



CHANCE OF A HEALTHY PREGNANCY OUTCOME AFTER PREVIOUS PREGNANCY LOSS BEYOND 16 WEEKS

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BACKGROUND

- Stillbirth can be defined as an intrauterine fetal death at ≥ 24 weeks of gestation (1,2).
- The UK has one of the highest stillbirth rates and has previously been ranked 33rd highest out of 35 high-income countries in Europe (3).
- A previous stillbirth poses increased risks in subsequent pregnancies such as pre-eclampsia and placental abruption (4,5).
- There is limited information regarding subsequent pregnancy outcomes after stillbirth.
- In clinical practice, parents commonly ask **about their chances of having a healthy baby in the following pregnancy**. This critical figure has not been clearly reported and remains an area of further clarification.

AIMS & OBJECTIVES

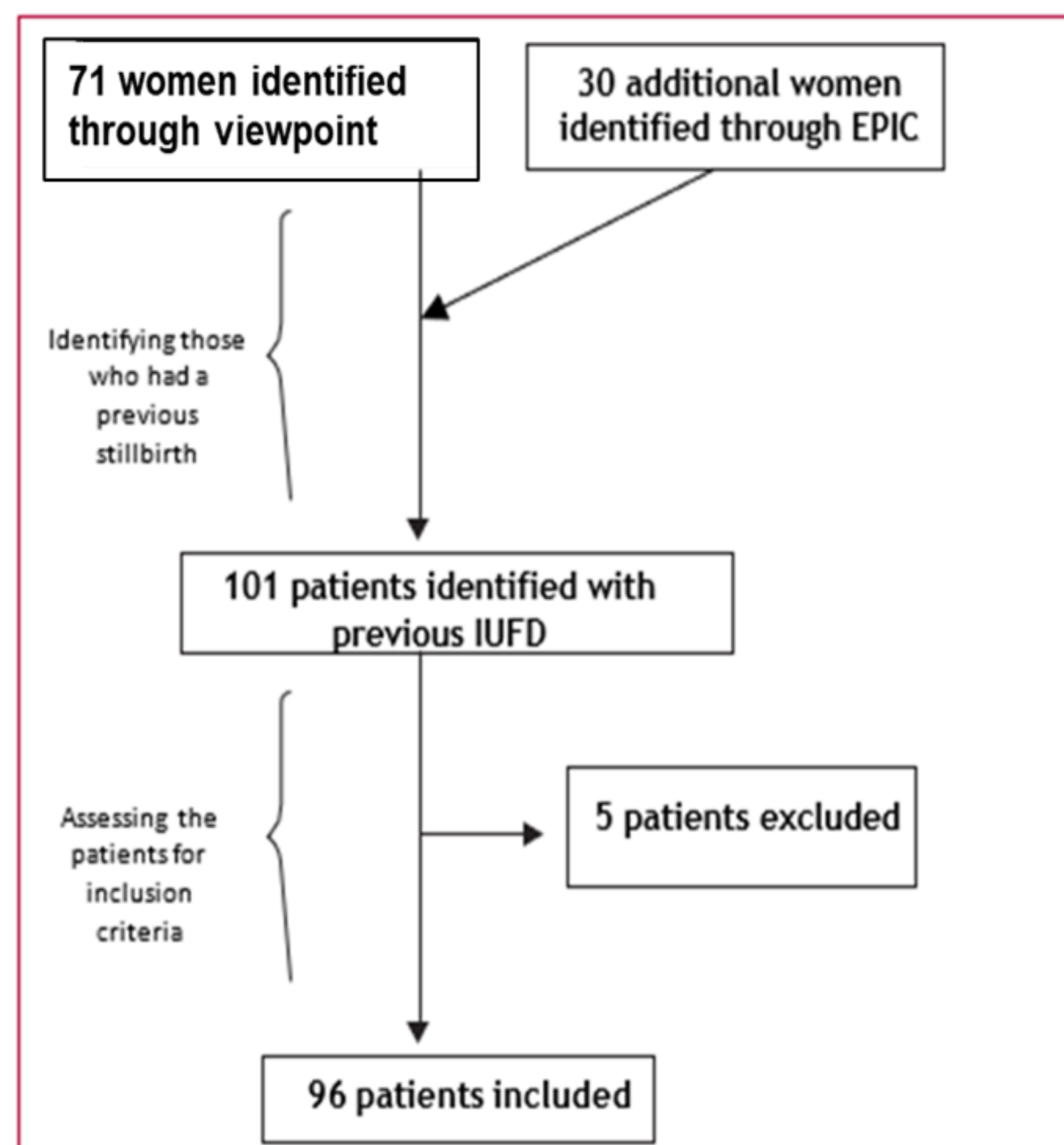
We **aim** to conduct a retrospective study of women attending a tertiary centre by evaluating pregnancy outcomes in the subsequent pregnancy after an intrauterine fetal death (IUFD).

Our **objectives** were to:

- Establish the percentage of women, who have had a previous IUFD, who then have a healthy subsequent pregnancy without placental complications.**
- Investigate the occurrence of a recurrent IUFD, preterm birth, and any placental complications of pregnancy in these women.

METHODS

Figure 1: Flow chart for patient ascertainment

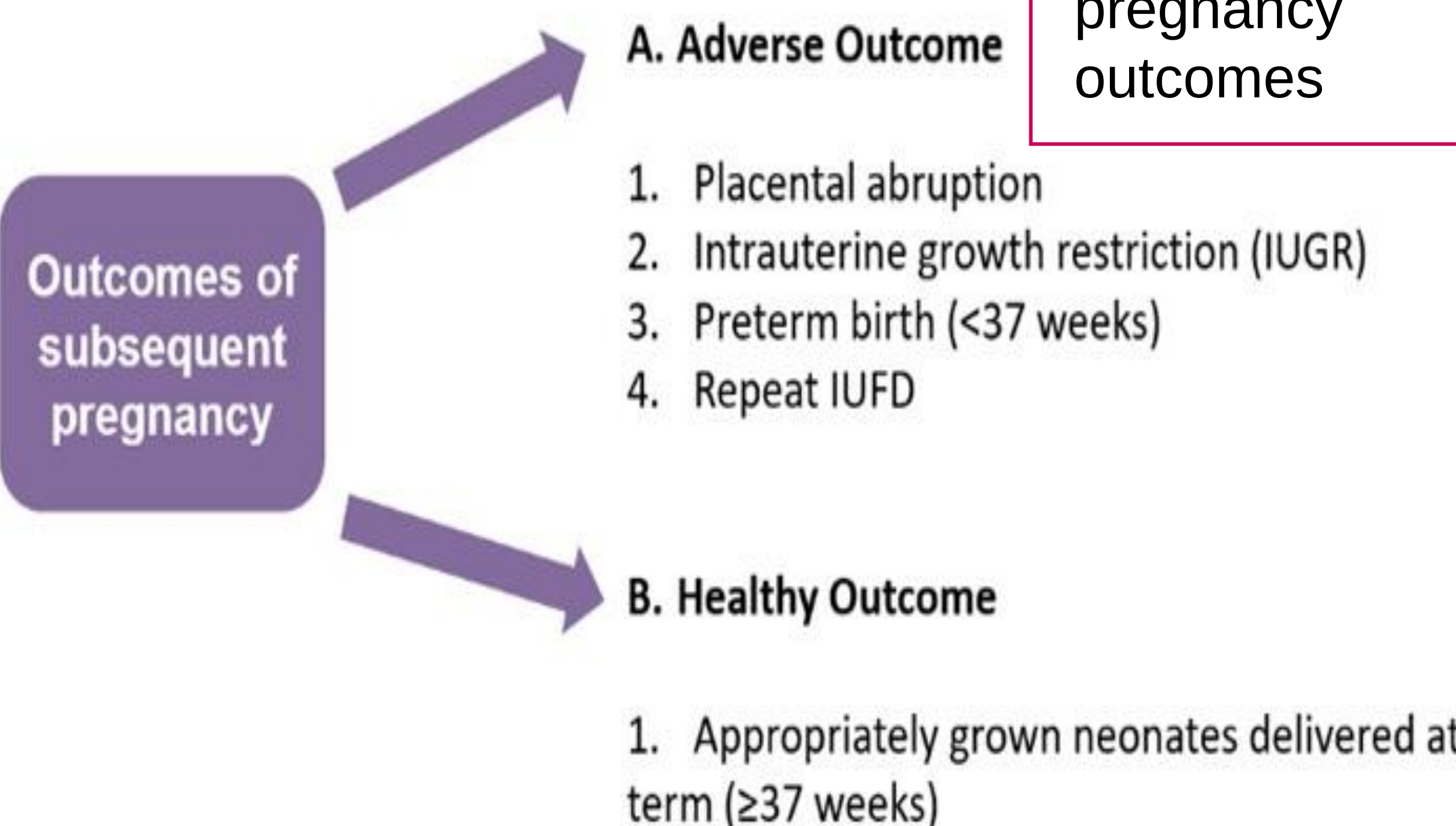


Inclusion criteria:

- Women with an **IUFD ≥ 16 weeks** before **31st March 2019** **and** who then had a subsequent pregnancy delivering between the **31st March 2019 – 1st April 2021** at our hospital

Exclusion criteria:

- Women in subsequent pregnancies without well-documented pregnancy outcomes



In our study, we defined a healthy outcome as a woman without any of the complications mentioned **1-4**.

RESULTS

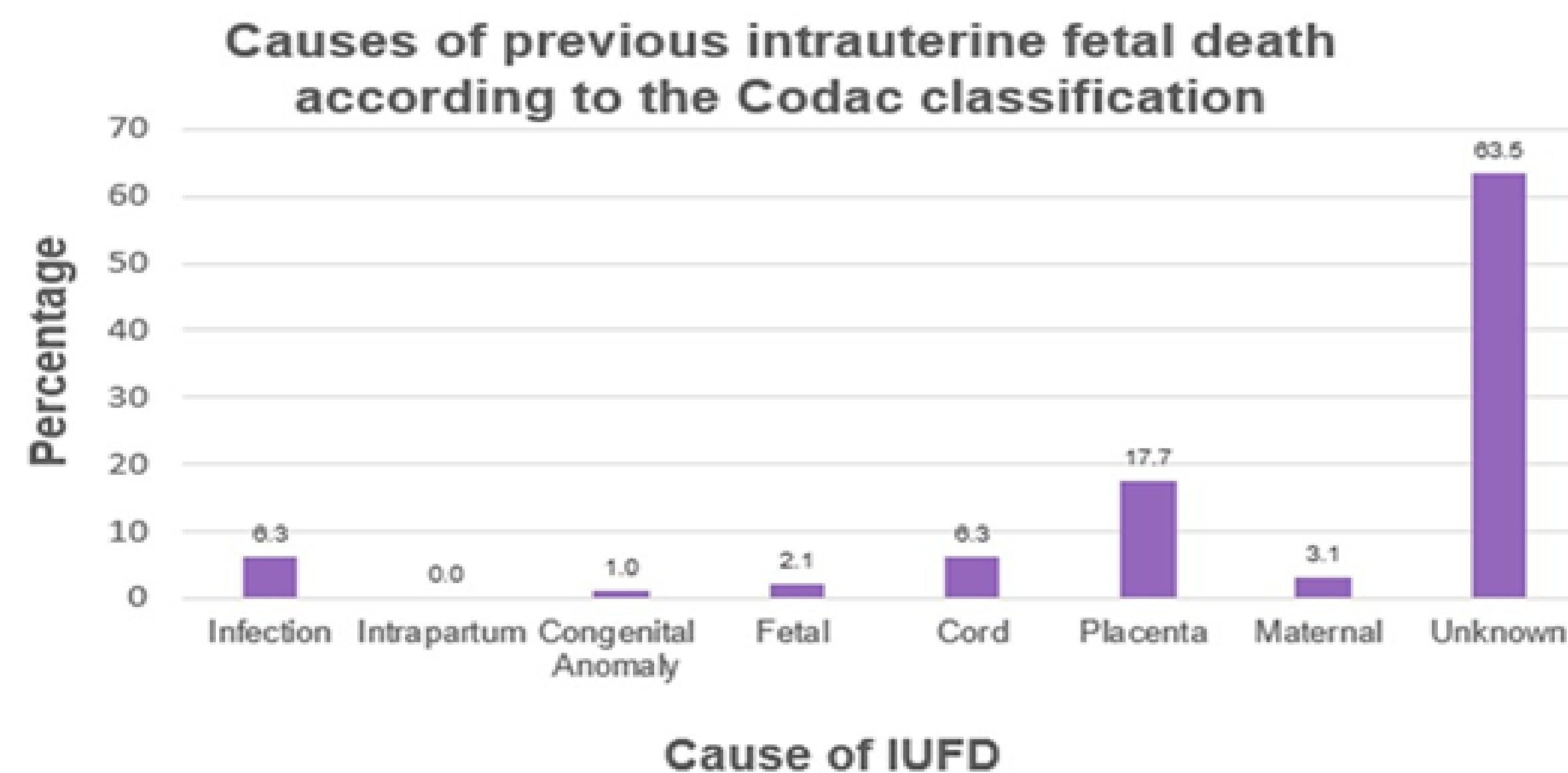


Table 1 details the causes of the previous IUFDs. **63.5%** of women had an unknown cause of an IUFD in their previous pregnancies. Despite extensive investigations taking place no definitive cause could be established.

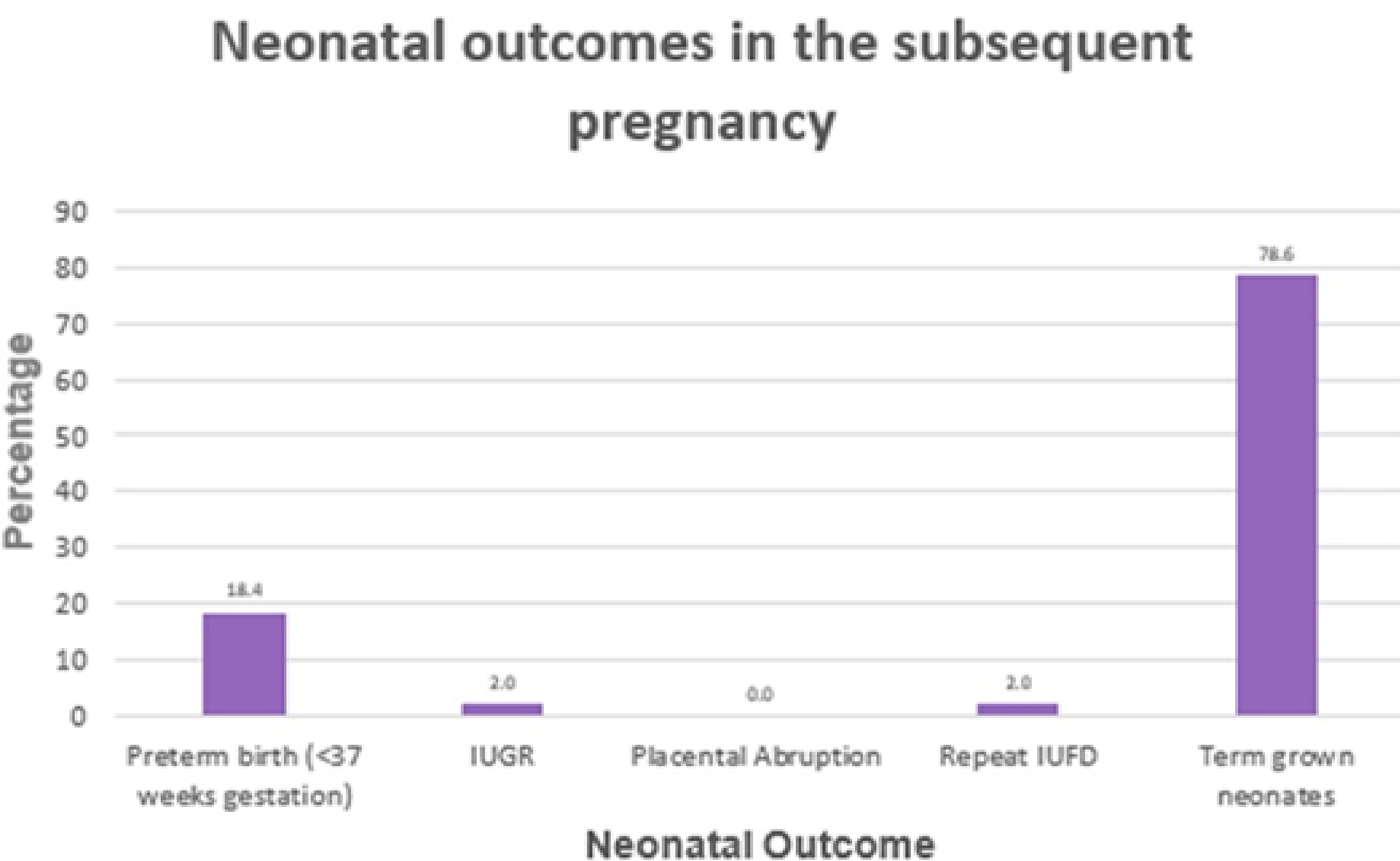


Table 2 shows the neonatal outcomes. **78.6%** of women took home an appropriately grown neonate delivered at term, without any major health complications in the subsequent pregnancy. Two women (**2.0%**) had a recurrent stillbirth. The biggest adverse outcome faced was preterm birth, in which **83.3%** cases were iatrogenic. Overall, **76 women** had healthy outcomes whilst **20 women** had adverse outcomes.

CONCLUSION

78.6% of women who had a previous IUFD had a healthy subsequent pregnancy. These results should provide comfort to couples who have experienced IUFD ≥ 16 weeks and are contemplating another pregnancy. There was a **low level of stillbirth recurrence** in this study. Further research is needed to assess the varied risk factors between those who had healthy and adverse outcomes in their subsequent pregnancies.

TAKE HOME MESSAGE

- Women who have a previous IUFD ≥ 16 weeks have a high chance, **78.6%**, of delivering a healthy baby, in the subsequent pregnancy.
- A preterm birth is the biggest adverse outcome in these women.

REFERENCES

- Lamont K, Scott NW, Jones GT, Bhattacharya S. Risk of recurrent stillbirth. Med J [Internet]. 2015 [cited 2021 Apr 30]; 22:22. Available from: <https://www.jstor.org/stable/10.2307/26522055>
- Da Silva FT, Gonik B, McMillan M, Keech C, Dellicour S, Bhange S, et al. Stillbirth: Case definition and guidelines for data collection, analysis, and presentation of maternal immunization safety data. Vaccine [Internet]. 2016 Dec 1 [cited 2021 May 6];34(49):6057–68. Available from: <https://pubmed.ncbi.nlm.nih.gov/214969>
- Flenady V, Middleton P, Smith GC, Duke W, Erwich JJ, Khong TY, et al. Stillbirths: The way forward in high-income countries [Internet]. Vol. 377, The Lancet. Elsevier B.V.; 2011 [cited 2021 May 6]. p. 1703–17. Available from: <https://pubmed.ncbi.nlm.nih.gov/214969>
- Heinonen S, Kirkinen P. Pregnancy outcome after previous stillbirth resulting from causes other than maternal immunization conditions and fetal abnormalities. Birth [Internet]. 2000 [cited 2021 May 7];27(1):33–7. Available from: <https://pubmed.ncbi.nlm.nih.gov/10865558>
- Bhattacharya S, Prescott GJ, Black M, Shetty A. Recurrence risk of stillbirth in a second pregnancy. BJOG An Int J Obstet Gynaecol. 2010 Sep;117(10):1243–7