

**BASIC INFORMATION****DESCRIPTION**

Fetal death occurs for no apparent reason in a normal pregnancy, or in pregnancies complicated by maternal or fetal disease. It is a devastating experience for the mother and her family. It happens in about 1% of pregnancies and is considered a fetal death (rather than miscarriage) when it occurs after the 20th week of pregnancy or if the fetus weighs over 500 grams. The mother's health is usually not jeopardized.

FREQUENT SIGNS AND SYMPTOMS

- Signs and symptoms of pregnancy may subside.
- Frequently, no symptoms occur in fetal death. The diagnosis initially is based on the absence of fetal heart tones and the lack of uterine growth. Ultrasound studies will confirm the diagnosis.
- In later stages of pregnancy, a woman may be aware of changes in the fetal movement (kicks) or that the movement has stopped.

CAUSES

- Only rarely is the exact cause of the death obvious.
- In some cases, examination of the stillborn fetus shows an abnormality in the umbilical cord, or a problem with the placenta or the fetus. These problems include infections plus a variety of birth defects and genetic disorders.

RISK INCREASES WITH

- Some maternal conditions which are known to increase the risk for fetal death, but in most cases, risk factors are unknown.
- Multiple pregnancy.
- Advanced maternal age.
- Substance abuse; tobacco and cocaine use.
- Certain thrombophilic disorders; other maternal disorders.

PREVENTIVE MEASURES

There are no specific preventive measures known.

EXPECTED OUTCOME

- The outcome will vary with the timing of the fetal death. Spontaneous labor often occurs within 2 weeks. Additional treatment options are available.
- Both parents will go through a period of grief, which is the process of adapting to such a loss. Mothers, sometimes more than fathers, suffer from feelings of guilt and helplessness. Your medical support team also shares the emotions of loss.
- If a fetal death has occurred in a multiple pregnancy, careful monitoring and specialized care will be necessary to assure the well-being of the surviving fetus.
- Medical care in subsequent pregnancies will be individualized depending on the needs of the patient and the cause of the previous fetal death if an explanation was discovered. More frequent office visits may be appropriate and special tests may be indicated to help provide reassurance and to achieve a normal pregnancy outcome.

POSSIBLE COMPLICATIONS

- Disseminated intravascular coagulation (DIC), a disruption of blood clotting mechanisms that can result in hemorrhage or

internal bleeding, which may rarely develop relatively late after fetal death.

- Infection.

**TREATMENT****GENERAL MEASURES**

- Ultrasound is the main diagnostic test to confirm fetal death.
- Most women, on learning that their fetus is dead, prefer early evacuation of the uterus. In the second trimester, it is frequently accomplished with prostaglandin E (Prostin) suppositories, or suction curettage in combination with laminaria (a sterilized seaweed product that absorbs moisture and expands to gradually stretch the cervix). In the third trimester, it may be accomplished with the suction curettage in combination with laminaria or with intravenous oxytocin plus prostaglandin E. In rare situations, abdominal surgery (hysterotomy) may be necessary.
- An additional treatment option is to wait for spontaneous labor which usually occurs within 2 weeks, but may be longer. This is termed expectant therapy.
- Examination of the stillborn fetus is usually performed to help determine any problems that might prove helpful in consideration and planning of subsequent pregnancies.
- Other issues to be explored by the parents with the help of the medical care team: whether or not to see, touch or photograph the infant; whether to name the infant; disposition of the remains (burial or cremation); and holding religious services.
- Parental feelings of loss, guilt, loneliness, anxiety and hostility should be acknowledged and faced. Family and friends can help with sympathetic listening and close physical comforting. If severe grief lasts longer than several months, professional counseling is recommended. Both parents are urged to join a grief support group (available in most communities).

MEDICATION

Any medicines prescribed will depend on the type of treatment received. Medicines to suppress lactation are no longer available. Ice and pressure may help provide comfort.

ACTIVITY

- Restrictions are usually not necessary unless associated with the delivery option.
- Sexual intercourse should be avoided for 4 to 6 weeks. Delay starting another pregnancy for about 6 months.

DIET

No special diet.

**NOTIFY OUR OFFICE IF**

- You are pregnant and fail to gain weight or your abdomen is not increasing in size.
- Your unborn child appears to have stopped moving.
- Following the death of a fetus, you or a family member need help or emotional support in coping with the grief process.