Getting these tests done may provide useful information and can help with planning for your next pregnancy, even if the test results are negative. A post-mortem also allows researchers to gather data on causes of stillbirth with the aim of finding ways to prevent future fetal deaths.

What happens after delivery of the fetus?

Will I get to see my baby?

Yes, we encourage women and their families to see, hold and touch their baby, although this may be a difficult moment. You will also be offered to create memories (photos) or memorabilia for your baby if you wish to, as this has helped families cope with their loss.

Will I get to bury or cremate my baby if I choose to have a post-mortem?

A post-mortem does not prevent a family from spending time with their baby or opting to have a funeral, burial or cremation. A full post-mortem will usually take a few months and the team will then inform the parents about the collection of baby after. If your religion requires the burial to be conducted very soon after the delivery of the fetus, speak to your doctor to make arrangements.

Who else can I get support from after delivery?

While you are in the hospital, you will be linked up with the medical social worker. Moving on after a stillbirth is a painful process and recovery is often a path with many steps. Your partner, the baby's siblings and the extended family members may need support too. Speak to your doctor if you are feeling depressed as postpartum depression is common.

Will stillbirth happen again?

There is a 3% chance of it happening again in the next pregnancy. If a cause is found, your doctor will advise you about what can be done to prevent recurrence of a stillbirth. In most cases where no cause is found, the chances of you getting a healthy baby in the next pregnancy is very high.

There are few things you can do to reduce your risk of getting a stillbirth:

1. If you smoke, get support to quit as it puts you at higher risk of stillbirth and can harm your baby in other way.
2. Monitoring your baby's movements and patterns during pregnancy will help you notice any abnormality.
3. Attend regular antenatal follow-up appointments and scans with your doctor. These will help pick up any problems early.

Scan QR code to learn more about how to cope with pregnancy loss

Useful telephone number

Central Appointments 6294-4050

KK Women's and Children's Hospital
SingHealth

100 Bukit Timah Road
Singapore 229899
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KK Women's and Children's Hospital
SingHealth

Understanding Stillbirth

Stillbirth is one of the most devastating experiences anyone can go through. We are here to support you through this very difficult time.

Stillbirth is an unforeseen event where a baby is not alive when it is born after 24 weeks of pregnancy. It occurs in about one in every 200 to 300 pregnancies. Most often, a stillbirth is detected while the baby is in the mother's womb. However, it is sometimes not detected until labour is underway.

How is fetal death diagnosed?

Fetal death is usually confirmed by an ultrasound scan. Some women may have felt reduced fetal movements in the preceding days. Sometimes, the diagnosis may come as a surprise as there is usually no pain or vaginal bleeding. Passive movements (due to the baby turning around in the womb) may still be felt after a diagnosis is made.

What should I do now?

If there is no medical reason for the baby to be born immediately, you and your partner can take time to grief and decide when you want to deliver your baby. You may be given the option of waiting for labour to start naturally or being induced. Most women will go into labour within two weeks after fetal death is diagnosed. However, you may want to consider the following when making your decision:

- You may need to have blood tests done regularly to check on your health as you may develop blood clotting problems whilst waiting for labour to start. Beyond two weeks, the risk increases significantly and your doctor will advise an induction.

- If you decide to have a post-mortem for your baby, delaying the delivery of your baby may affect the results as your baby's condition will deteriorate in the womb. This also affects how your baby looks when he or she is born.

When you are ready, and have decided for induction of labour, you can discuss the methods to induce labour with your doctor. Tablets will usually be inserted into the vagina to initiate the process. If these tablets do not bring on an established labour, you may be given hormone medication through a drip in your arm.

What are the causes of stillbirth?

There is usually a lot of guilt and self-doubt after a stillbirth is diagnosed. In most instances, it could not have been prevented and it is not a result of something you did or did not do during the pregnancy. Additionally, in about 50% of cases, the cause of death of the baby cannot be established even after extensive investigation, which can be particularly hard for grieving parents who want to understand what happened to their baby. However, there are a number of possible causes of stillbirth as below:

1. **Placental failure and growth restriction.** The placenta provides nutrients (food) and oxygen for the baby in the womb. If the placenta does not function properly, the baby will not receive enough nutrients and oxygen and fails to grow (fetal growth restriction). Many babies affected by placenta failure seems healthy otherwise but are born smaller than expected. Growth restriction often requires a series of ultrasound scans for detection and diagnosis.

2. **Placental abruption.** In placenta abruption, the placenta peels away from the wall of the womb before the baby is born. This usually results in pain and/or vaginal bleeding and threatens the life of the baby. Placental abruption can be caused by a blow or impact to the stomach during a fall or road traffic accident. Women who have high blood pressure in pregnancy, smokers and cocaine abusers have an increased risk. Sometimes, placental abruption occurs without any clear reason.

3. **Infections.** One in 10 stillbirths happen because the mother contracts an infection. Infections may be asymptomatic in the pregnant women and hence undiagnosed. Blood tests and swab tests taken from the placenta after delivery may confirm the presence of infection.

4. **Chromosomal abnormalities or birth defects.** Between five to 10% of stillborn babies have chromosomal abnormalities. Other stillborn babies have structural defects which may or may not have been found on antenatal scans that can result from genetic, environmental or unknown causes.

5. **Others.** Umbilical cord issues such as cord prolapse (umbilical cord slips through the entrance of the womb), or umbilical cord wrapping itself around the baby's neck, certain medical conditions such as pre-eclampsia (high blood pressure in pregnancy), diabetes, obstetric cholestasis (liver disorder affecting pregnancy), pregnancy of advanced gestation after 40 weeks may result in stillbirth.

You will be offered some blood tests and evaluation of the fetus (post-mortem) and placenta to look for the above causes. There are many ways a post-mortem of the fetus can be carried out, either an extensive, limited or an external evaluation can be done. In some cases, karyotyping (study of the baby's chromosomes) and genetic testing may also be offered.

During a post-mortem, the baby is treated respectfully at all times, incisions are made sensitively, and kept as small as possible at the chest and at the back of the head. The baby's face, arms, legs, hands and feet are usually unaffected. After examination, the organs will be carefully returned to the baby's body and incisions stitched back, just as if it was an operation.