

Stillbirth Death in Fetus

Abstract

An increase in fetio-infant mortality is observed all over the world. The term stillbirth refers to a death of a fetus inside the uterus at 20 weeks gestation or more. Stillbirths are considered as the main factor to the continued increase in fetio-infant deaths. The reasons behind stillbirth is typically not reported. In several cases, the primary cause of death is unknown. The primary risk factors include being overweight, smoking, fetal-maternal hemorrhage, and increased maternal age.

Introduction

A pregnancy that ends in stillbirth can turn out to be devastating mentally to the mother, and her family. Stillbirth is widely defined as death of the fetus while inside the uterus at 20 or more weeks of gestation (Cartlidge et al., 1995). Information has been available regarding the protocols that assesses other kinds of postmortem check, though little has been accomplished on the assessment of the actual causes behind stillbirths (Mirlene et al., 2004). In fact, there is no protocol followed universally which is available in order to provide a guide on the actual assessment of stillbirths.

Stillbirth Categories

Various attempts were done in the classification of stillbirth causes. Baird, together with his colleagues, was among the very first researchers to categorize the potential causes of perinatal death. Based on the perinatal mortality survey, in 1958 Bonham and Butler have designed a scheme which classifies the results of these postmortem examinations. Among the most used widely is the 9 category system for classification which has been prepared by Wigglesworth and his colleagues (Wigglesworth, 1980).

A new scheme for classifying which does not involve the neonatal deaths was also proposed by Gardosi and colleagues. This was referred to as the ReCoDe scheme, focusing on the related conditions at the time of the fetus death inside the uterus. This may also include factors that affect the fetus, as well as the factors that affect the mother (Gardosi et al., 2005). In comparison to the classification of Wigglesworth, an amazing decrease in unclassified stillbirth was attained through this classification.

Conclusion

A number of both medical and nonmedical agents are equipped with the best ways on how to assess a stillbirth. The challenges faced by some obstetricians when it comes to providing a solutions include the fact that mostly, the reason behind the stillbirth is not known. At the same time, the magnitude of these deaths that result coming from a single reason is not exactly known. As such, a need for population based researched will help in attributing stillbirths to their particular etiologies. This means the need for experts studying in the field of perinatal pathology, along with the needed funds from the national level.

References

Ananth CV, Liu S, Kinzler WL, Kramer MS. (2005). Stillbirths in the United States, 1981-2000: An age, period, and cohort analysis. *Am J Public Health* 95:2213-7.

Cartlidge PH, Stewart JH., Effects of Changing the Stillbirth Definition on Evaluation of Perinatal Mortality Rates, *ncbi*, 346(8973): 486-8, 1995.

Cnattingius S, Stephansson O. (2002). The epidemiology of stillbirth. *Semin Perinatol* 26:25-30.

