**ISA ISPID  
  
Abstract Submission  
  
Nº: 175**

|  |
| --- |
| Topics: **Stillbirth** |
| Type: **Oral** |
| **Causes of clinically unexplained stillbirths referred for full post mortem examination to a perinatal centre in the United Kingdom between 2009-2015** |
| **Cabrera, Maria Sol**1; **Blythe, Claire**2; **Peres, Cesar**2; **Cohen, Marta**2 *1 - Hospital Ramos Mejia. 2 - Sheffield Children's Hospital.* |
| **Introduction** Stillbirths are the largest contributor to perinatal mortality. It is considered that 1/200 babies are born dead, corresponding to 5.2 per 1000 of total births. The overall adjusted stillbirth rate in the United Kingdom is 3.9 per 1000.  Postmortem examination of the baby and placenta has the highest diagnostic yield of all investigations. The Relevant Condition at Death (ReCoDe) classification is used to identify the relevant condition at the time of death in utero. The hierarchy starts from conditions affecting the fetus and moves outwards in anatomical groups, which are subdivided into pathophysiological conditions. We analysed a cohort of clinically unexplained stillbirths with the aim to determine the Relevant Conditions at Death identified after full post mortem examination.  **Material and Methods** Reports for consecutive post mortem examinations from stillbirths referred to the Sheffield Children’s Hospital during 2009 - 2015 were reviewed. In line with the CEMACH definition, only stillbirths above of a weight 500 g and/or 24 gestational weeks were selected. The analysis was restricted to cases in which the cause of the stillbirth was unexplained to the obstetric team. Termination of pregnancies, cases with a known fetal or maternal condition causing intrauterine fetal death and limited or minimally invasive postmortems were excluded.  **Results** 394/2590 (15%) of all postmortem examinations conducted at SCH between 2009 and 2015 corresponded to clinically unexplained stillbirths. After the full post mortem, the causes were allocated to: fetal:17 (4,3%); umbilical cord: 57 (17,3%); placental disc: 218 (66,3%); amniotic fluid: 54 (16.4 %); maternal: 23 (5,8%) and unclassified in 25 (6,3%) cases.  A significant proportion of the cases had intrauterine growth restriction as an associated factor. Main placental abnormalities corresponded to small placentas, maternal vascular underperfusion, umbilical cord coiling abnormalities and abnormal feto-placental ratio.  **Conclusions** Placental conditions (including umbilical cord and amniotic fluid) are a major cause of stillbirth, responsible of 329/394 (83.5%) of clinically unexplained stillbirths. A significant proportion of the cases had intrauterine growth restriction as an associated factor.  A full post mortem examination is still the gold standard to help identify the cause of a stillbirth, as a relevant condition was identified in 98% of these cases. |
|  |

|  |  |
| --- | --- |
| **CONTACT** | |
| Name: | **Marta** |
| Lastname: | **Cohen** |
| E-mail: | **Marta.Cohen@sch.nhs.uk** |
| Country: | **UK - United Kingdom** |
| Institution | **Sheffield Children's Hospital** |
| Cellphone: | **+44 1142717486** |
| City: | **Sheffield** |