
Leading articles



Tackling Stillbirth

Simple and cheap techniques could save hundreds of babies a year

One in every 200 babies in Britain is born dead. Eleven sets of British parents every day discover that the child they have been expecting, and perhaps planning a life around, is cold and gone before they ever meet.

Language struggles to express the sadness they must feel and most of us probably find the experience difficult even to think about. As a result, if we are fortunate, we tend not to.

Medicine has no such excuse. There is a fatalism that surrounds the idea of stillbirth; a sense that such things are in the hands of higher powers and some lives were simply not meant to be. In truth,

this is inexcusable medievalism. Until the 1980s, much the same was said about cot death until a campaign of public health information cut such tragedies by about 90 per cent.

Many stillbirths could be prevented. Indeed, many potential stillbirths are. As *The Times* reports today, hospitals in which midwives receive training in the simple processes of measuring the growth of babies still in the womb can significantly decrease rates.

In the West Midlands, for example, this technique has reduced stillbirths by as much as 22 per cent. Every one a shattering loss prevented.

So far, however, only 46 hospitals — responsible for about a third of births in England — have adopted it. Professor Jason Gardosi, of the Perinatal Institute, who is seeking to standardise how growth is measured and how such information is shared, calculates that as many as 1,000 babies could be saved each year if such practices were used nationwide.

At a cost of just 50p per pregnancy, it is close to unforgivable that they are not already. This is avoidable and unnecessary suffering. British stillbirth rates have not improved in a decade. It is time that they did.

Many midwives 'miss stillbirth risk signs'

Chris Smyth Health Correspondent

A thousand babies die needlessly every year because hospitals neglect basic checks on pregnant women, research suggests.

Mothers-to-be face a "postcode lottery" on the safety of their babies because midwives in many areas lack crucial training in how to spot the warning signs of stillbirth, researchers say.

Professor Jason Gardosi, of the Perinatal Institute, said that avoidable baby deaths happened at the rate of "a classroom a week" because hospitals were not using tape measures and charts properly, despite guidance stretching back more than a decade.

NHS England has responded by urging hospitals to improve the way they measure baby growth.

One in every 200 babies is born dead, giving Britain one of the worst records on stillbirth in the developed world, and rates have not fallen for two decades.

Many stillbirths are of otherwise healthy babies who are struggling to grow during the final stages of pregnancy and consistent measurement of the baby's height, plotted on a customised chart, can spot that growth is tailing off.

Last year, *The Times* exposed the chaotic state of the health service's efforts to reduce stillbirth, with most hospitals having no plan to reduce the numbers and many complacent about investigating deaths.

By standardising how growth is

measured and problems are referred on to doctors, Professor Gardosi's team has helped to cut stillbirth rates in the West Midlands by 22 per cent over the past five years. Many hospitals in Yorkshire and the North East have also adopted the training and in research published in the journal *BMJ Open*, Professor Gardosi said that stillbirths had fallen sharply in these regions.

He urged NHS bosses to make sure other hospitals were using the system, which had long been recommended by the Royal College of Obstetricians and Gynaecologists. So far only 46 hospitals, responsible for less than a third of births in England, have trained staff in spotting growth problems. If the whole country reduced deaths as much as the West Midlands, 1,000 stillbirths would be avoided every year, he calculates.

"A thousand children a year dying is a classroom a week. And these are stillbirths that are normally formed, healthy babies that should be living," Professor Gardosi said. "We hope it will not become a postcode lottery for mothers... at a cost of 50p per pregnancy, the programme should be affordable to even the most cash-strapped unit."

Catherine Calderwood, national clinical director for maternity at NHS England, said that the system should be used around the country, adding that she would look at making known ways of reducing stillbirth a contractual requirement.

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