

Pregnancy outcomes subsequent to stillbirth: a single tertiary-care center experience

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Objective. Currently, there is little evidence to guide clinical management of pregnancies after stillbirth. Our study aims to evaluate the pregnancy outcome in women with a previous stillbirth, by applying a standardized protocol for etiologic investigations and subsequent treatment of the underlying etiology.

Materials and Methods. A retrospective cohort study on a group of 100 women with history of stillbirth was performed. All patients were followed up in their subsequent pregnancies (n = 153) in a tertiary university hospital, between 2005 and 2021. During the preconception period causes of stillbirth were investigated and a correction of modifiable risk factors was encouraged. Data about pregnancy management, obstetric complications, mode of delivery and neonatal outcomes were collected.

Results. The analysis of previous stillbirths revealed that, by using the ReCoDe classification, the most common identifiable cause of death was fetal growth restriction (21%) whereas 15.8% of stillbirth was unexplained. Out of 153 subsequent pregnancies, 131 (85.62%) resulted in live births; no cases of stillbirth recurrence occurred. The most common obstetric complication was gestational diabetes (21.4%). The mean gestational age at delivery was 38 weeks with a mean birth weight of 2886.63 g.

Conclusions. Our experience is encouraging as it reflects a good outcome in terms of live birth rates in the subsequent pregnancies, with no cases of recurrence. These results are probably due to an extensive preconception evaluation with a multidisciplinary approach, essential for improving maternal and fetal outcomes aimed at minimizing the risk of recurrence of stillbirth.

Pregnancy outcomes of subsequent pregnancies		N
Pregnancies after stillbirth Total 153	One pregnancy	64 (42.1%)
	Two pregnancies	25 (16.4%)
	Three or more pregnancies	11 (7.2%)
Pregnancy outcomes Total 153	Live birth	131 (86.27%)
	Early miscarriage	15 (9.8%)
	Late miscarriage	7 (4.57%)
Method of delivery Total 131	Spontaneous vaginal delivery	38 (29%)
	Vaginal delivery, Induced labor	35 (26.7%)
	Urgent C-section	17 (12.98%)
	Elective C-section	41 (31.3%)
Indication for elective C-section Total 41	Prior C-Section	33 (80.5%)
	Breech Presentation	3 (7.3%)
	Maternal pathology	2 (4.8%)
	Maternal request	2 (4.8%)
	Placenta previa	1 (2.4%)
2° and 3° trimester complication Total 131	Gestational diabetes mellitus	28 (21.4%)
	Early preterm delivery	16 (12.2%)
	Fetal growth restriction	10 (7.6%)
	Intrahepatic cholestasis of pregnancy	5 (3.8%)
	Hypertensive disorders	8 (6.1%)