

# IDENTIFYING AND PRIORITISING UNANSWERED QUESTIONS FOR STILLBIRTH RESEARCH

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## INTRODUCTION

- The wide variation of the incidence of stillbirth in high-income countries suggests that stillbirths can be further reduced.
- Although efforts have been made to gain expert consensus on areas for development there has been no systematic appraisal of parents', maternity professionals' and other relevant bodies' preferred research questions.
- To ensure that future research addresses the most important questions regarding stillbirth, we have undertaken a Priority Setting Partnership (PSP) working with the James Lind Alliance ([www.stillbirthpsp.org.uk](http://www.stillbirthpsp.org.uk))



James  
Lind  
Alliance

Priority Setting Partnerships

## METHODS

- We used a systematic, transparent process according to established methods in collaboration with the James Lind Alliance.
- Parents and professionals organisations were asked to support the PSP; 34 agreed to become stakeholders.
- Professionals and parents were asked to submit research questions relating to either: the causes, impact, prevention or management of stillbirth.
- Responses were analysed by the authors, duplicate questions removed and indicative questions developed. Literature searches were carried out to identify which submitted questions were answered.
- 48 of the highest ranking questions were then prioritised by a second online questionnaire open to all respondents.
- The “top ten” research questions were determined by consensus at a stakeholder meeting in February 2015.

## RESULTS

- **1,275** responses from 577 participants (32% parents, 68% professionals).
  - 3 deleted as non-human responses
  - 47 questions out of scope or personal stories
- **1,225** questions sent to steering group for de-duplication
- **422** initial indicative questions formulated
  - 77 further duplicate questions removed
  - +16 questions from guidelines
- **361** indicative questions taken forward to evaluate whether the answer is known by systematic reviews.
  - 61 questions with a known answer
- **300** unanswered questions. **48** of which prioritised by 1,118 participants in second questionnaire (33% parents, 67% professionals).
- **25** highest-ranking questions prioritised by stakeholders.

## TOP RESEARCH PRIORITIES

How can the structure and function of the placenta be assessed during pregnancy to detect potential problems and reduce the risk of stillbirth?

Does ultrasound assessment of fetal growth in the third trimester reduce stillbirth?

Do modifiable ‘lifestyle’ factors (e.g. diet, vitamin deficiency, sleep position, sleep apnoea, lifting and bending) cause or contribute to stillbirth risk?

Which investigations identify a fetus which is at risk of stillbirth after a mother believes she has experienced reduced fetal movements?

Can the wider use of existing tests and monitoring procedures, especially in later pregnancy, and the development and implementation of novel tests (biomarkers) in the mother or in early pregnancy, help prevent stillbirth?

What causes stillbirth in normally grown babies?

What is the most appropriate bereavement and post natal care for both parents following a stillbirth?

Which antenatal care interventions are associated with a reduction in the number of stillbirths?

Would more accessible evidence-based information on signs and symptoms of stillbirth risk, designed to empower women to raise concerns with health care professionals, reduce the incidence of stillbirth?

How can staff support women and their partners in subsequent pregnancies, using a holistic approach, to reduce anxiety, stress and any associated increased visits to healthcare settings?

Why is the incidence of stillbirth in the UK higher than in other similar high-income countries and what lessons can we learn from them?

## DISCUSSION

- The prioritised research questions include a **wide range of topics**.
- **These research priorities differed from those developed without parent input**, and included questions about bereavement care, maternity care in subsequent pregnancies and the role of mothers in responding to symptoms and signs relating to stillbirth.
- Critically, these research priorities have been defined by a large number of parents, families and professionals with relevant experience.
- **These priorities should now be used by funders and researchers to inform research activity.**