention to stillbirths by strengthening advocacy around the issue and continuing to advocate strongly for an integrated approach to stillbirth within the maternal-newborn health continuum. Stillbirth is an urgent global health issue, but with clear and strong guidance, accountability and practical action, it need not remain one.

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