

OBJECTIVE:

To document stillbirth rate and causes of stillbirth, detect the presence of relevant conditions and assess the compliance of the study protocol.

METHODS:

- Prospective case series of singleton stillbirths from 2016 to 2021 at “Hospital Clinic de Barcelona”, Spain.
- Stillbirth was defined as: fetal death from 22w or a birth weight $\geq 500g$ if gestational age was unknown.
- Termination of pregnancy was excluded.
- Standardized studies were performed at diagnosis and delivery and each case was evaluated by a multidisciplinary team of medical staff.
- The causes of stillbirth were classified according to the Perinatal Society of Australia and New Zealand Classification System for Perinatal Death (PSANZ-PDC) and the presence of relevant conditions according to the Relevant Condition at Death Classification System (ReCoDe).

RESULTS:

- 96 singleton stillbirths were identified in a cohort of 17500 deliveries, resulting in a rate of 5.5 per 1000 singleton births.
- Among them, 96% were antepartum and 54% before 32w.
- 15% of the cases were classified as “unexplained antepartum death” and 6% were considered as preventable.
- The presence of at least 2 relevant conditions was observed in 68% of deaths, being the most frequent placental insufficiency (37%) and maternal conditions (27%).

Figure 1- Causes of stillbirth (PSANZ-PDC)

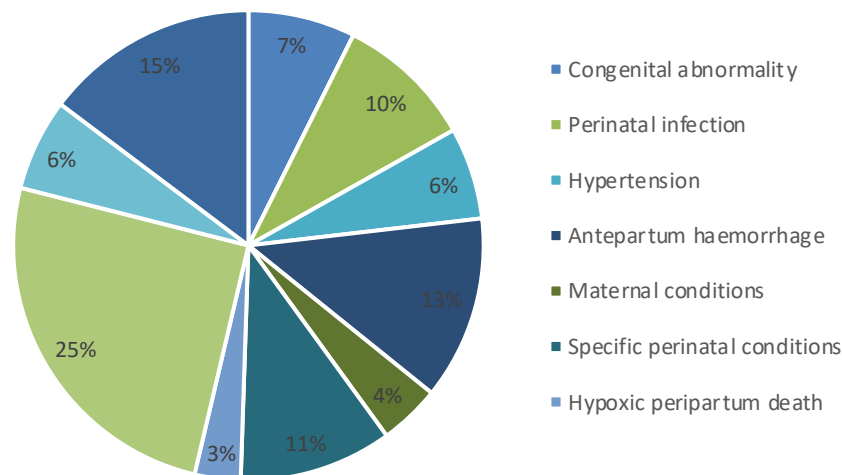
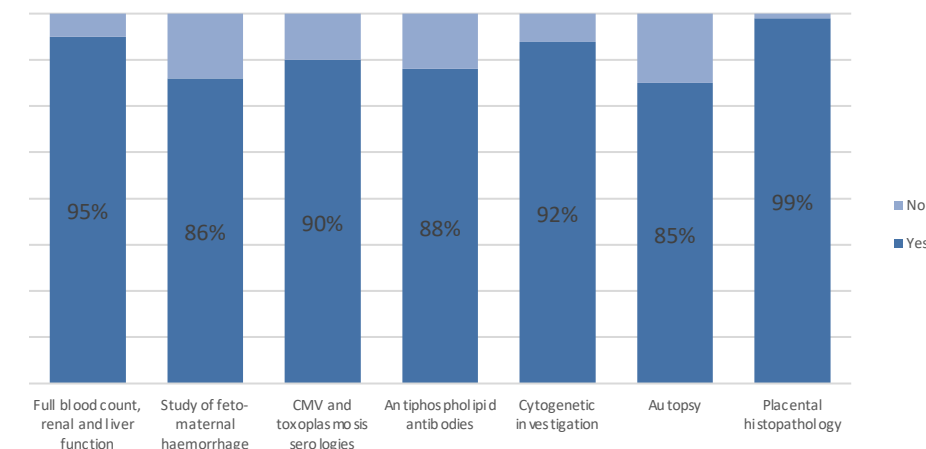


Figure 2- Compliance of the investigations



CONCLUSIONS:

A systematic and effective stillbirth evaluation is important for the identification of potential causes and relevant conditions for fetal death. Intrauterine growth restriction and placental insufficiency are the most common cause and relevant condition in our population. Despite the compliance of the recommended investigations was almost optimal, a fraction of the stillbirths remains unexplained.