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#letstalktiming
www.everyweekcounts.com.au
www.womenandbabiesresearch.com

The Fetus-at-risk approach for calculating rate of stillbirth takes into account all fetuses in utero (yet to be born) at a given gestational age, in addition to those born in that week. For example, fetuses at risk of stillbirth at 35 weeks include babies born at 35 weeks as well as those yet to be born in subsequent weeks. As the pool of women remaining pregnant becomes smaller each week, the weekly rate of stillbirth increases, (as this is the number of stillbirths divided by a decreasing number of fetuses yet to be born and therefore at risk).⁵



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Stillbirth
CENTRE OF RESEARCH EXCELLENCE



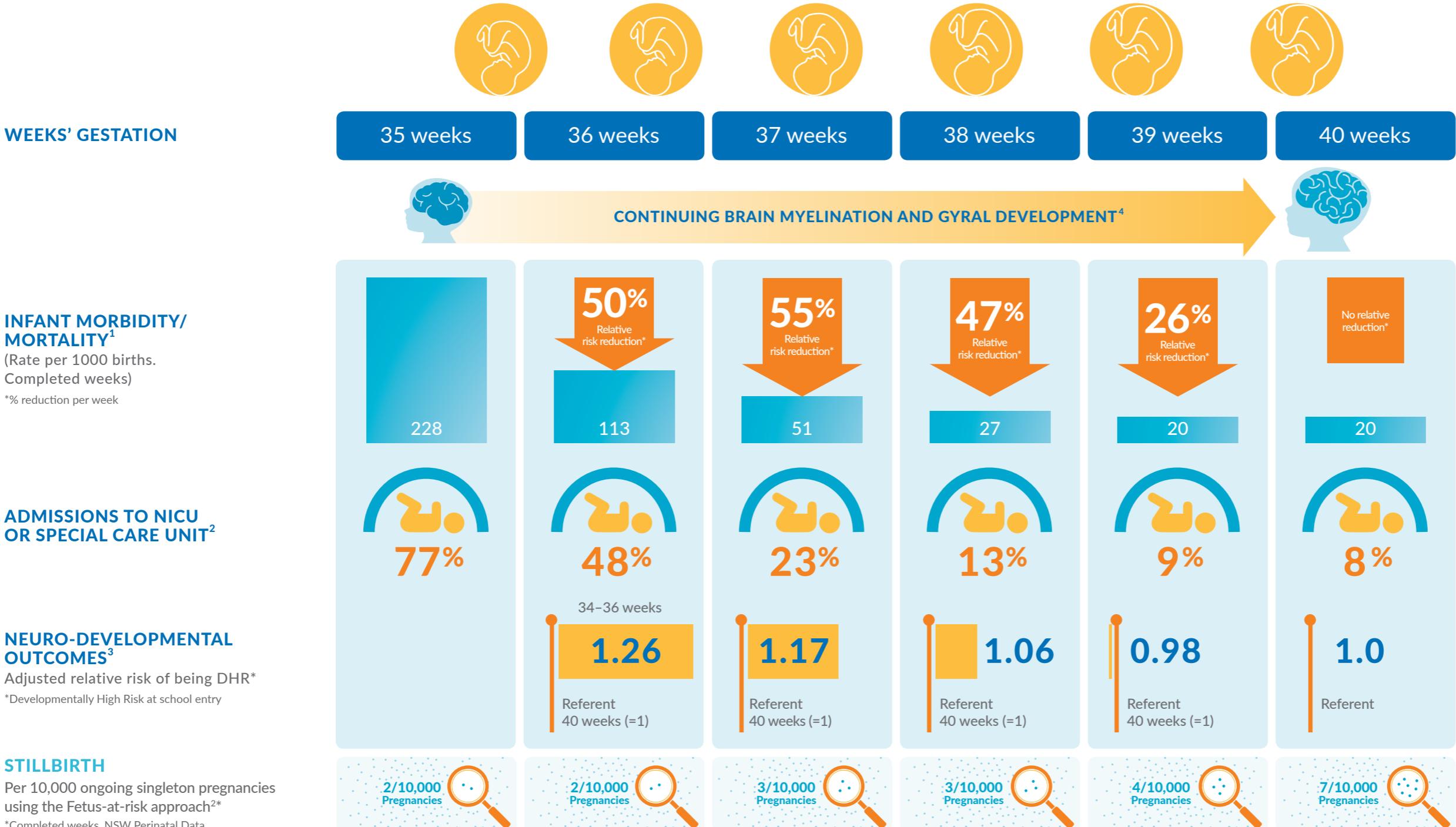
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- References: 1. Lain SJ et al. *Matern Child Health J* 2012; 16:600–608. 2. NSW Perinatal data collection, 2006–2015.
3. Bentley JP et al. *Pediatrics* 2016; 138(6): 1–10. 4. Walsh JM et al. *Radiology* 2014; 273(1): 232–240.
5. Joseph KS et al. *Acta Obstet Gynecol Scand* 2018; 97:454–465



EVERY WEEK COUNTS TOWARDS THE END OF PREGNANCY



Stillbirth rate remains <1 per 1000 ongoing pregnancies up to 40 weeks, rising to >1 at 41 weeks and beyond²