

**The 25 unanswered questions discussed at the final priority setting workshop  
for the Stillbirth PSP in February 2015 (in no order of priority)**

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?
Can additional/alternative routine tests or additional/closer monitoring, especially in the third trimester of pregnancy or at/after full term, help prevent stillbirth (e.g. placenta checks, blood tests of maternal liver function, monitoring weight gain/loss) especially when the fetus appears to be growing appropriately?
What causes stillbirth in normally grown babies?
What causes stillbirth, or increases the likelihood of it occurring?
Does ultrasound assessment of fetal growth in the third trimester reduce stillbirth?
Would increasing the frequency of umbilical artery Doppler scanning during pregnancy reduce stillbirth?
How can the function of the placenta be measured and would such measures enable us to detect issues with the placenta earlier?
Why is stillbirth not discussed with parents during pregnancy?
Can we examine the placenta during pregnancy to assess the risk of stillbirth?
Are there any markers, either in the mother or in early pregnancy, that indicate the risk of stillbirth occurring (i.e. biomarkers, diagnostic tests)?
Which antenatal care interventions are associated with a reduction in the number of stillbirths?
Which investigations identify a fetus which is at risk of stillbirth after a mother believes she has experienced reduced fetal movements?
How can staff support women and their partners in subsequent pregnancies to prevent anxiety, stress and any associated increased visits to healthcare settings?
What is the best way of educating women about fetal activity and reduced fetal movements in pregnancy?
Should parents be cared for in specialist bereavement rooms on the maternity suite?
How can umbilical cord function and any associated problems be detected during pregnancy?
Does formal fetal movement counting (e.g. 'kick-counting') reduce the number of stillbirths?
What support do fathers need and what is currently available to support them?
What is the most appropriate bereavement and post natal care for parents following a stillbirth?

Should there be increased screening of blood to detect: a) obstetric cholestasis, b) Antiphospholipid syndrome, c) Systemic Lupus Erythaematosus, d) infection (viral and bacterial), e) gestational diabetes, f) preeclampsia?

Would increased maternal awareness of fetal movements and fast presentation with reduced fetal movements to a healthcare professional reduce the number of stillbirths?

How can we ensure care and support in a subsequent pregnancy is based on assessment of the woman's individual circumstances as well as the research evidence?

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

What is the best way to educate parents about signs and symptoms relating to stillbirth?

Would educating parents about relevant signs and symptoms reduce the number of stillbirths?