



How can care providers talk about the risk of stillbirth?

It can be difficult for health care providers to discuss the risk of stillbirth. Research on health care decision-making suggests that one of the best ways to frame the risk of stillbirth is to use the following techniques (Perneger & Agoritsas 2011; Fagerlin et al. 2011).

1. Present risks in actual or “absolute” numbers (as opposed to relative risk)
2. Talk about both potential gains and losses
3. Offer a visual if possible
4. Focus on the absolute difference between two risks

So, in a real life situation, this might look like:

“At 41 weeks, out of 10,000 pregnant people, about 17 will have a stillbirth. This means 9,983 won’t have a stillbirth.”

See **Figure 1 (page 2)**.

“In comparison, at 42 weeks, out of 10,000 pregnant people, about 32 will have a stillbirth. This means 9,968 won’t have a stillbirth. Here is a picture to give you an idea of what this means.”

See **Figure 2 (page 3)**.

“So an extra 15 people out of 10,000 might avoid a stillbirth by being induced at 41 weeks. For the other 9,985 women, it won’t make a difference.”

Then circle/highlight the additional 15 to show the difference.

Note: This change in risk from 41 to 42 weeks is looking at the overall population and does not take into account having more or fewer risk factors for stillbirth. Other factors that increase the risk of stillbirth include:

- Racism, including the effects of prejudice and institutional racism
- Being pregnant with your first baby
- Fewer than four prenatal visits or no prenatal care
- Low socioeconomic status
- A body mass index (BMI) over 25 to 30
- Smoking
- Pre-existing diabetes
- Pre-existing hypertension
- Older maternal age
- Not living with a partner
- History of previous stillbirth
- Being pregnant with multiples

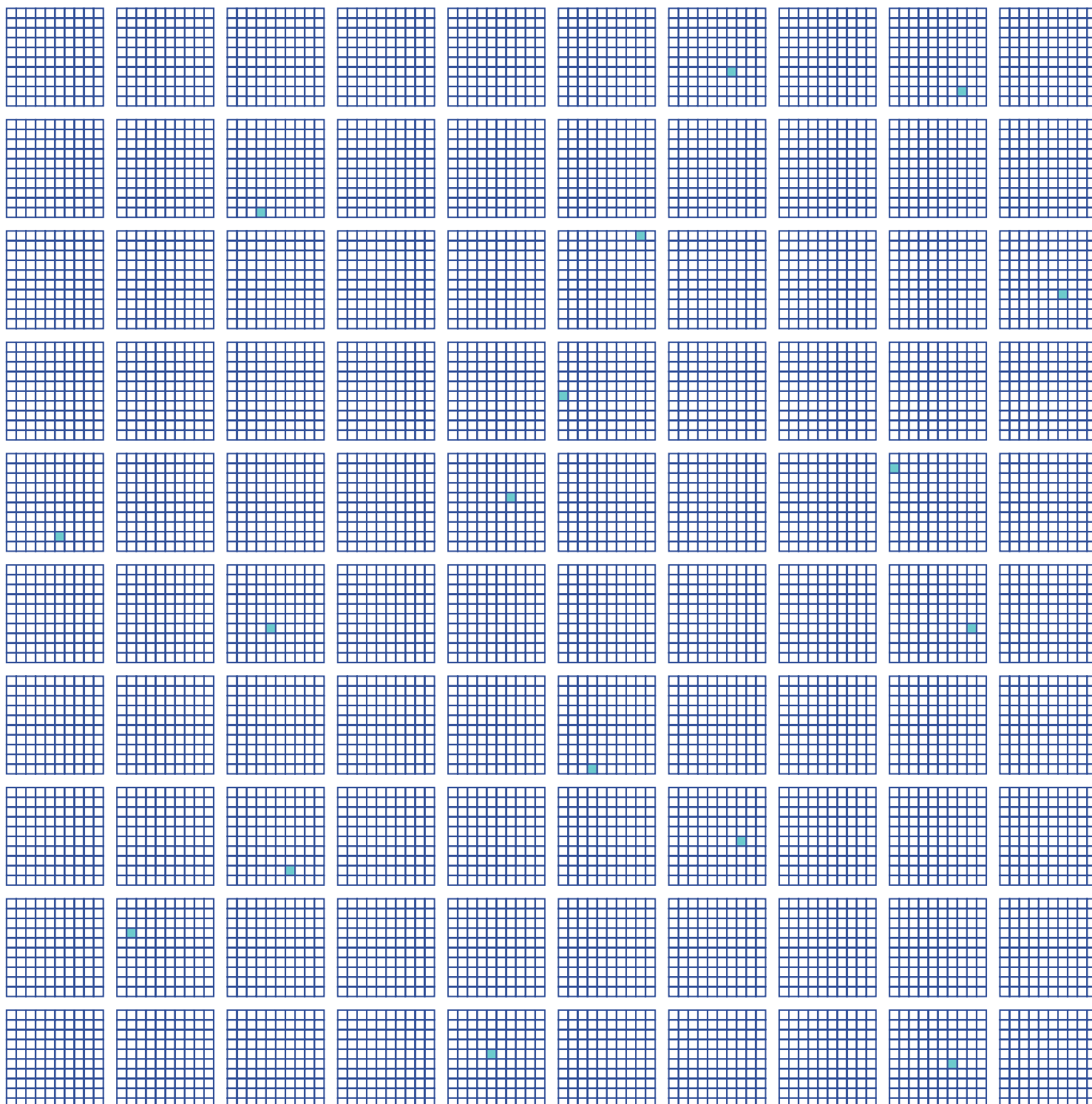
Of course, parents can still experience the stillbirth of a child even when none of these risk factors are present. As many as a third of all stillbirths that take place before labor have no known cause.

In the first study of its kind, researchers examined tissue from dozens of placentas and found increased signs of aging in one-third of the 41 and 42-week placentas. This emerging research suggests that for some mothers, their placental tissue may become less efficient at transporting nutrients to the baby and waste products away from the baby as it ages beyond 41 weeks.



By Rebecca Dekker, PhD, RN

Figure 1: Seventeen in 10,000





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Figure 2: Seventeen (turquoise) plus 15 (peach) in 10,000

