**Abstract Submission  
  
Nº: 138**

|  |
| --- |
| Topics: **Stillbirth** |
| Type: **Oral** |
| **Stillbirth: the Reality and Challenges in Georgia** |
| **Sharabidze, Natia**1; **Abuladze, Manana**1 *1 - Women's Rehabilitation Association.* |
| **Introduction** **Background:**Stillbirth is an important issue in developing countries in terms of public health. The number of stillbirths has been decreasing in the last few years throughout Georgia.     The number of such cases has decreased by 34% since 2006. The rate of stillbirth in 2013 was 9.7 per 1000 births, in 2014 the rate was 10.4 (data of the National Center of Disease Control).   The regulations concerning registration of stillbirth cases vary in the world. In Georgia, a case is considered as stillbirth if the gestational age of the fetus exceeds 22 weeks. The following research was carried out by the researchers of Women’s Rehabilitation Association. **Objectives:** 1. Identification of challenges present in the field of children’s and maternal health; 2. Studying the causes of stillbirth based on revision of medical documentation; 3. Formulation of recommendations based on the analysis of data obtained.  **Material and Methods** The study of medical documentation of stillbirth cases from 2008 up to 2013 was done at two maternity hospitals in Tbilisi that were selected at random. From 2013, stillbirth was studied across the entire country. The studying of medical documentation was done with the help of a special survey. Epi-info 3.5.1 was used for data analysis. Pregnant patients were divided according to their gestational age into following groups:  22-27 weeks and 28 weeks or above. The results were also divided into two groups: the results based on the data from 2008 to 2012 and a separate group for 2013.  **Results** From 2008 to 2012, in 56.5% of cases studied, the pregnancy was terminated at 22-27 weeks and in 43.5% after 28 weeks. In 2013, 33% of studied pregnancies were terminated at 22-27 weeks, 40% at 28-36 weeks and in 27% of cases the termination took place after 37 weeks or more. The research identified the following as the main causes of stillbirth: preeclampsia, rhesus isoimmunization, fetal growth restriction and fetal genetic/structural abnormalities. The research also showed the following problems: incomplete filling of medical documentation, late identification of a pathology and its insufficient management in antenatal care, absence of patanatomical study in stillbirth cases.  **Conclusions** The following actions need to be taken: creation and implementation of unified medical documentation and a national guideline, study of placental and umbilical cord pathology in all cases of stillbirth, suggestion of an autopsy, raising awareness and providing information about stillbirth to women of reproductive age. |
|  |

|  |  |
| --- | --- |
| **CONTACT** | |
| Name: | **Natia** |
| Lastname: | **Sharabidze** |
| E-mail: | **natiasharabidze@yahoo.com** |
| Country: | **Georgia** |
| Institution | **Women's Rehabilitation Association** |
| Cellphone: | **+995 599621111** |
| City: | **Tbilisi** |