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| **ISA ISPID  Abstract Submission  Nº: 174**   |  | | --- | | Topics: **Stillbirth** | | Type: **Oral** | | **Optimal evaluation for stillbirth: Stillbirth Collaborative Research Network** | | **Page, Jessica**1 *1 - SCRN of the Eunice Kennedy Shriver NICHD.* | | **Introduction** The optimal evaluation for the determination of the cause of stillbirth remains uncertain. The cost of extensive evaluation has to be weighed against the diagnostic yield.  Thus, our objective was to determine the usefulness for each diagnostic test in the “work-up” for potential causes of stillbirth.  **Material and Methods** Secondary analysis of 512 stillbirths enrolled in the Stillbirth Collaborative Research Network (SCRN) from 2006 – 2008. The SCRN was a prospective, multisite, geographically, racially and ethnically diverse, population-based study of stillbirth in the U.S.   Cases underwent standard evaluation that included maternal interview, medical record abstraction, biospecimen collection, fetal autopsy, and placental pathology.  Also, a clinically recommended “work-up” was recommended that included karyotype, toxicology screen, syphilis serology, antibody screen, fetal-maternal hemorrhage testing, and testing for antiphospholipid antibodies.  In addition, additional testing was performed on biospecimens for research purposes.  Each case was assigned probable and possible causes of death using the INCODE classification system.  Tests were considered “useful” if a positive result established (or helped to establish) a cause of death or a negative result excluded a cause of death that was suspected based on the clinical history or other results.  **Results** Tests for possible causes of stillbirth were useful as follows: Placental pathology 64.6%, fetal autopsy 42.4%, genetic testing 11.9%, testing for antiphospholipid antibodies 11.1%, fetal-maternal hemorrhage 6.4%, glucose screen 1.6%, parvovirus 0.4% and syphilis 0.2%. Based on cause of death some tests were more useful when performed in a reflexive manner (i.e. based on findings from placental pathology and postmortem exam) such as tests for antiphospholipid antibodies, fetal-maternal hemorrhage, parvovirus and syphilis.  **Conclusions** The most useful tests were placental pathology and fetal autopsy, followed by genetic testing and testing for antiphospholipid antibodies. | |  |  |  |  | | --- | --- | | **CONTACT** | | | Name: | **Jessica** | | Lastname: | **Page** | | E-mail: | **jessica.page@hsc.utah.edu** | | Country: | **USA - United States of America** | | Institution | **SCRN of the Eunice Kennedy Shriver NICHD** | | Cellphone: |  | | City: |  | |