

National Center Quick-Look

Stillbirths



Collect

The National Center for Fatality Review and Prevention collects information about fetal and infant deaths in the National Fatality Review-Case Reporting System (NFR-CRS).



Data

From 2017 through 2020, Fetal and Infant Mortality Review (FIMR) teams reviewed 1,805 stillbirths that occurred at or after 20 weeks of pregnancy.¹



Learn

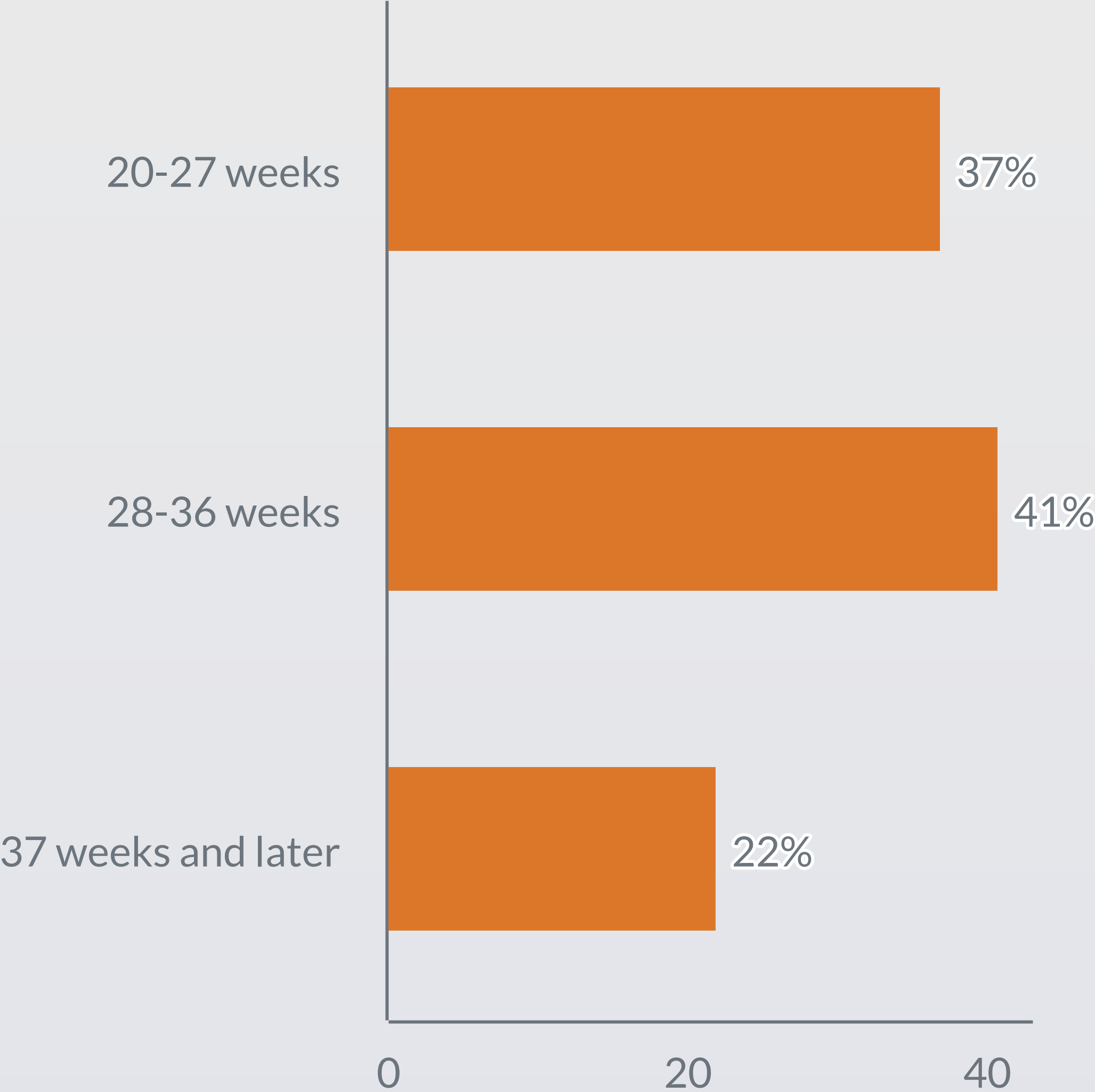
To see other Quick-Looks using NFR-CRS data and learn more about the FIMR process, visit the National Center's website at ncfrp.org.

National Center's Structural Inequity Statement

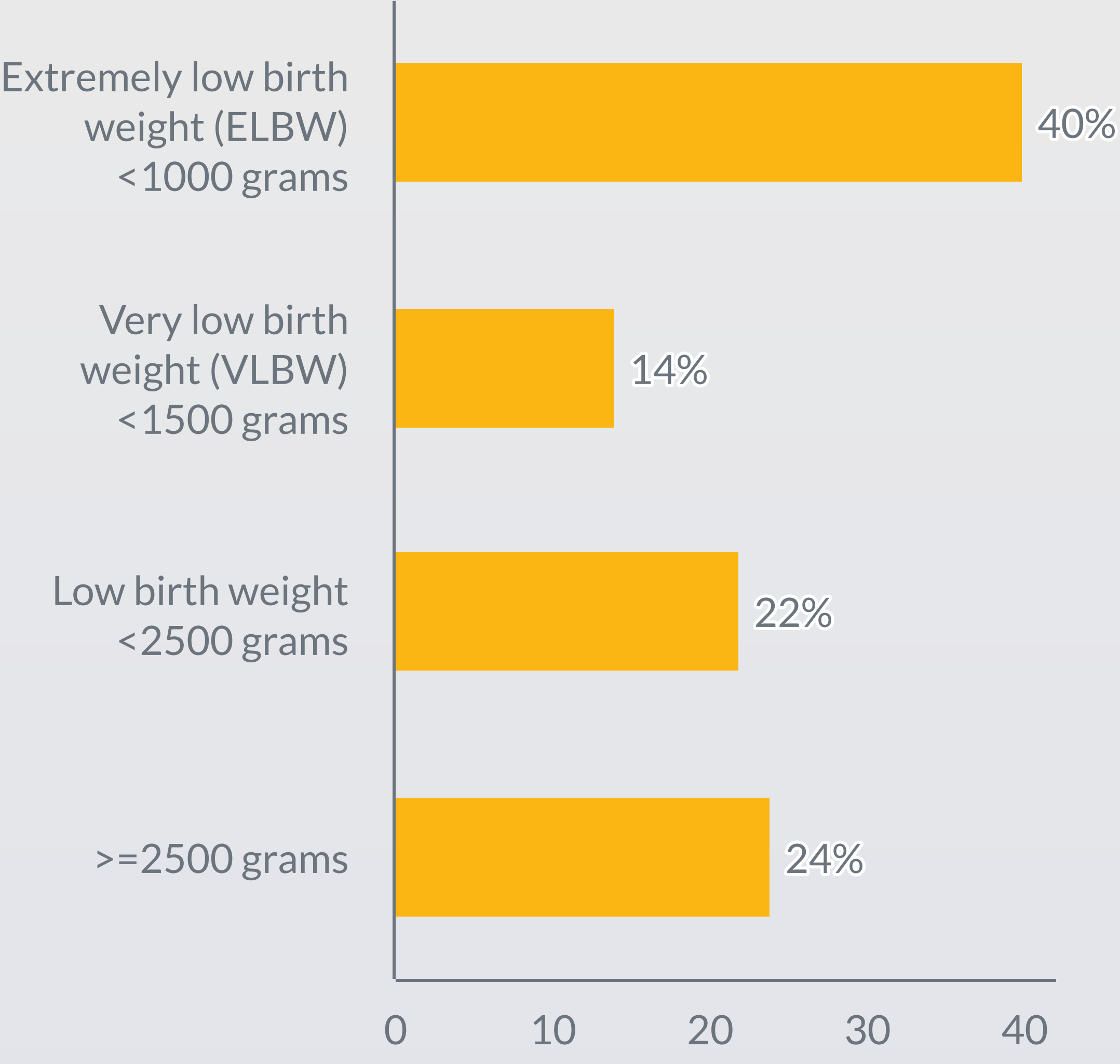
Some families lose infants, children, and youth to the types of deaths reviewed by fatality review teams not as a result of the actions or behaviors of those who died, or their parents or caregivers. Social factors such as where they live, how much money or education they have and how they are treated because of their racial or ethnic backgrounds can also contribute to a child's death. Segregation impacts access to high-quality education, employment opportunities, healthy foods, and healthcare. Combined, the economic injustices associated with residential, educational, and occupational segregation have lasting health impacts that include adverse birth outcomes, infant mortality, high rates of homicide and gun violence, and increased motor vehicle deaths.

Stillbirth Characteristics

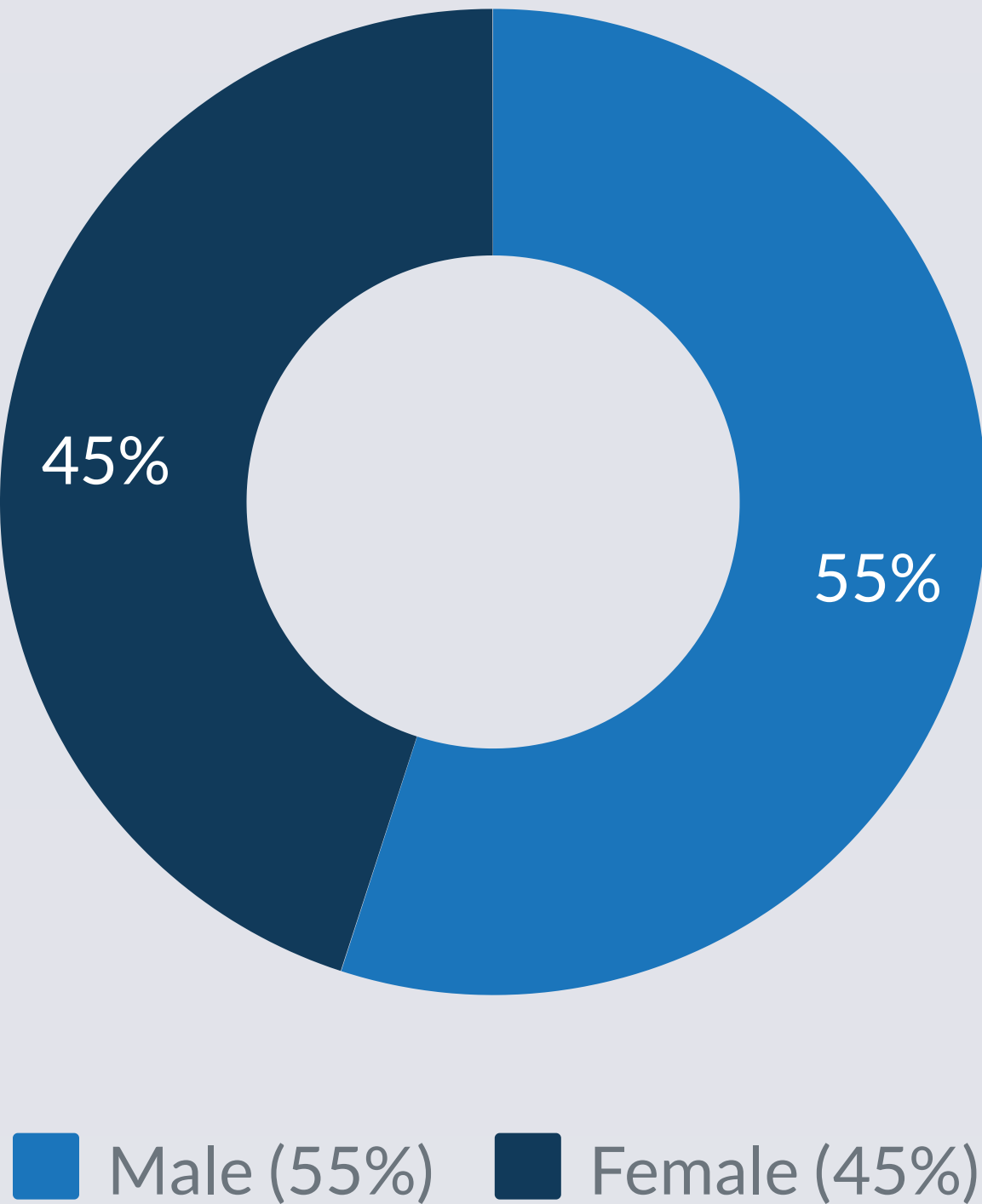
Gestational Age



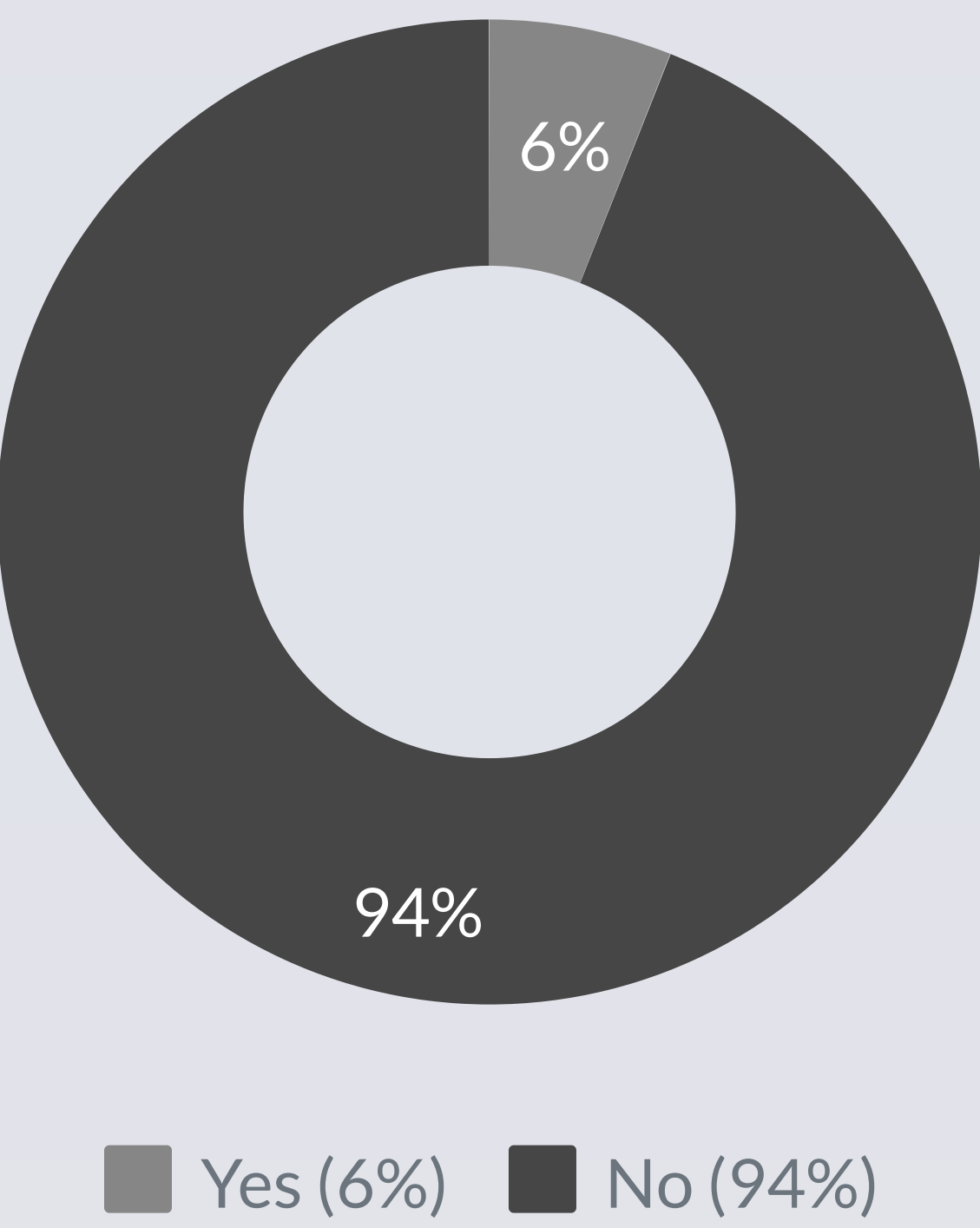
Weight



Sex

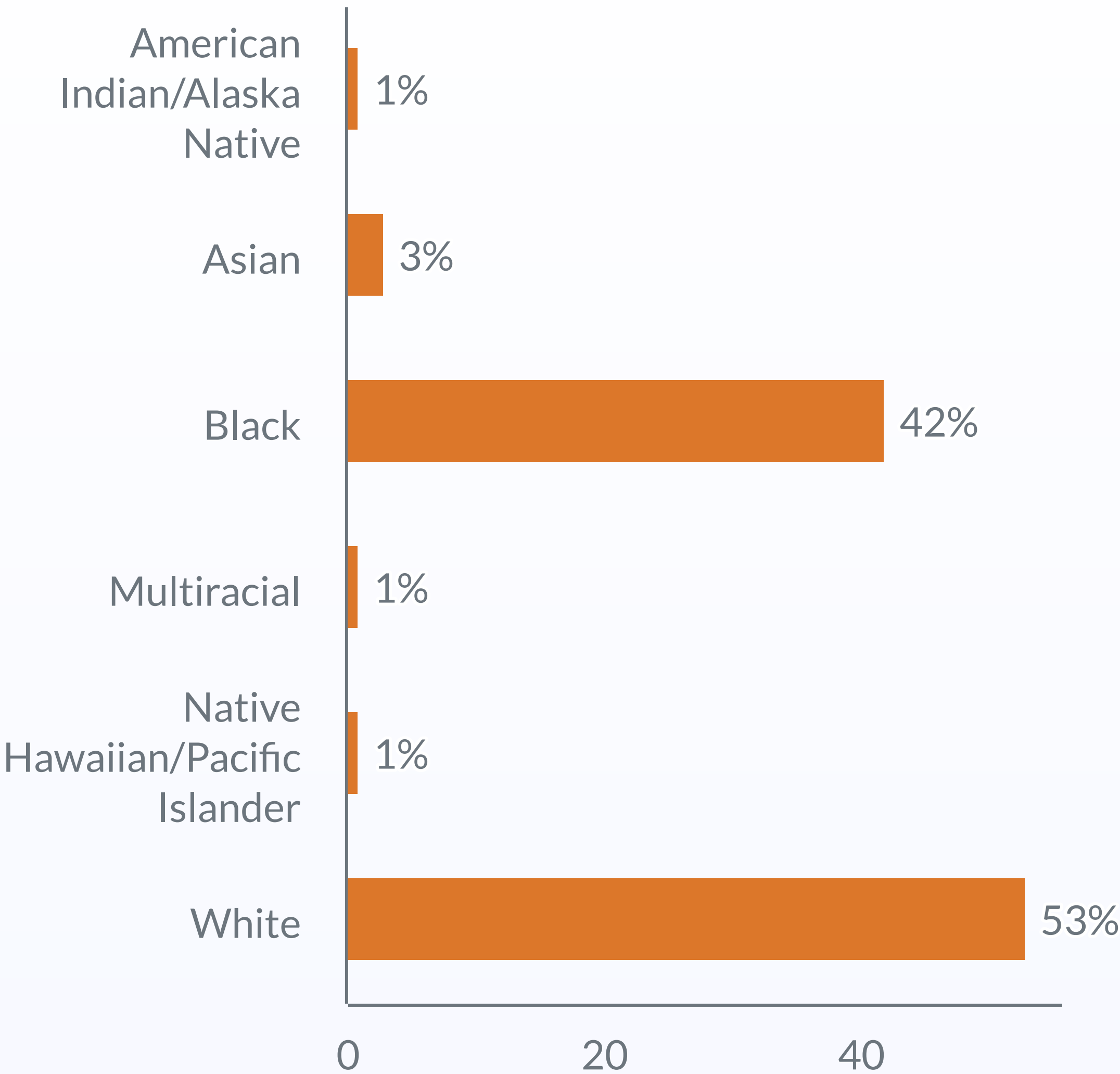


Multiple Gestation

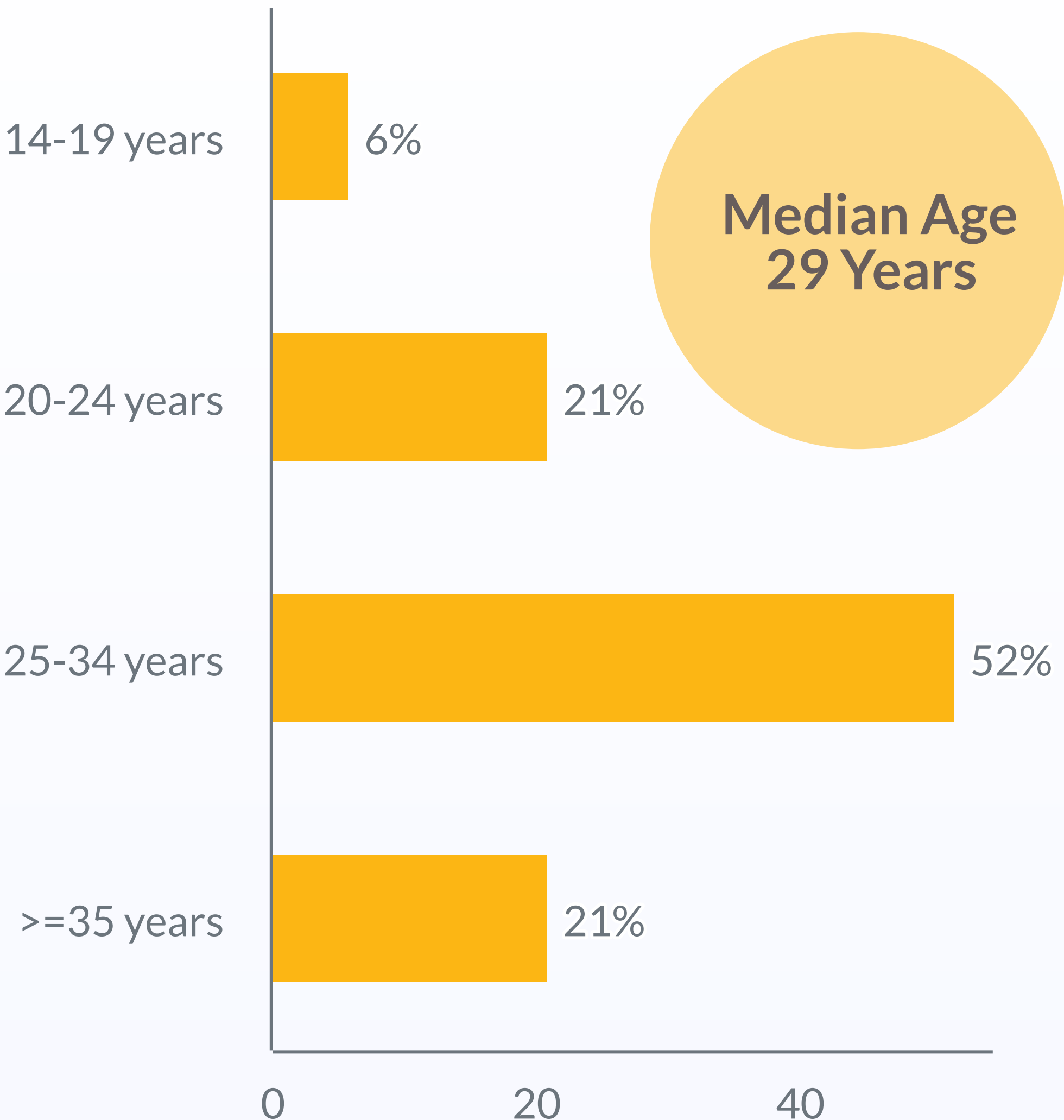


Childbearing Parent Characteristics

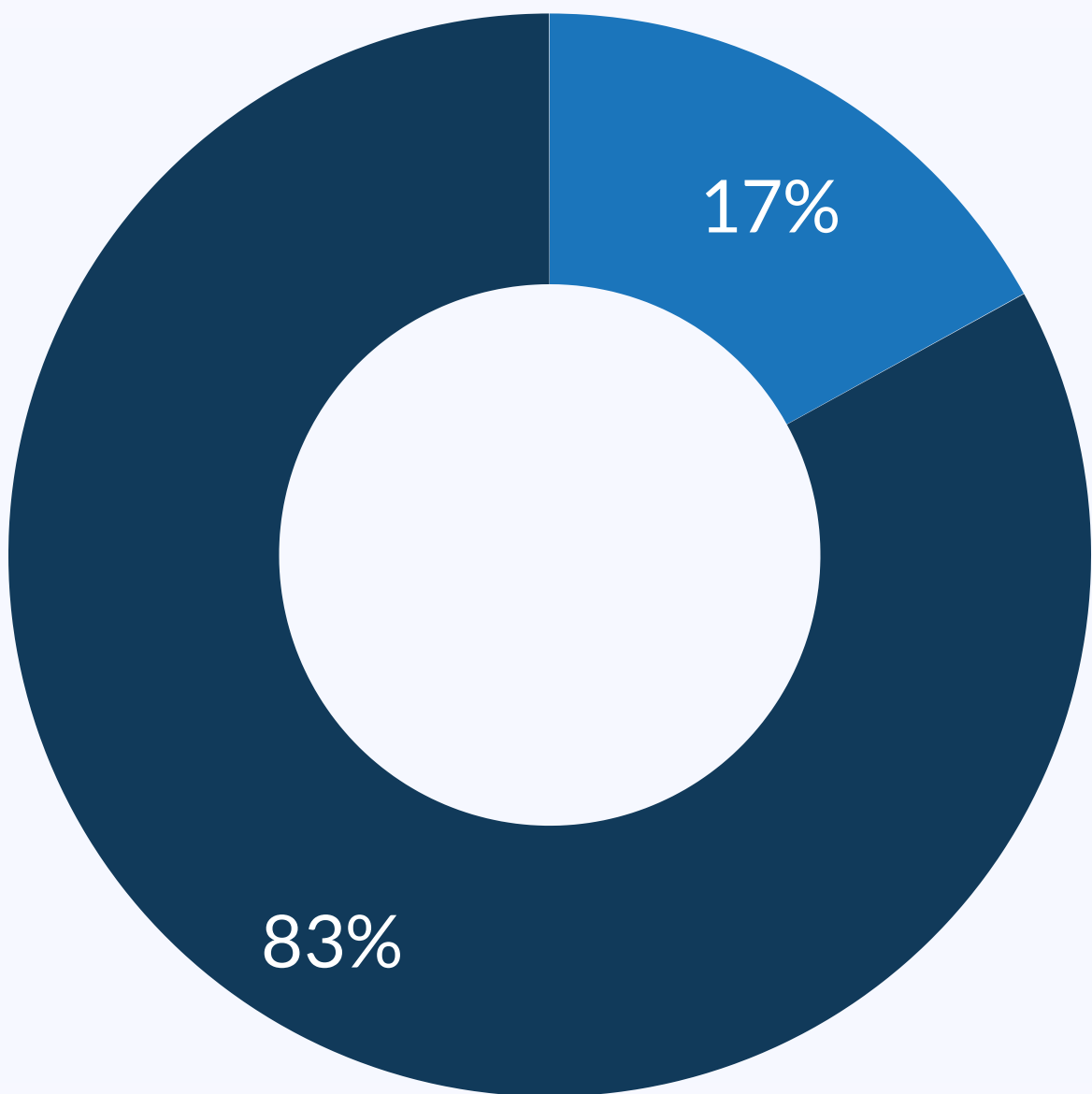
Race



Age at Delivery

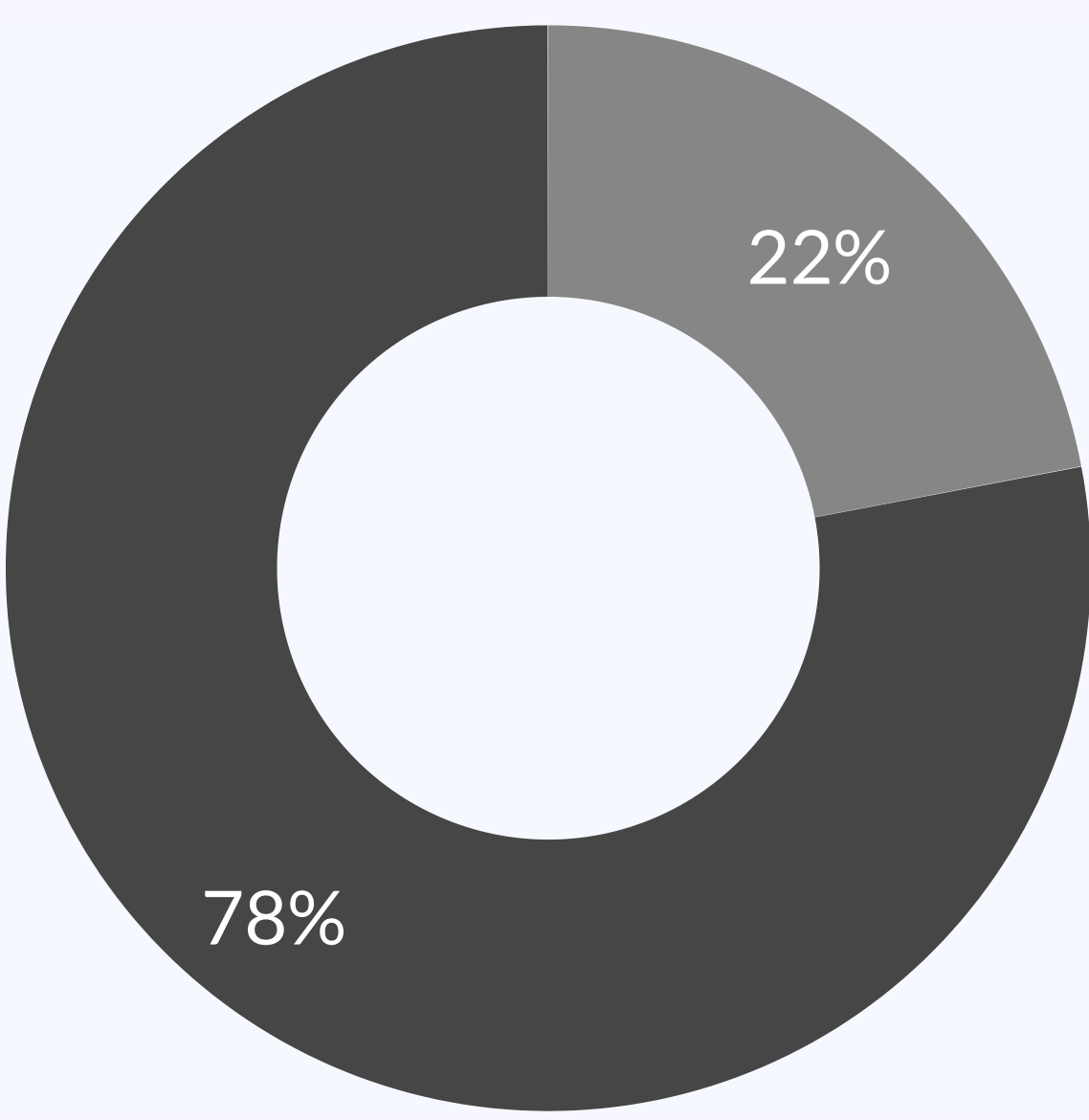


Hispanic



Yes (17%) No (83%)

Unintended Pregnancy



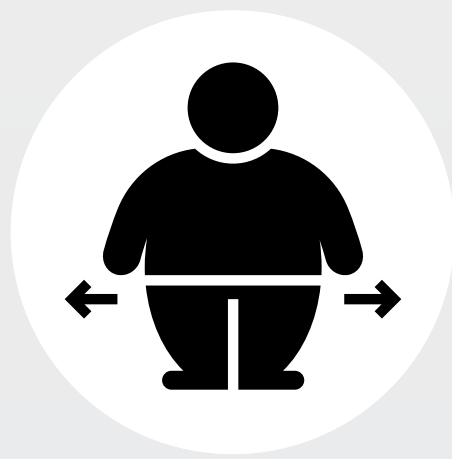
Yes (22%) No (78%)

Modifiable Risk Factors



Smoking

19% smoked during pregnancy



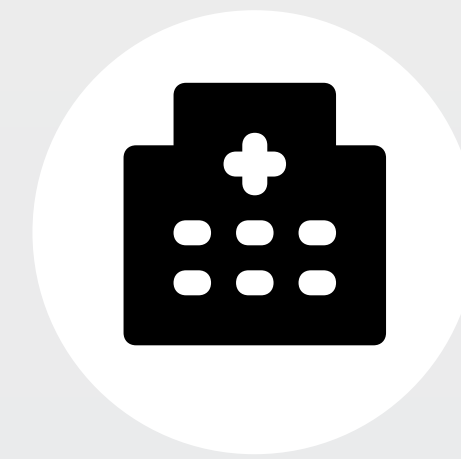
Obesity

43% had BMIs in the obese range



Illicit Substances

19% used illicit substances or alcohol during pregnancy



Prenatal Care

91% received prenatal care



Access

31% experienced access or barrier issues related to prenatal care



Health Education

33% reported health education on fetal movement monitoring



Home Visiting

21% reported lack of home visiting service even though eligible household



Multiple Stressors

In 17% of cases, parents have reported experiencing 3 or more family, economic or other stressors



Depression

13% reported depression during this pregnancy or any previous pregnancy

Non-Modifiable Risk Factors



First Pregnancy

26% first pregnancy



Medical Complications

49% had medical complication(s) in pregnancy that ended in stillbirth



Age

21% were 35 and older



Pregnancy Complications

Most common medical conditions in pregnancies that ended in stillbirth:

- Anemia (**13%**)
- Pre-eclampsia (**10%**)
- Placental abruption (**10%**)
- Gestational hypertension (**9%**)

Prevention Resources

1

Visit the National Center's guidance on reviewing Stillbirths for prevention information

https://ncfrp.org/wp-content/uploads/Stillbirth_Guidance.pdf

2

Star Legacy Foundation

<https://starlegacyfoundation.org/>

3

NICHD Resources for patients, families, and providers

https://www.nichd.nih.gov/health/topics/stillbirth/more_information/resources

4

Healthy Birth Day, Inc.
(Count the Kicks)

<https://healthybirthday.org/>

National Center for Fatality Review & Prevention Supporting Fetal and Infant Mortality Review and Child Death Review Teams

There are many ways to stay in touch with the National Center for Fatality Review and Prevention:



twitter.com/
NationalCFRP



facebook.com/
NationalCFRP



www.ncfrp.org



800.656.2434



info@ncfrp.org

This quick look was made possible in part by Cooperative Agreement Number UG728482 from the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) as part of an award totaling \$2,420,000 annually with 0 percent financed with non-governmental sources. Its contents are solely the responsibility of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

[1] These deaths have been reviewed and recorded into the NFR-CRS by participating fatality review teams. Some percentages may not add up to 100% due to rounding and small number suppression.

These data represent a smaller percent of the cases entered into the NFR-CRS. For more information about the data contained in this Quick-Look, please visit https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/NCFRP_Quick_Looks_Analysis.pdf