

Preventing Stillbirth in Canada: A Need for a Coordinated National Action Plan

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ABSTRACT

Stillbirth remains a persistent and overlooked issue in Canada, with approximately 3200 cases annually. Despite advancements in health care, rates have not improved in decades, highlighting the need for a coordinated national response. Contributing factors include maternal health conditions, systemic health care disparities, and inadequate data collection. Successful international models demonstrate that evidence-based interventions can reduce stillbirth rates. Canada must adopt standardized definitions, improve data tracking, promote public awareness, and ensure equitable health care access. A national action plan is imperative to provide compassionate support for affected families, breaking the silence and addressing preventable stillbirth.

RÉSUMÉ

Évaluée à environ 3 200 cas par an, la mortinaissance reste un problème persistant et négligé au Canada. Malgré les progrès réalisés dans le domaine de la santé, aucune amélioration du taux n'a été observée depuis des dizaines d'années, ce qui souligne la nécessité d'une réponse nationale coordonnée. Parmi les facteurs contributifs, notons les problèmes de santé maternelle, les disparités du système de santé et la collecte de données inadéquate. Certains modèles internationaux ont réussi à démontrer que des interventions fondées sur des données probantes peuvent réduire le taux de mortinaissances. Le Canada doit adopter des définitions normalisées, améliorer le suivi des données, promouvoir la sensibilisation du public et garantir un accès équitable aux soins. Il est impératif d'établir un plan d'action

national pour soutenir les familles touchées avec empathie, briser le silence et lutter contre la mortinaissance évitable.

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INTRODUCTION

There are nearly 2 million stillbirths every year—1 every 16 seconds—and over 40% of all stillbirths occur during labour: a statistic highlighting an issue often overlooked, even in high-income countries like Canada.¹ Stillbirth, the death of a baby at or after 20 weeks of pregnancy, profoundly impacts parents and families. Despite advancements in health care, Canada's stillbirth rates have remained stagnant for decades, underscoring the urgent need for action. It is time to prioritize the prevention of stillbirths through evidence-based strategies, comprehensive data collection, and compassionate care.

THE PERSISTENT CHALLENGE OF STILLBIRTH IN CANADA

In Canada, approximately 3200 stillbirths occur annually; a rate of 8.9 per 1000 total births.² Despite Canada being a high-income country, the rate of stillbirth has not improved over the past 20 years and has increased over the past 10 years.² The factors that contribute to stillbirth are multifaceted, often involving a combination of factors ranging from maternal health conditions, lifestyle factors and systemic issues.³ Racial and socio-economic disparities exacerbate the problem, with

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marginalised communities experiencing disproportionately higher rates of stillbirth.^{3,4}

The psychological, social, and economic impacts of stillbirth on parents can be profound and long-lasting and grief that results after a stillbirth is complex and unique.⁵ Bereaved parents are at a higher risk of depression, anxiety, post-traumatic stress disorder, and relationship difficulties.⁶ Parents who experienced stillbirth reported that their grief may not be legitimized by health professionals, family and society and reported feeling isolated and that their identity as parents was not recognized by society; they were parents, but without a child and reported that relationships with others had changed irrevocably.⁶ Fathers often feel marginalized, and mothers report societal stigma that isolates them further.^{6,7} However, despite these profound consequences, stillbirth remains a hidden tragedy, shrouded in stigma and silence. The voices of affected families must be amplified to drive meaningful change.

The economic impact of stillbirth is also significant.⁸ Parents face direct costs such as medical expenses and funeral arrangements, alongside indirect costs like lost wages and long-term mental health care. A national framework is essential not only to prevent stillbirths but also to provide equitable support for grieving families.

LEARNING FROM GLOBAL SUCCESS STORIES

Other high-income countries have successfully reduced their stillbirth rates, offering Canada valuable lessons. The United Kingdom's "Saving Babies' Lives Care Bundle" and Australia's "National Stillbirth Action and Implementation Plan" have achieved measurable success by focusing on public awareness, data-driven interventions, and standardized clinical practices.^{9,10} These initiatives emphasise monitoring fetal movements, managing maternal health conditions, and addressing social determinants of health. These and other national programs demonstrate that coordinated, evidence-based efforts can save lives. Canada must adopt similar measures tailored to its unique demographic and health care landscape. Health care is a provincial jurisdiction that hinders a national approach; we must find a way around this barrier.

BRIDGING DATA GAPS: A PREREQUISITE FOR PROGRESS

One of the most significant barriers to stillbirth prevention in Canada is the lack of accurate, comprehensive data. Variability in definitions and reporting practices across provinces and territories hampers national-level analysis

and policy-making decisions. For instance, some provinces define stillbirth based on gestational age, while others use birth weight criteria, leading to inconsistencies. Furthermore, outdated definitions and underreporting obscure the true scale of the problem.

A standardized national definition of stillbirth, aligned with international standards, is essential to enable accurate data collection, and facilitate targeted interventions and resource allocation. Canada needs a National Stillbirth Registry. A centralized database to monitor trends, identify risk factors, and assist provinces in developing prevention strategies is needed. Canada needs to leverage technology, such as electronic health records and advanced data analytics, to further enhance its ability to predict and prevent stillbirths.

PRIORITIZING EQUITY IN HEALTH CARE

Addressing disparities in health care access is critical for reducing stillbirth rates. Indigenous women, women in rural and remote areas, and those from low-income or immigrant communities face significant barriers to quality prenatal care. These inequities result in poorer maternal and fetal health outcomes.

Targeted interventions are needed to bridge these gaps. Providing culturally safe and trauma-informed care, expanding access to midwifery services, and ensuring timely referrals to specialists are needed. Community-based programs and mobile health initiatives can bring prenatal care to underserved areas, empowering women to monitor their health and seek timely medical attention. Moreover, public health campaigns must be inclusive, providing information in multiple languages and formats to reach diverse populations.

THE ROLE OF PUBLIC AWARENESS AND EDUCATION

Public awareness campaigns are crucial for demystifying stillbirth and promoting preventive measures. Many expectant mothers are unaware of the importance of monitoring fetal movements or recognizing warning signs. Educating the public about these aspects can empower women to seek care promptly, potentially saving lives. Campaigns should also aim to destigmatize stillbirth, encouraging open discussions and providing platforms for bereaved families to share their stories. Breaking the silence surrounding stillbirth is vital for fostering empathy and understanding, which, in turn, can drive public and political support for preventive initiatives.

ENHANCING HEALTH CARE PROVIDER TRAINING

Health care providers play a pivotal role in preventing stillbirths and supporting affected families. However, many providers report insufficient training in managing stillbirths and delivering bereavement care. Continuous professional development programs, grounded in the latest evidence, are essential to equip providers with the skills needed to identify risk factors, conduct timely interventions, and offer compassionate care.

Training should also address implicit biases and promote culturally competent care. For example, Indigenous women often face systemic racism in health care settings, which can delay or compromise their access to quality care. By fostering an inclusive, patient-centred approach, health care providers can build trust and improve outcomes for all women.

ESTABLISHING A NATIONAL ACTION PLAN

Canada urgently needs a National Action Plan for Stillbirth Prevention. This plan should set ambitious but achievable targets, such as reducing stillbirth rates by 20% within 5 years. Key components should include:

1. **Standardized Definitions and Data Collection:** Establish a consistent national definition of stillbirth and implement a centralized registry to track cases and inform policies.
2. **Public Awareness Campaigns:** Educate the public on fetal movement monitoring, risk factors, and the importance of timely medical care.
3. **Equity-Focused Interventions:** Address disparities in health care access through targeted programs and culturally safe care.
4. **Health Care Provider Training:** Enhance training on stillbirth prevention, risk factor management, and bereavement care.
5. **Research and Innovation:** Invest in research to identify modifiable risk factors and develop predictive tools, such as biomarkers, to detect pregnancies at risk.
6. **Family Support Services:** Provide comprehensive bereavement care, including counselling and support groups, to help families cope with their loss.

CONCLUSION: A CALL TO ACTION

The loss of over 3000 babies annually to stillbirth in Canada is a tragedy that demands urgent attention. By adopting evidence-based strategies, learning from international best practices, and addressing systemic inequities, Canada can reduce its stillbirth rates and support affected families. This is not just a health care issue; it is a moral imperative to prevent avoidable tragedies and honour the lives lost to stillbirth. It is time for Canada to break the silence, prioritize prevention, and take bold steps towards ending the hidden crisis of stillbirth. The families who have suffered this devastating loss deserve nothing less.

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