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| Topics: **Stillbirth** |
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| **Care in subsequent pregnancies following stillbirth: an international survey of parents** |
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| **Introduction** The risk of stillbirth and other pregnancy complications is increased for parents with a previous stillbirth. Pregnancies subsequent to stillbirth are also laden with intense anxiety, fear, and other complex emotional responses. While it is clear that parents require specialised clinical care and emotional support in pregnancies subsequent to stillbirth, there is little evidence to inform the management of these pregnancies. This study investigated the frequency of additional care, and parents’ perceptions of quality, respectful care, in pregnancies subsequent to stillbirth.  **Material and Methods** Data were obtained from a multi-language, web-based survey of parents. Data were analysed using descriptive statistics and stratified by geographical region. Subgroup analyses explored variation in care by gestational age at index stillbirth.  **Results** A total of 2,716 parents from 40 high- and middle-income countries responded (female = 2507; male = 204; gender not stated = 5). Additional antenatal care visits and ultrasound scans were provided for 67% and 70% of all parents, respectively, although there was wide variation across geographical regions. Care specifically addressing psychosocial needs was less frequently provided, such as specialist antenatal classes for bereaved parents (3%), visits to a bereavement counsellor (10%), and access to named care provider’s phone number (27%). Compared to parents whose stillbirth occurred at 29 weeks’ gestation or less, parents whose stillbirth occurred at 30 weeks’ gestation or greater were more likely to receive various measures of care in the subsequent pregnancy, particularly the option for early delivery after 37 weeks. Only around half (47-63%) of all parents felt that elements of quality, respectful care were consistently applied, such as listening to parents, spending enough time with parents, and involving parents in decision-making.  **Conclusions** Care in pregnancies subsequent to stillbirth appears inconsistent. Greater attention is required to providing thoughtful, empathic, and collaborative care in all pregnancies following stillbirth. Training for health professionals providing care in pregnancies subsequent to stillbirth is needed. |
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