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| Topics: **Stillbirth** |
| Type: **Thematic Panel** |
| **The placenta and stillbirth** |
| **Scheimberg, Irene** 1 *1 - Royal London Hospital UK.* |
| **Objectives of the session** Obstetric conditions and placental pathology are the most common causes of stillbirth, defined in the UK as fetal death at 24 weeks gestation or later. Some countries include foetuses between 22 and 24 weeks gestation. The placenta should be examined in all cases of stillbirth. Different studies identify significant findings in 53 to 98% of placentas depending the age of the fetus. This symposium will consider the placental lesions found in macerated and fresh stillborn foetuses.  **Aims:** The following placental causes of stillbirths will be presented: 1.      Inflammation (Dr Bhumita Vadagama, Southampton University Hospital) 2.      Maternal hypertension and preeclampsia (Dr Jerzy Stanek, Cincinnati Children’s Hospital) 3.      Maternal diabetes and other conditions (Dr Irene Scheimberg, The Royal London Hospital)) 4.      Acute causes of stillbirth (speaker to be confirmed)  **Content of the session** Dr Vadagama will discuss placental inflammation, including ascending vaginal infections and hematogenous infections that result in acute chorioamnionitis and funisitis and acute villitis respectively. She will also discuss chronic placental inflammation including viral infections and villitis of unknown etiology. She will discuss the etiology and pathogenesis of inflammation, the histological features and the mechanisms by which they cause stillbirth.   Dr Stanek will discuss placental lesions due to maternal hypertension and pre eclampsia and the role of these lesions, not only in stillbirth but also in intrauterine growth restriction, which constitutes a risk for sudden infant death as well as stillbirth.   Dr Scheimberg will discuss the role of other maternal diseases in stillbirth and the placental lesions encountered in maternal diabetes mellitus as well as other placental conditions associated with stillbirth such as massive perivillous fibrin deposition and mesenchymal dysplasia.  **Method and extent of audience participation** The final part of the symposium will be dedicated to acute causes of stillbirth, frequently presenting as intrapartum death such as umbilical cord problems and placental abruption.  **Proposed content area and why it is important to participants** Irene Scheimberg, Royal London Hospital UK |
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