Thanks a lot for giving me the floor and for having UNFPA speak on the issue of Stillbirth.

We welcome the enhanced attention this Lancet Series is giving to this not much talked about issue. It is an important issue! And I am saying that not only from a professional UNFPA point of view, but also from personal experience.

My mother’s third pregnancy ended with a stillbirth – a sorrow we in the family have always carried with us.

Addressing stillbirth is addressing the broader issue of reproductive, maternal and newborn health – topics UNFPA has work on for decades in our aim to make every pregnancy wanted and every childbirth safe.

Progress is finally underway. The number of women dying in pregnancy and childbirth is dropping, and the health of women and their newborns is taking centre stage in global development discussions. The latter, not least thanks to the United Nations Secretary-General Ban Ki-moon’s Global Strategy for Women’s and Children’s Health.

With four years remaining to fulfil the promise of the Millennium Development Goals, the Global Strategy aims to speed up progress on women’s and children’s health and to save the lives of more than 16 million women and children between now and 2015.

It is a truly joint effort. Numerous civil society organizations, corporations, donor countries, UN agencies and more than 25 countries with high levels of maternal and child deaths have made firm commitments to action. 24 additional countries are currently revising their commitments to women’s and children’s health, with the support of the H4+ (UNFPA, UNICEF, UNAIDS, WHO and the World Bank). These will be presented later this year.
But let me say this: We need to continue calling for increased commitments and investments in family planning, in skilled birth attendance and in emergency obstetric care, if we want to improve the health of women and newborn – and prevent stillbirths.

As you have heard today, stillbirth is to a large extent preventable. Knowledge of the numbers and causes is key, as are human resources for health and the breaking of the silence and taboos.

UNFPA has for a long time proposed to measure stillbirths. This is critical, if we want to know the extent of the problem and design effective policies and programmes.

We are pleased to see that the quality of intrapartum care indicator will be field-tested very soon, because this can provide knowledge and real progress regarding intrapartum stillbirths.

Obstetricians and midwives play a crucial role in prevention of stillbirths. Many of the cost-effective interventions highlighted in The Lancet Series are part of a midwife’s competencies. So let me dwell a little on the importance of midwives:

Midwives deliver – and not only babies. They deliver health for families, communities and nations – and they save lives. When empowered and authorized with all essential basic life-saving competencies, midwives can help avert up to 90% of all maternal deaths. In addition, midwives play a critical role in antenatal care and averting stillbirths.

The role of midwives will be highlighted in a new publication coming out in June – the first ever State of the World’s Midwifery Report. It is a joint effort undertaken by 25 partners led by UNFPA. The report will provide new information, new global analyses and new data on midwifery in 58 countries with high rates of maternal mortality. And it will link midwifery and stillbirth.

The world needs to take a stand on stillbirth. Stillbirths can and must be counted. Because they do count – for societies and for families. Alone in India, where I come from, there are an estimated 605,000 third trimester stillbirths, over half of which happen while women are in labour – just as it did for my mother. (I was very young at the time it happened, but I still remember the
sense of loss when my mother recounted her story when I had grown old enough to understand.)

It doesn’t have to be like this.

The main message today is, that with a concerted and coordinated effort, we can reduce stillbirth rates dramatically – if not totally prevent them – and we can close the equity gap. Achieving this requires action by national and local governments, international organizations, civil society, health professionals and academia. It is a joint responsibility.

By breaking the silence and shining a spotlight on the tragic toll of stillbirths, we can prevent stigma, relieve suffering and make greater progress to improve the health of every woman and every child.

Thank you!