Fetal Death Syndrome,
IUFD (Intrauterine Fetal Demise)
(STILLBORN)

About one percent of normal, uncomplicated pregnancies end in fetal death. It is considered a fetal death when it occurs after the 20th week of pregnancy. It is considered a miscarriage when a fetal death occurs in the first 20 weeks. The mother's health is usually not in danger. Usually, there is nothing that can be done to prevent it.

CAUSES & RISK FACTORS

- Often the cause is unknown.
- Examination of the stillborn fetus after delivery may show an abnormality in the umbilical cord. An exam my also show a problem with the placenta or fetus. These problems may include infections or a variety of birth defects and genetic disorders.
- The pregnancy continues for 42 weeks or later (*post term pregnancy*).
- Conditions in the mom such as diabetes, high blood pressure, and numerous other medical, physical or poor lifestyle choices (illegal drugs, alcohol, smoking) increase the risk for fetal death. Often, however, risk factors are unknown.
- Multiple pregnancies (twins or more) increase the risk of fetal death.

SYMPTOMS

- The mother may not notice symptoms in the early stages of pregnancy. Learning what is wrong (*diagnosis*) is based on:
  - The loss of baby's heart sounds.
  - The lack of increasing belly (*abdominal*) growth.
  - Ultrasound studies which suggest death of the fetus.
- In later stages of pregnancy, a woman may be aware of changes in the fetal movement (kicks), or that the movement has stopped.

POSSIBLE COMPLICATIONS AFTER HAVING A FETAL DEATH

- Disseminated intravascular coagulation (DIC) is a problem with blood clotting. This can result in severe bleeding and rarely develops late after fetal death.
- Infection of the products of the pregnancy (fetal materials).
- Increase bleeding from retained fetal parts or placenta.

TREATMENT

- **Treatment should be accomplished within 2 weeks of the discovered fetal death.**
- To confirm the fetal death, diagnostic tests are done such as:
  - X-rays.
  - Ultrasound.
  - Amniotic fluid studies (looking at the fluid in the sac surrounding the baby).

- Most women, on learning that their fetus is dead, prefer early removal of the contents of the womb (*uterus*). In the first three months of pregnancy (*first trimester*), this is usually done by D and C or with suction curettage. Suction curettage is a technique used to remove the dead fetus and other tissue of the pregnancy from the uterus. It uses an instrument somewhat like a straw, connected by tubing to a machine, that your caregiver uses to suck out the dead contents of the uterus. **NOTE:** Suction curettage may be done in the second and third trimester after delivery of the dead fetus only to make sure there is no placental tissue left in the uterus but not to suction out the fetus.
- In the second trimester, treatment is more frequently accomplished with high doses of a drug, prostaglandin E (Prostin) suppositories or in combination with laminaria (as specialized seaweed product that absorbs moisture and expands to gradually stretch and open the cervix). Prostin (T) causes labor to start.

- In the third trimester, it may be accomplished with laminaria and misoprostol vaginal suppositories to induce labor. It may also be done with the drugs intravenous oxytocin plus prostaglandin E.
- If there was an infection involved with the fetal death, you will be given an antibiotic. You will be given Rho-gam if you are Rh negative and the baby is Rh positive (a vaccine to prevent Rh problems with a future pregnancy). An additional treatment option is to wait for spontaneous labor, which usually occurs within 2 weeks, but may be longer. This is called *expectant therapy*.
- Following removal of the products of the pregnancy, the stillborn fetus is usually examined by a specialist (*pathologist*) to determine if problems are present that may reoccur in another pregnancy. This can help plan future pregnancies. That planning will also include treatment which will best guarantee a good outcome in future pregnancies.
- Your caregiver can also help you deal with feelings of loss, guilt, loneliness, anxiety, and hostility. Family and friends can be helpful. If severe grief lasts longer than several months, professional counseling may be helpful. Joining a grief support group may be useful.
- Any medicines prescribed will depend on the type of treatment received.

Other problems can be cared for with your caregivers. There may be discussions on whether or not to see, touch or photograph the infant, whether to name the infant, what to do with the remains (burial or cremation), and holding religious services.

HOME CARE INSTRUCTIONS

- Restrictions are usually not necessary unless associated with the delivery choice.
- Sexual intercourse should be avoided for 4 to 6 weeks. Starting another pregnancy should be delayed several months, or as suggested by your caregiver.
- Do not use tampons or douche.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver. Do not take aspirin it can cause you to bleed. Call your caregiver for a prescription for stronger pain medication if you need it.
- No special diet is necessary unless you have diabetes or other medical problems that require a special diet.
- Take showers instead of baths until your caregiver tells you it is OK.
- Ask your caregiver when you can return to driving and to your everyday activities.
- Make an appointment with your caregiver for follow up care.

SEEK MEDICAL CARE IF:

- You develop abnormal vaginal discharge.
- You develop a temperature 100 ° F (37.8° C) or higher.
- You are getting dizzy and faint.
- You are feeling depressed.

SEEK IMMEDIATE MEDICAL CARE IF:

DURING PREGNANCY:

- You are pregnant and fail to gain weight, or your abdomen is not increasing in size.
- Your unborn child appears to have less movement or stopped moving. Keep your medical conditions under control.
- Avoid illegal drugs, alcohol and smoking.
- Maintain a good diet, rest and exercise.

AFTER DELIVERY:

- You have heavy vaginal bleeding.
- You have chills and fever.
- You have chest pain.
- You have shortness of breath.
- You have pain or swelling or redness of your leg.

- Following the death of a fetus, you or a family member need help or emotional support in coping with the grief process.

PREVENTION

- Eliminate any of the causes, if possible, that were found after evaluating the fetus.
- Control any medical problems you may have before or during the pregnancy.
- Avoid illegal drugs, alcohol and smoking.
- Maintain good prenatal care and follow your caregiver's treatment and advice.
- Report any concerns or unusual changes you notice during your pregnancy.
- More frequent prenatal visits may be necessary with the next child.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 12/18/2006 Document Re-Released: 03/14/2011
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