**Author’s reply: Understanding the complexities of unexplained stillbirth in sub-Saharan Africa; a mixed-methods study**

**Running title:** Unexplained stillbirth in sub-Saharan Africa

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Sir

We thank Tiwari for their observations and a chance to reiterate the points we made in our paper, ‘Understanding the complexities of unexplained stillbirth in sub-Saharan Africa; a mixed-methods study’(1). We are pleased to note the authors felt the study of clinical importance.

1. This was a retrospective study and, as we stated, relied on data that was accessible in the case notes. In the 53 singleton stillbirths fetal distress was the only reported cause of death. Our intention was to report recorded causes of death only and not to make assumptions regarding maternal conditions. As discussed in the paper post-mortem was not available in any of the settings and therefore the conclusions reported by the health providers could not be confirmed. The key point, as we highlighted, was that the cause of stillbirth may be misclassified.

We accept that there are inconsistencies with the term ‘unexplained’ stillbirth in the literature, but it is commonly understood, and reflects that stillbirth is not always explained by maternal condition (2, 3).

1. We agree that a direct comparison with national stillbirth rate is not appropriate. We included the data on national stillbirth rates for context only and also at the request of one of the reviewers of the manuscript.
2. We have reported the timing of death as either ‘antenatal’ or ‘intrapartum’ dependent on when this was determined and recorded by the health provider in the case notes. The classification of ‘fresh’ or ‘macerated’ was also recorded by the health provider. We have not made any attempt to relate this to antenatal or intrapartum death as we are aware this is an inaccurate determinant of time of death (4). As highlighted in the limitations, the retrospective nature of the study meant we were reliant on case note data, some of which was missing, and needs to be considered in interpreting the results.

1. Bedwell C, Blaikie K, Actis Danna V, Sutton C, Laisser R, Tembo Kasengele C, et al. Understanding the complexities of unexplained stillbirth in sub-Saharan Africa: a mixed-methods study. BJOG. 2020.

2. Flenady V, Frøen JF, Pinar H, Torabi R, Saastad E, Guyon G, et al. An evaluation of classification systems for stillbirth. BMC Pregnancy and Childbirth. 2009;9(1):24.

3. Lamont K, Scott NW, Jones GT, Bhattacharya S. Risk of recurrent stillbirth: systematic review and meta-analysis. BMJ : British Medical Journal. 2015;350:h3080.

4. Gold KJ, Abdul-Mumin A-RS, Boggs ME, Opare-Addo HS, Lieberman RW. Assessment of "fresh" versus "macerated" as accurate markers of time since intrauterine fetal demise in low-income countries. International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics. 2014;125(3):223-7.