Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

understand the burden of stillbirths, but obscure subnational-level inequalities, population characteristics, and health system performance heterogeneity, an awareness of which is necessary for targeted stillbirth prevention planning and programmes.

Two recently developed CRVS strengthening resources include stillbirth guidance, paving the way for countries to make concrete improvements in stillbirth registration completeness. First, the Legal and Regulatory Review Toolkit for CRVS and Identity Management includes a chapter on stillbirth reporting and registration to allow countries to assess whether their laws align with international best practices for purposes of legal reform.[4] Second, a joint WHO and UNICEF resource provides clear operational guidance to health sector managers, civil registrars, and development partners to improve health sector reporting of stillbirths to civil registration authorities.[5]

Stillbirths are a vital event. It is time to prioritise the completeness of stillbirth registration within CRVS strengthening efforts for targeted and impactful action. Countries now have concrete tools to guide these efforts.

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In their excellent Article, Lucia Hug and colleagues[1] systematically assessed about two decades of stillbirth estimates acquired from national administrative records of 195 countries and report an alarming trend that demands expeditious action, if the Every Newborn Action Plan target of reducing stillbirths to fewer than 12 per 1000 is to be achieved by 2030.[2]

Although lower than expected, the findings established in this study are treated as similar to WHO 2016 estimates.[3] However, there remain several unanswered questions related to the quality of data acquired for the analysis, especially those pertaining to low-income and middle-income countries (LMICs), such as those from India where reporting bias is rampant and stillbirths remain an infelicitous public health challenge with an estimated burden of 592 100 in 2015.[3] Moreover, with the rates varying widely across different Indian states, the use of data from insufficient population-based studies most probably could have led to an underestimation of the actual stillbirth rates. Furthermore, considering the consequences of the COVID-19 pandemic with its large-scale disruptions of maternal and child health services, the current burden of stillbirths appears to have worsened.[4]

In addition to improving the public health system and service provisions for effective care of women during gestation, including high-risk cases, it is highly important to address and ameliorate the three major delays during pregnancy and childbirth: (1) delay in decision to seek care; (2) delay in reaching the health facility; and (3) delay in receiving adequate care from a skilled health-care professional. It is also equally pertinent to identify specific causal or risk factors that vary from region to region and resolve the existing ambiguity in characterising and reporting of stillbirths. Another poignant issue in counteracting stillbirths is the fact that deep-rooted cultural and community practices, such as the use of local or indigenous drugs containing hormone-disrupting chemicals for sex selection during pregnancy, have also been identified as a key factor leading to stillbirths as well as maternal morbidity and mortality in some parts of the Indian subcontinent.[5,6]


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Therefore, designing sustainable pathways for omics-based evaluation of stillbirths, incorpor-ating scalable strategies for restricting indigenous drug use, and providing equitable adequate quality monitoring and care to women during pregnancy and childbirth are absolutely crucial. Along with such strategies, it is essential to enforce the use of a single definition for reporting stillbirths across facilities, with maintenance of up-to-date regional databases, mainly in LMICs such as India.

We declare no competing interests.

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