The Ongoing Silent Epidemic of Stillbirth

The United States is suffering from an ongoing silent epidemic: stillbirth. Stillbirth is the death of a baby in utero before or during delivery at 20 or more weeks. The most common cause of stillbirth includes placental issues, umbilical cord accidents, infections, and genetic or anatomic abnormalities.

Stillbirth is preventable, and with increased investment in research, such as is authorized in the Stillbirth Health Improvement and Education (SHINE) for Autumn Act we can work to ensure that another family doesn’t experience the pain of leaving the hospital without their newborn.

The Problem: Stillbirth is more common in the United States than is expected, approximately 23,000 babies are stillborn each year. COVID-19 has only increased the risk of stillbirth.

- Every day, 65 families leave the hospital without a baby in their arms
- There is a 90% increase of stillbirth risk for individuals delivering with COVID-19
- Fetal death certificates are the only national source of stillbirth data in the U.S., but not all stillbirths are recorded and not all information provided is correct

Racial and Ethnic Disparities are Prevalent: Research shows that stillbirth rates are significantly impacted by race, regardless of the mother’s income, education, or maternal/fetal age. Black individuals are two times more likely to experience a stillbirth than White individuals. In 2019, for every 1,000 births to:

- White mothers - 4.7 babies were stillborn
- Black mothers - 10.4 babies were stillborn

Solutions are Available: At least 25 percent of stillbirths are preventable

- Compared to other countries, the U.S. ranks 48 out of 49 in progress in reducing the rate of stillbirth
- 10% of stillbirths are due to genetic causes
- As many as 75% of US stillbirths could be prevented when compared to other developed countries
- Count the Kicks is an evidence-based campaign that has helped save babies in 26 states by educating expectant parents to track fetal movement in the third trimester.