**Commentary Lancet**

**Title**

***Make every baby count: learning from every stillbirth and neonatal death***

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The period around childbirth carries the highest risk of death for a mother and her baby. Approximately half of all stillbirths and neonatal deaths are preventable with high quality, evidence-based and timely interventions before and during pregnancy, during labour and childbirth and the hours after birth.[1](#_ENREF_1) The Lancet Every Newborn Series (2014)[2](#_ENREF_2) and Stillbirths Series (2011 and 2016)[3](#_ENREF_3),[4](#_ENREF_4) highlighted interventions to reach the ambitious but achievable targets set out by the *Sustainable Development Goals (SDGs)* and the *Global Strategy for Women’s, Children’s and Adolescent’s Health 2016-2030* to reduce preventable stillbirths and neonatal deaths*.*

Most of the estimated 2.6 million stillbirths and 2.7 million neonatal deaths occur in low- and middle income countries.[1](#_ENREF_1),[5](#_ENREF_5) Most deaths are not registered, reported or investigated by the health system which should have prevented them. Therefore the true magnitude of stillbirths and neonatal deaths is underreported and information on outcomes around the time of childbirth are often based on statistical estimates. Knowing the true burden of deaths is important to create awareness of the problem and to analyse missed opportunities within the health system and beyond. A major barrier to having comparable national level estimates of causes of stillbirths is the lack of one globally recognised classification system. The numerous classification systems that have used different approaches have restricted data comparability of data, and none is practical for use across low-, middle- and high income settings with differing diagnostic capabilities.

In response to the need to better understand why stillbirths and neonatal deaths occur and what can be done to prevent them, the World Health Organization, has developed two complementary documents: *The WHO Application of ICD-10 to deaths during perinatal period (ICD-PM)* and *Making Every Baby Count: Audit and Review of Stillbirths and Neonatal Deaths*.

*The WHO Application of ICD-10 to deaths during perinatal period (ICD-PM)* is a globally applicable system for classifying perinatal mortality. The system reflects the inherently linked health outcomes of a woman and her baby. It brings together the causes and timing of perinatal death (antepartum, intrapartum, neonatal) and maternal contributory conditions, and then applies ICD-10 for classification death in such a way that it reflects the local epidemiology. This multi-layered approach allows clinicians to classify perinatal deaths and compare data across different settings. It is a programmatically driven system that aims to focus attention on the areas were interventions are needed to improve outcomes for mothers and babies.

The *Making Every Baby Count: Audit and Review of Stillbirths and Neonatal Deaths* guide provides methodology and tools for developing a mortality audit system that uses the WHO ICD-PM classification and other frameworks to understand modifiable factors in perinatal deaths and to assess the avoidability of each death. Besides providing standardized data collection and summary forms for local adaptation, the guide describes each step of the mortality review process in facilities and proposes an approach to capture and review deaths that occur in communities. It also provides guidance to establish an enabling legal and ethical environment to create quality improvement processes without fear of blame or punitive actions. Finally, the guide suggests a way forward to scale up from individual facilities to district, regional and national level and how to create linkage to surveillance- and civil registration and vital statistics (CRVS) systems.

Many countries already use the Maternal Death Surveillance and Response[6](#_ENREF_6) process (MDSR) as a key strategy for addressing maternal mortality and the WHO application of ICD-10 to maternal mortality[7](#_ENREF_7) (ICD-MM) to facilitate collection, analysis and interpretation of information on maternal deaths. These new guidance documents on perinatal mortality will support countries to build on the MDSR platforms to improve perinatal and neonatal health and are central to quality of care improvement and WHO’s quality of care initiative. Both the ICD-PM classification and the guide for review and audit of stillbirths and neonatal deaths keep the focus on the mother-baby dyad and help to identify programmatic interventions that will potentially benefit both mothers and their babies.

For policymakers, these tools provide increased clarity on the burden and causes of stillbirths and neonatal deaths and on the preventive actions needed at each level to avert deaths in the future. Moreover, information from the use of these tools will make these deaths visible on national policy agendas, in policy and programmatic response and in vital statistics records. The World Health Organization, through both its regional and country offices, and in collaboration with partners working in maternal, perinatal and newborn health will provide Member States with technical guidance and support to implement these two guidance documents, in particular, working with professional associations and pre-service training institutions, to ensure sustainable implementation.

The burden of stillbirths and neonatal deaths remains unacceptably high. A long needed globally applicable classification system for perinatal deaths and guidance on conducting stillbirth and neonatal death audit will catalyse our efforts to tackle the problem and allocate resources appropriately. By counting every mother and baby, understanding causes of death, and the contributing factors we can end preventable maternal and neonatal mortality and stillbirths. It is now time to make every baby count!

**References**

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*\*Represents the complete Lancet series*