Frequency of Stillbirths at MCH Centre FGPC Islamabad Pakistan from 2012 to 2016

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Introduction

Stillbirth is defined by WHO as “the death of a fetus with a gestational age of at least 28 weeks or with a birth weight of 1000 g or more.” Worldwide, over 2 million stillbirths were recorded in year 2015, with 7178 deaths per day. More than 95% occurred in developing countries. The frequency of stillbirth is related to socioeconomic status and geographical distribution of population.¹ In Pakistan stillbirth ranges from 36/1000 to 70/1000 in some rural areas according to WHO. Between 2000-2015 stillbirth rate is reduced by nearly 20% worldwide, making annual rate of reduction (ARR) 2% 22/1000.²,³,⁴ Thus aim of our study is to determine stillbirth rate, main causes and gestational age at stillbirth. Hence in the future policy makers can be convinced to allocate resources towards policies of averting the stillbirths.

Objective

To determine frequency of stillbirth and analyze its causes at MCH Centre FGPC Islamabad Pakistan.

Methodology

This descriptive study was performed at Obstetrics & Gynaecology department of MCH Centre FGPC Islamabad. All 109 pregnant women who delivered stillbirth babies were included in study from January 2012 to December 2016. The gestational age was determined by ultrasound, and causes, fetomaternal characteristics were collected on predesigned proforma and analyzed using descriptive statistics.

Results

The stillbirth rate was 11.9/1000 births despite 100% of women receiving prenatal care, all attended by skilled providers in hospital and 35% cesarean section rate. 19.3% of stillbirths occurred ≥ 37 weeks and 26% from 33-36 weeks. 24.8% had congenital anomalies. Preeclampsia (14.7%) and APH (14.7%) were also associated with increased stillbirth rate.

Conclusion

In our country with limited health resources it is vital to record and maintain stillbirth data, so that it can be properly utilized to prevent and to find out exact etiology of stillbirths. There should be special focus on preconceptional and antenatal care. As most of the stillbirths were late preterm, with congenital anomalies, PE and APH, suggesting that many Pakistani stillbirths may be preventable with higher quality obstetric care.

References