

# **Study of prevalence & causes of stillbirths at a tertiary hospital.**

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## ***Abstract***

**Pregnancy complications, including anaemia, eclampsia and other hypertensive disorders, antepartum and intrapartum haemorrhage, abnormal fetal position, breech presentation and obstructed labour significantly increase the odds of stillbirth. Present study was aimed to study prevalence & causes of stillbirths at a tertiary hospital. Material and Methods: Present study was retrospective, case record-based study, conducted in cases of intrauterine death which were diagnosed during the antenatal period as well as intrapartum deaths. Results: During study period, among total 4279 birth, 98 stillbirths were observed, prevalence of stillbirth was 22.9 per 1000 total births. In majority of cases, 21-30 years age group (91.08 %), gravida  $\leq$  2 (71.43 %) & preterm (80.61 %). Majority required induction of labour (67.35 %), delivered vaginally (88.78 %). Majority of stillbirth neonates were male (56.57 %), had birth weight less than 2.5 kg (81.82 %). Common risk factors noted were hemoglobin less than 9 gm % (50 %), hypertensive disorders of pregnancy (41.84 %) (pre- eclampsia - 31.63 %, gestational HTN 7.14 % & eclampsia 3.06 %), hypothyroidism (15.31 %), antepartum hemorrhage (11.22 %), history of infertility (10.2 %), history of febrile illness in last 7 days (5.1 %), overt diabetes mellites (4.08 %), GDM (3.06 %), jaundice (3.06 %), Rh incompatibility (1.02 %) & multiple pregnancy (1.02 %). Common noticeable causes of stillbirth were hypertensive disorders of pregnancy (23.47 %), antepartum hemorrhage (11.22 %), multifactorial genetic cause (11.22 %), overt diabetes mellites (3.06 %), infections (3.06 %), GDM (2.04 %) & jaundice (2.04 %). Among majority of cases, causes of stillbirth were unknown (43.88 %). Conclusion: Common causes of stillbirth were hypertensive disorders of pregnancy, antepartum hemorrhage, multifactorial genetic cause, overt diabetes mellites & infections.**

### **Keywords:**

stillbirth hypertensive disorders of pregnancy antepartum hemorrhage antenatal care