



Stillbirth Prevention Month 2020

Prevention Tips: Count the Kicks

Encourage patients/mothers to COUNT THE KICKS by tracking her baby's movements (kicks, jabs, rolls and punches) daily in the third trimester and calling the health care provider right away if there is a change in normal movement patterns. Visit [COUNT THE KICKS](#) for great videos, tips and resources to implement COUNT THE KICKS into practice. FREE educational materials are available for ALL KANSAS PROVIDERS to order, including posters, brochures, and COUNT THE KICKS APP cards and brand new patient magnets!

Count the Kicks is a public health campaign that helps educate expecting parents on how to monitor their baby's kicks in the third trimester of pregnancy. It is a SIMPLE and FREE way to self-monitor to improve the chance of delivering a healthy baby! Research shows that kick counting, keeping a daily record of a baby's movements (kicks, jabs, rolls and punches) during the third trimester, along with regular prenatal visits is a reliable way to monitor a baby's well-being.

Visit Kansas Maternal and Child Health at www.kansasmch.org to find out more and watch a KANSAS COUNT THE KICKS SUCCESS STORY featuring Kansas Mom Deanna Cummings.

For more helpful tips, visit www.countthekicks.org.

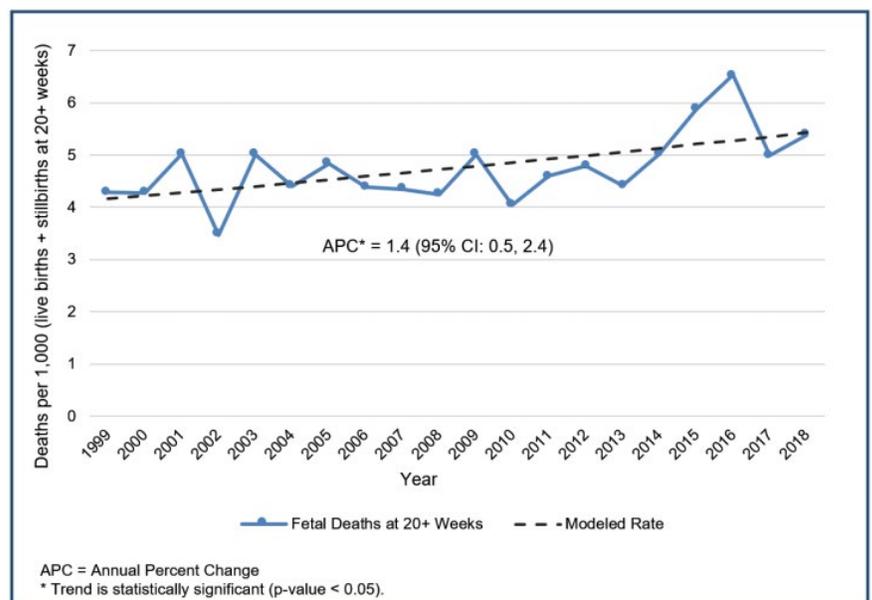
Each year in the United States approximately 24,000 babies are stillborn¹.

That means a baby is born still every 22 minutes. Stillbirth claims more lives than drunk driving, childhood cancer or HIV/AIDS each year.

The costs of stillbirth are staggering. Direct costs are higher because a stillbirth requires more resources than a live birth. Indirect costs include funeral expenses, loss of income from reduced or delayed employment and the continuing costs of counseling and medical care in subsequent pregnancies. Healthy Birth Day, Inc. also reports that families who have experienced a stillbirth have higher divorce rates and increased mental health issues.

From 1999 to 2018, the stillbirth rate in Kansas has continued to rise. In 2018, there were 5.4 stillbirths per 1,000 live births plus stillbirths, up from 5.0 stillbirths per 1,000 live birth plus stillbirths in 2017².

Stillbirth Rates, Kansas, 1999-2018



More than 1 in 4 stillbirths (28.0%) had an unspecified cause of death. **The second leading cause of fetal death was complications of the placenta, umbilical cord and membranes (26.8%),** followed by maternal complications of pregnancy (10.7%)²

Disparities in Stillbirth

The stillbirth rate varied by race/ethnicity. In 2014-2018, there were 138 stillbirths to Non-Hispanic Black mothers (10.8 stillbirths per 1,000 live births plus stillbirths). This was **more than twice the rate** among the Non-Hispanic White population (4.8 stillbirths per 1,000 live births plus stillbirths). The leading cause of fetal death among the Non-Hispanic Black and Non-Hispanic White populations was complications of placenta, cord and membranes².



4.8 stillbirths

Per 1,000 live births plus stillbirths among Non-Hispanic White mothers



10.8 stillbirths

Per 1,000 live births plus stillbirths among Non-Hispanic Black mothers

Ways to Reduce Disparities in Stillbirth:

- ✓ **Improve access** to critical services (eliminate maternity care deserts, offer tools for vulnerable populations to navigate the health care system such as care coordination).
- ✓ **Train providers** to address racism and build a more diverse workforce. Work to reduce healthcare provider bias, as well as other systemic barriers which contribute to racial and socioeconomic disparities in birth outcomes.
- ✓ **Complete comprehensive screenings** during healthcare visits, to include pregnancy intention ([One Key Question](#)) sexually transmitted infections, tobacco use, substance use, immunization status, perinatal mood and anxiety disorders, social determinants of health, intimate partner violence and other risk factors. Provide brief interventions and referral to care when applicable.
- ✓ **Invest in and expand access** to policies and programs that support families' basic needs.
- ✓ **Invest in and expand access** to home visiting programs.

More Ways to Reduce Stillbirth

- ✓ **Address maternal mental health** (identify barriers to accessing maternal mental health services, screen and address maternal mental health).
- ✓ **Educate** patients/mothers about the importance of:
 - Abstaining from nicotine, alcohol and other substances.
 - Accessing prenatal care and education early.
 - Completing all prenatal care visits/checkups recommended by their health care professional.
 - Scheduling regular check-ups with a dental provider (before, during and after pregnancy).
 - Spacing children at least 18 months apart and referring for contraception as needed.
- ✓ **Taking control** of their own health by:
 - Accessing vital supports such as food, shelter, transportation and others as needed.
 - Developing personal health and reproductive life plans (One Key Question®).
 - Knowing personal health and pregnancy history (ask provider about any potential risks).
 - Eating nutritious meals and snacks and engaging in daily physical activity as recommended.
 - Supplementing a healthy diet with vitamin supplements including folic acid.
 - Maintaining a healthy weight and lifestyle.

Footnote:

1. Center for Disease Control
2. Infant Mortality & Stillbirth Report: Kansas 2018. https://www.kdheks.gov/phi/IMR/2018_IMR_Report.pdf