

Frequently Asked Questions

What is stillbirth?

When a [fetus](#) dies in the [uterus](#) after 20 weeks of pregnancy, it is called [stillbirth](#).

How is stillbirth diagnosed?

Sometimes stillbirth happens before labor begins. A woman may notice that the fetus has stopped moving, or an [obstetrician–gynecologist \(ob-gyn\)](#) may not find the fetus’s heartbeat at a prenatal visit. If there are concerns about your pregnancy, an [ultrasound exam](#) may be done. If a heartbeat cannot be found, it means the fetus has died in the uterus.

Stillbirth also can happen during labor, but this is rare, especially when [electronic fetal monitoring](#) is used. Continuous monitoring of the fetus during labor can help find problems so that an ob-gyn can take steps to help prevent stillbirth.

What are the options for delivery after stillbirth?

You and your ob-gyn will talk about the best options for delivery. In the second [trimester](#), a procedure called [dilation and evacuation \(D&E\)](#) can be considered. Later in the second trimester and in the third trimester, labor induction also may be an option for delivery after stillbirth. The decision depends on your health and the stage of your pregnancy.

What causes stillbirth?

Unfortunately, the reasons for most stillbirths are unknown. Some potential causes of stillbirth include

- a birth defect or genetic disorder
- growth problems of the fetus, which can happen when there are problems with the placenta, the pregnant woman's circulation, or the health of the woman
- infections in a pregnant woman
- medical conditions in a pregnant woman
- complications during labor and delivery
- problems with the umbilical cord

What infections can cause stillbirth?

Some infections can cause illness in a pregnant woman and increase the risk of fetal death. For some illnesses, a fetus's life can be at risk even if the woman has mild symptoms or no symptoms at all. Examples of infections that increase the risk of fetal death include

- parvovirus
- cytomegalovirus (CMV)
- syphilis
- listeria
- malaria

What medical conditions can cause stillbirth?

Some medical conditions in the woman can be a factor in stillbirth, including

- high blood pressure
- kidney disease
- diabetes mellitus
- lupus
- antiphospholipid syndrome (APS)

- [intrahepatic cholestasis of pregnancy](#)

Can complications during labor and delivery cause stillbirth?

Yes, some complications during labor and delivery can increase the risk of stillbirth.

These complications may include

- problems with the placenta or umbilical cord
- lack of [oxygen](#) to the fetus
- infection

These problems are unlikely to happen if labor is monitored closely.

Can the cause of a stillbirth be found?

After a stillbirth, it is normal to want to find a cause. This is not always possible, but some steps can be taken to find the most likely cause.

Medical history. A history of your pregnancy and any problems or illnesses that you had should be documented. A family history also may be taken to look for possible genetic disorders.

Exams and tests. The most useful tests are an evaluation of the placenta, an [autopsy](#), and genetic testing (tests for changes in [genes](#) or [chromosomes](#)). Other available exams and tests may include

- a physical exam of the fetus and placenta
- taking samples of tissue for tests
- X-rays of the fetus
- [magnetic resonance imaging \(MRI\)](#) of the fetus

How can I cope with grief after a stillbirth?

Stillbirth is a profoundly painful event. Grief is a normal, natural response. Mourn your loss for as long as you need. It's best to go through the complete grieving process to

help you cope and move ahead. Remember that each parent grieves in a different way. It is important to talk with your partner or another person you trust about what you are feeling. Some women also find it helpful to talk with others who have gone through this. See the Resources section below for other ways to find support.

How long will this grief last?

Your grief may last for weeks, months, or years. The grieving process involves certain stages that can overlap and repeat. But the process often seems to follow a pattern that includes the following:

- **Shock, numbness, and disbelief:** You may have trouble grasping the news or feel nothing at all. You may deny that the loss has happened. You may feel a very private sense of being alone or empty.
- **Searching and yearning:** These feelings tend to overlap with the initial shock and get stronger over time. You may look for a reason for your loss. It is common during this stage to feel guilty. You may have dreams about the baby and yearn for what might have been.
- **Anger or rage:** “What did I do to deserve this?” and “How could this happen to me?” are common questions after a stillbirth. In this stage of grief, you may direct your anger at your partner, your health care team, the hospital staff, or even other women whose babies were born healthy.
- **Depression and loneliness:** In this stage, reality sinks in. You may feel tired, sad, and helpless. You may have trouble getting back into your normal routine. Slowly, you will start to get back on your feet and work through your loss.
- **Acceptance:** In this final stage of grieving, you come to terms with what has happened. Your loss no longer rules your thoughts. You start to have renewed energy. Although you will never forget the plans you had for your baby, you begin to think of him or her less often and with less pain. You pick up your normal daily routine and social life. You make plans for the future.

How can I find support?

Surround yourself with your partner, family, and friends for support during the coming months. Know that you are not alone. Ask your ob-gyn to help you find support systems

in your community. These can include childbirth educators, self-help groups, social workers, and religious leaders (see Resources below).

Many grieving parents find it helpful to get involved with groups of parents who have gone through the same loss. Professional counseling also can help to relieve your pain, guilt, and depression. Talking with a counselor can help you understand and accept what has happened. You may wish to get counseling for only yourself, for you and your partner, or for your entire family.

What does a stillbirth mean for future pregnancies?

If the cause of the stillbirth is not known and you do not have a medical condition, the chance of stillbirth happening again is very low. Even so, you may be anxious and worried during your next pregnancy. There may be things that you can do to be in the best health possible before pregnancy, including

- genetic counseling if a genetic disorder is suspected
- prepregnancy counseling with an ob-gyn or [maternal–fetal medicine \(MFM\) specialist](#)
- tests and evaluations if you have a medical condition

Throughout your next pregnancy, emotional support and reassurance are vital. Your ob-gyn may be able to recommend counseling or a support group if you feel this would be helpful.

What else should I consider before planning another pregnancy?

Before thinking about getting pregnant again, allow time for you and your partner to work through your feelings. After stillbirth, some couples feel a need to get pregnant again right away. They think it will fill the empty feeling or take away the pain. A new baby cannot replace what was lost. You need to mourn before you can move on.

Resources

CLIMB: Center for Loss in Multiple Birth, Inc.

www.climb-support.org

Offers support for families who have experienced loss during a multiple pregnancy or during infancy and childhood.

The Compassionate Friends

www.compassionatefriends.org

Offers support for families experiencing grief following the death of a child of any age.

Now I Lay Me Down to Sleep

www.nowilaymedowntosleep.org

Organization that coordinates volunteer photographers who will take memorial portraits of babies who have died.

SHARE: Pregnancy and Infant Loss Support, Inc.

www.nationalshare.org

Organization that provides support for families who have lost a baby through miscarriage, stillbirth, or newborn death.

Glossary

Antiphospholipid Syndrome (APS): A disorder that can lead to abnormal blood clotting and pregnancy problems.

Autopsy: An exam done on a dead body to learn the cause of death.

Birth Defect: A physical problem that is present at birth.

Chromosomes: Structures that are located inside each cell in the body. They contain the genes that determine a person's physical makeup.

Complications: Diseases or conditions that happen as a result of another disease or condition. An example is pneumonia that occurs as a result of the flu. A complication also can occur as a result of a condition, such as pregnancy. An example of a pregnancy complication is preterm labor.

Cytomegalovirus (CMV): A virus that can be transmitted to a fetus if a woman becomes infected during pregnancy. CMV can cause hearing loss, mental disability, and vision problems in newborns.

Depression: Feelings of sadness for periods of at least 2 weeks.

Diabetes Mellitus: A condition in which the levels of sugar in the blood are too high.

Dilation and Evacuation (D&E): A procedure that can be used after 12 weeks of pregnancy. The cervix is opened and the contents of the uterus are removed using instruments and a suction device.

Electronic Fetal Monitoring: A test in which instruments are placed on a woman's abdomen and used to record the heartbeat of the fetus and contractions of the woman's uterus.

Fetus: The stage of human development beyond 8 completed weeks after fertilization.

Genes: Segments of DNA that contain instructions for the development of a person's physical traits and control of the processes in the body. Genes are the basic unit of heredity and can be passed from parent to child.

Genetic Disorder: A disorder caused by a change in genes or chromosomes.

High Blood Pressure: Blood pressure above the normal level. Also called hypertension.

Intrahepatic Cholestasis of Pregnancy: A liver condition that develops during pregnancy.

Kidney Disease: A general term for any disease that affects how the kidneys function.

Labor Induction: The use of medication or other methods to start labor.

Listeria: A type of bacteria that causes foodborne illness.

Lupus: An autoimmune disorder that affects the connective tissues in the body. The disorder can cause arthritis, kidney disease, heart disease, blood disorders, and complications during pregnancy. Also called systemic lupus erythematosus or SLE.

Magnetic Resonance Imaging (MRI): A test to view internal organs and structures by using a strong magnetic field and sound waves.

Malaria: A disease caused by a parasite that is spread through mosquito bites.

Maternal–Fetal Medicine (MFM) Specialist: An obstetrician–gynecologist with additional training in caring for women with high-risk pregnancies. Also called a

perinatologist.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women’s health.

Oxygen: An element that we breathe in to sustain life.

Parvovirus: A virus that can be passed to the fetus during pregnancy and cause harm.

Placenta: An organ that provides nutrients to and takes waste away from the fetus.

Stillbirth: Birth of a dead fetus.

Syphilis: A sexually transmitted infection (STI) that is caused by an organism called *Treponema pallidum*. This infection may cause major health problems or death in its later stages.

Trimester: A 3-month time in pregnancy. It can be first, second, or third.

Ultrasound Exam: A test in which sound waves are used to examine inner parts of the body. During pregnancy, ultrasound can be used to check the fetus.

Umbilical Cord: A cord-like structure containing blood vessels. It connects the fetus to the placenta.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus. Also called the womb.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? [Learn how to find a doctor near you.](#)

FAQ520

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