Objective
The new ReCode classification in 2005 reduces predominance of stillbirths previously categorized as unexplained. Fetal growth restriction is now recognized as a common antecedent of stillbirth. This study is to review trends in stillbirths attributable to UPI for planning of appropriate intervention.

Methods
A retrospective review of perinatal mortality reports for stillbirths from Jan 2003 to December 2013 in an obstetric unit within a large DGH was undertaken. Cases with confirmed UPI from placental histology and post-mortem reports were included in the study. Parameters analysed included patient demographics, risk factors for UPI, gestational age and smoking status.

Results
The total number of births and stillbirths during our period of study was 54586 and 291 respectively, giving a stillbirth rate of 5.3/1000 which is comparable to the Scottish data. Of all the stillbirths, 94 (32%; 1.7/1000) cases were classified as secondary to UPI. Placental histology was available for 92 (98%) cases, and post mortem was performed in 54 (57%). The mean maternal age was 28.2 (range 15-42). The mean gestational age of confirmed stillbirth in our study population was 33 weeks (range 23-41), with the highest number of deaths occurring at 37-41 weeks (n=39, 41%; median=38 weeks). The total number of patients with identifiable major risk factors for UPI was 35 (37%). This was significantly higher (p<0.05) in multigravidae (n=25, 54%) compared to primigravidae (n=10, 21%). 34 (36%) patients were recorded as smokers, 4 (4%) had previous stillbirths, 17 (18%) had previous IUGR (intrauterine growth restriction) and 8 (9%) had other high risk comorbidities.

Conclusion
This study identified 37% patients with risk factors who may have potentially benefitted from an early intervention. It also provides a rationale for the optimal timing of serial growth scans based on the observed trend of higher stillbirth rates towards late gestation. Future improvement work is required to improve detection and intervention for stillbirths attributable to IUGR.