## **How Better Data Could Reduce Stillbirths**

Susan Hepworth



Protecting Access for Premature Infants through Age Two

The National Coalition for Infant Health is a collaborative of more than 200 professional, clinical, community health, and family support organizations focused on improving the lives of premature infants through age two and their families. NCfIH's mission is to promote lifelong clinical, health, education, and supportive services needed by premature infants and their families. NCfIH prioritizes safety of this vulnerable population and access to approved therapies.

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## Stillbirth is a stubborn health problem in the United States.

While the United States has some of the most comprehensive health care on the planet, stillbirth remains a common problem. The risk of a fetus or baby dying in the womb is far more common in the U.S. than it should be.

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Some studies suggest the U.S. may be witnessing the highest rate of stillbirths in several decades, partially attributable to inadequate access to obstetric care during pregnancy. Race is also a factor in the likelihood of stillbirth and the accurate diagnosis of a cause after death. Significant disparities exist in maternal and fetal outcomes based on geography, race and income.

## More data and better funding could help.

The risk factors contributing to this national trend are not widely understood, perhaps because data on stillbirths are difficult to obtain.



Best practices in perinatal care — and in the worst cases, perinatal pathology — can help us understand these troubling trends. When babies are stillborn, for example, grief should be balanced against the urgent need for accurate medical data. Fetal autopsy, while it may be controversial for some, offers significant insight into causes of death, and therefore, prevention. Understanding the causes of stillbirth and other adverse outcomes can contribute to life-saving progress.

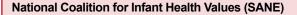
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Federal agencies should also collaborate with state and local officials to reduce barriers to obstetric care for rural or low-income women. More funding is needed to expand research into still-birth in communities most in need of support and also to provide active intervention in those communities.

Stillbirth rates should be falling, not rising. Best practices and more robust public health funding could help the U.S. understand — and ultimately prevent — stillbirths.

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**Safety.** Premature infants are born vulnerable. Products, treatments and related public policies should prioritize these fragile infants' safety.

**Access.** Budget-driven health care policies should not preclude premature infants' access to preventative or necessary therapies.

**Nutrition.** Proper nutrition and full access to health care keep premature infants healthy after discharge from the NICU.

**Equality.** Prematurity and related vulnerabilities disproportionately impact minority and economically disadvantaged families. Restrictions on care and treatment should not worsen inherent disparities.



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