

# Re: Stillbirth: are we making more progress than we think? A retrospective cohort study.

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January 30, 2024

Letter to the Editor, BJOG Exchange

**Re: Stillbirth: are we making more progress than we think? A retrospective cohort study.**

[Author's title] The harsh conditions forced Chinese doctors to be more careful

Sir,

We read with interests the article by Roshan J Selvaratnam and colleagues, entitled "Stillbirth: are we making more progress than we think? A retrospective cohort study". In the article, the authors retrospectively analyzed the maternal characteristics on the probabilities of stillbirth of the newborn. This study provided important information about the population rates of stillbirth during recent decades of years. It suggests that population rates of stillbirth are falling faster than generally appreciated. However, multiple factors might contribute to the decrease of stillbirth, the overloaded of medical staff under the background of ongoing doctor-patient contradiction might be one, especially in China. The prevalence of stillbirth was 13.2 per 1000 births in China in 2015–2016. In Shanghai, the average perinatal mortality rate in recent 25 years is 5.97 per 1000 births, and the rate has been decreasing year by year in the past 25 years. However, behind the success is group of doctors who had made overloaded sacrifices and they have been confronting with unprecedented pressure in their daily work. It has been too common the emotion of families could be out of control and even go to extremes when the stillbirth appeared, no matter it could be avoided or not, which could even become malignant injury or kill medical event, though the medical staff had done nothing wrong in most conditions. Although violence against health professionals is a global concern, the scale, frequency, and viciousness of attacks on medical workers in China are particularly severe.

Promisingly, the government has been improving political management, such as risk classifications of all pregnant women, to reduce maternal and neonatal mortality, and laws had been introduced to protect medical staff in recent years. The ideal of status would be the balance of the decrease of stillbirth and the protection of medical staff. However, it is an arduous task and the road is long.

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