

What is a stillbirth?

A stillbirth is a baby that is born with no signs of life, weighing more than 1000g or with more than 28 completed weeks of gestation¹. The major causes of stillbirth include:

- ⓐ Complications during delivery
- ⓐ Maternal infections and disorders in pregnancy (malaria, syphilis, HIV, diabetes, hypertension)
- ⓐ Fetal growth restriction
- ⓐ Congenital abnormalities²

Around half of all stillbirths happen during labour, called an *intrapartum stillbirth*³, and the majority could be prevented with quality care around the time of birth from a skilled and competent health provider¹.

Intrapartum stillbirth rates are a measure of the quality of care at birth, although in many contexts there is a failure to adequately record pregnancy outcomes, especially if women do not deliver in a health facility³.

Stillbirths are a public health crisis in Tanzania

Around 47,000 babies are stillborn each year in Tanzania, the ninth highest number of stillbirths globally³. Almost half of these stillbirths (22,000) happen during delivery, indicating a critical need for better quality of care around birth³. Much more attention is needed to address the burden of stillbirths, through investments and interventions with additional mutual benefit for many newborns and mothers³.

What can be done in Tanzania?

Ending preventable stillbirths requires investing in and strengthening health services and obstetric care, through interventions that often overlap with those that benefit mothers and newborns, as well as ensuring there are skilled and equipped health workers to assist with every delivery. Specific steps to reduce stillbirths are:

- ⓐ Strengthening quality of care at birth, including increasing the proportion of women delivering with a skilled health worker, and ensuring availability of comprehensive emergency obstetric care¹
- ⓐ Scaling up basic newborn resuscitation initiatives (**Helping Babies Breathe**) for babies that are not breathing at birth – one Helping Babies Breathe study in Tanzania appears to show a reduction of one in four (24%) intrapartum stillbirths⁴
- ⓐ Ensuring each mother attends four antenatal visits for detection and management of complications, infections and disorders during pregnancy, and for identification and induction of labour in pregnancies over 41 weeks gestation¹
- ⓐ Malaria prevention interventions¹

In 2014 Tanzania committed to the Every Newborn Action Plan¹ and the Sharpened One Plan⁵. These strategies set out the priority solutions, and call for a united effort to dramatically reduce preventable stillbirths and maternal and newborn deaths. We must prioritise the evidence-based, cost-effective and feasible solutions in all health facilities that provide pregnancy and delivery services, as well as ensure better data collection on pregnancy outcomes to enable responsive action where it is most needed.

If the Sharpened One Plan is delivered, it could save 9,400 newborn lives and avert 2,500 stillbirths, and prevent 1,400 maternal deaths by December 2015⁵





Stillbirths in Tanzania

Number of stillbirths (2011)³	47,000
Number of intrapartum stillbirths (2011) ³	22,000
Country rank for number of stillbirths (2011)³	9th
Country rank for number of intrapartum stillbirths (2011) ³	8th
Stillbirths rate (2011)³	25.9 per 1000 births
Intrapartum stillbirths rate (2011) ³	12.0 per 1000 births
Country rank for stillbirths rate (2011)³	21st
Country rank for intrapartum stillbirths rate (2011) ³	24th
Antenatal care of four or more visits (2010)⁶	43%
Antimalarial drugs taken at antenatal care ⁶	68%
Skilled attendant at delivery (2010)⁶	51%
Primary health facilities providing basic emergency obstetric care ⁷	39%
Hospitals providing comprehensive emergency obstetric care⁷	73%

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