Letter to Editor

Stillbirth Researches in India; Current Scenario and Challenges

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Dear Sir,

Stillbirths constitute a major part of perinatal deaths, yet they largely remain invisible. Worldwide about 2.65 million babies were stillborn [1]. Out of these, about 98% of the third- trimester stillbirths occurred in low-income and middle-income countries [1]. However, most of the high-quality epidemiological studies on stillbirth are conducted in high-income countries, leading to a 10/90 gap in health research; where only 10% of the research is conducted in low and middle-income countries which suffers from 90% of the burden [1, 2]. This gap is much wider in low-income countries, where very few studies have been conducted [3]. Hence, better information on the extent of stillbirth, its causes, and risk factors is needed from low- and middle-income countries for a better planning of prevention programmes. Furthermore, this this should be in line with global system of classification so that the data can be compared [1, 2, 4].

Globally, India has been ranked first in the absolute number of stillbirths [4, 5].

However, the Sample Registration System (SRS) of India recorded stillbirth rate to be only 5 per 1000 births in 2013 [6].

Whereas, Blencowe et al (2016) estimated it to be 23 per 1000 live births [5]. A wide range of variation in stillbirth rate (12.5 to 26.48) has been reported across various states of India [7–11]. The health sector reforms brought under National Health Mission aimed to achieve a rapid decline in the rate of deaths among infants and children under 5 years of age, especially in states where the health access and indicators were found to be poor [12, 13]. However, a major challenge in India is that majority of the states could not achieve any further progress in reduction of perinatal and neonatal mortality rates [12]. Within the infant mortality, more than two third of deaths occur during perinatal period of life [12]. One of the predominant reasons for perinatal mortality is attributed to stillbirth. Since before 2005, about 60% of deliveries were not conducted in the institutions, there was a gross under reporting of still births in India. However, in the present scenario where institutional delivery has reached more than 75% and there is an opportunity to investigate every stillbirth in the institutions where delivery services are provided [12]. Any further strategies focusing on reduction of infant and neonatal mortality need to understand the factors in the present scenario. Recently, Government of India set a target for bringing down the stillbirth rate to single digit by 2025 (National Health Policy 2017)

[13]. In response to commitment to the 67th World Health Assembly held in May 2014, the India New-born Action Plan (INAP) was launched in India to end preventable new born deaths and stillbirths by 2030 [12,14]. To achieve these targets, we need to have multi-level surveillance systems such as government-based surveillance system, independent surveillance system; and evidence such as systematic reviews and meta-analysis on a regular interval, in order to create a valuable repository of evidence to progress further. Unfortunately, researches in India are giving less importance to this much important issue. This may be because, researches of stillbirth need a wide range of population-based coverage, robust methodology and more commitment [15]. As a positive move, India has also identified fifty nationwide stillbirth surveillance sites and published a common guideline to encourage stillbirth surveillance and research in 2016 [16]. But their performance and output are still awaited. India has already missed the MDG (Millennium Development Goals) on perinatal death reduction [12, 13]. This is the ideal time for the government as well as leading research organizations to concentrate on this important issue, without which India may unfortunately once again miss the National Health Policy 2017 and INAP Goals.

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