

Vignette 1a	Questions
<p>A pregnant woman attends an anomaly scan at <b>21<sup>+5</sup> weeks gestation</b>. It is a singleton pregnancy. The baby's heartbeat cannot be found during the ultrasound scan and the baby is confirmed to have died. It is not known when the death occurred but a heartbeat was recorded at an appointment at <b>20<sup>+2</sup> weeks</b>.</p> <p>The woman is given the option of having the birth induced</p> <ol style="list-style-type: none"> <li>1. on that day (21<sup>+5</sup>);</li> <li>2. two days later (22<sup>+0</sup>);</li> <li>3. allow the birth to happen naturally.</li> </ol>	<ol style="list-style-type: none"> <li>1. Where would the birth take place – obstetrics v gynaecological ward?</li> <li>2. Do the different options for induction impact on the stillbirth registration? If not is there a gestation at which this would impact?</li> <li>3. What gestation is used for registration purposes? Gestation at birth; when death confirmed; other</li> <li>4. How will these factors impact on the parents? Funerals; Maternity/paternity pay &amp; leave; Registration</li> <li>5. Is registration of births outside the criteria possible? Optional or informal registration of births</li> <li>6. Are there international differences that would affect data comparability?</li> </ol>
Vignette 1b	
<p>A pregnant woman attends a midwifery unit for a routine check at <b>23<sup>+5</sup> weeks gestation</b>. It is a singleton pregnancy. The baby's heartbeat cannot be found using a Doppler. An ultrasound scan confirms the baby has died. It is not known when the death occurred but a heartbeat was recorded at an appointment at <b>22<sup>+2</sup> weeks</b>.</p> <p>The woman is given the option of having the birth induced</p> <ol style="list-style-type: none"> <li>a) on that day (23<sup>+5</sup>);</li> <li>b) two days later (24<sup>+0</sup>);</li> <li>c) allow the birth to happen naturally.</li> </ol> <p>As vignette 1a but later gestation</p>	<ol style="list-style-type: none"> <li>1. Are the answers to questions 1-4 in 1a (above) the same after changing the gestation at the time death confirmed?</li> <li>2. Are there earlier or later gestational ages which would lead to different answers?</li> </ol>
Vignette 1c	
<p>A pregnant woman expecting twins attends an anomaly scan at 21<sup>+5</sup> weeks gestation.</p> <p>Twin 1's heartbeat cannot be found during the ultrasound scan and the baby is confirmed to have died. It is not known when the baby died but the last confirmed heartbeat was at the dating scan at 13<sup>+0</sup>.</p> <p>Twin 2 is alive.</p> <p>Similar to vignettes 1a and 1b but in a multiple pregnancy</p>	<ol style="list-style-type: none"> <li>1. Would twin 1 be registered as a stillbirth if <ol style="list-style-type: none"> <li>a) Twin 2 is live born at 22<sup>+0</sup> or 24<sup>+0</sup> or 36<sup>+0</sup></li> <li>b) Twin 2 is live born but dies within 7 days of life</li> <li>c) Twin 2 is stillborn at 22<sup>+0</sup> or 24<sup>+0</sup> or 36<sup>+0</sup></li> </ol> </li> <li>2. What gestation is used for registration purposes?</li> <li>3. How will these factors impact on the parents?</li> <li>4. Are there international differences that would affect data comparability?</li> </ol>

Vignette 2a	Questions
<p>A pregnant woman arrives at the maternity unit following rupture of membranes and pain at 23+5. She is admitted to the unit.</p> <p>The next day the obstetrician explains that extremely preterm birth is likely. The parents decide that they would rather opt for a termination of pregnancy than risk their child having poor quality of life following extremely preterm birth.</p> <p>The obstetrician agrees and a plan for induction of labour is made. The obstetrician arrives to induce the labour but on examination the woman is already fully dilated and she gives birth at 23+6. The baby shows faint signs of life.</p>	<ol style="list-style-type: none"> <li>1. What signs of life define a live birth registration?</li> <li>2. Does the gestation impact on how clinical signs of life are interpreted?</li> <li>3. In what circumstances would resuscitation and active treatment be initiated? Based on gestation at birth? Including/irrespective of parents wishes ?</li> <li>4. How is the birth registered if it is a) live birth or b) intrapartum stillbirth?</li> <li>5. Are there circumstances where this would be recorded as a termination of pregnancy?</li> <li>6. How will Q1-5 impact on the parents?</li> <li>7. Are there international differences that would affect data comparability?</li> </ol>
Vignette 2b	
<p>A pregnant woman arrives at the maternity unit following rupture of membranes and pain at 23+5. She is admitted to the unit.</p> <p>The next day the obstetrician explains that extremely preterm birth is likely. The parents decide that they would rather opt for a termination of pregnancy than risk their child having poor quality of life following extremely preterm birth.</p> <p>The obstetrician agrees and a plan for induction of labour is made. A feticide is undertaken and the labour is induced. The baby is born showing no signs of life at 24+0.</p> <p>As Vignette 2a but the induction is undertaken</p>	<ol style="list-style-type: none"> <li>1. How is the birth registered?</li> <li>2. Would a feticide always be legally required?</li> <li>3. What signs of life would lead to a live birth registration of a termination of pregnancy?</li> <li>4. Will there be an impact on the parents?</li> <li>5. Are there international differences that would affect data comparability?</li> </ol>
<p>Summary questions</p> <ol style="list-style-type: none"> <li>1. What gestational age and/or birth weight cut-offs are required for international comparisons?</li> <li>2. How do we compare data that include TOPs?</li> <li>3. What population should be used in analyses? <ol style="list-style-type: none"> <li>a. All births</li> <li>b. Births alive at onset of labour</li> <li>c. All live births</li> <li>d. Live births surviving to discharge or admission to a neonatal unit</li> </ol> </li> <li>4. What are the issues surrounding these definitions? E.g. defining and recording of alive at onset</li> </ol>	