

	H08 - STILLBIRTH IN THE PREHOSPITAL ENVIRONMENT	
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NOTES
<p>1. Stillbirth is defined by the US Centre for Healthcare Statistics as a fetus delivered after 20 weeks gestation with no signs of life. Delivery before 20 weeks is defined as a miscarriage or spontaneous abortion.</p> <p>Stillbirths are divided into early (20 to 27 weeks), late (27 to 37 weeks), and term (37 weeks or later) categories.</p> <p>Term stillbirth is further subdivided into antepartum (occurring before the onset of labour) and intrapartum (occurring during labour).</p> <p>2. Infants that are born very early are not generally considered to be viable until after 24 weeks gestation, where the survival rate in the best of environments (minimal birth trauma, immediate access to neonatal intensive care) is about 50 percent.</p> <p>Case reports of survival of infants born between 22 and 24 weeks gestation are sporadic, and usually have not resulted from out of hospital delivery in remote settings.</p> <p>However, the youngest reported surviving fetus was born at 21 weeks, while smallest surviving preemie (born at 23 weeks) was 245 grams, about the size of a half-pound of butter.</p> <p>3. Pregnancy dating can be challenging, and even <u>discrepancies of 1 to 2 weeks can have profound implications for survival</u>.</p> <p>Unless a pregnancy has been conceived by assisted reproductive technology where the exact date of fertilization or implantation can be identified, determining fetal age is accurate only to within 3 to 5 days in the first trimester, and plus or minus up to two weeks subsequently.</p> <p>4. The baby's appearance at the time of birth is not always an accurate predictor of survival. The later in pregnancy that stillbirth occurs, the less likely there will be signs of maceration or decay. Clinical findings such as fused eyelids or translucent skin can be very difficult for an inexperienced clinician to identify, are not universally present, and can be seen in viable births (eg. congenitally fused eyelids). DO NOT RELY ON THESE.</p> <p>5. Differentiating a stillborn neonate from an apneic and pulseless (but viable) newborn is challenging even for neonatal experts. This is even more difficult in the chaos of a prehospital delivery.</p> <p>6. Unless it is known with certainty that the fetal age is less than 20 weeks, initiating newborn resuscitation will allow more time for information to be gathered and on-line medical support to be consulted.</p> <p>If resuscitation is successful, further decisions about continuing care then can be deliberated when further information, including prognosis and parental views, is available.</p> <p>7. Be aware that witnessing a stillbirth or performing newborn resuscitation, even if successful, can be emotionally daunting for paramedics.</p>