

Registration of stillbirths

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Abstract

This briefing paper concerns the processes and procedures involved in the registration of stillbirths. It provides background to the registration of stillbirths in Ireland, with a particular focus on concerns in respect of the privacy/openness of stillbirth registers. In addition, it considers the role/social function of a register. Finally, it provides an overview of the nature of registration procedures and processes internationally, as well as a number of case studies (England and Wales, Australia, New Zealand, and Canada).



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Introduction

This briefing paper concerns the processes and procedures in respect of systems for registering stillbirths, with a particular focus on case studies in other jurisdictions (providing brief synopses and signposts/links where appropriate).

The briefing paper is structured as follows:

- Section 1 provides background to the registration of stillbirths in Ireland, with a particular focus on concerns in respect of the privacy/openness of stillbirth registers;
- Section 2 considers the role/function of a register from both a technical and social perspective (primarily based on themes/insights arising in academic discussion);
- Section 3 provides an overview of registration processes internationally, as well as case studies of registration processes in other, common law, English-speaking jurisdictions (namely England and Wales, Australia, New Zealand, and Canada).

Background

In 1995, stillbirths were registered in Ireland for the first time under the [Stillbirths Registration Act, 1994](#) (the 1994 Act). Under [section 1](#) of the 1994 Act, stillbirths are defined as “foetal deaths weighing 500 grams or more or at gestational age of 24 weeks or more”. This definition applies to stillbirth figures from 1995 onwards.¹ The 1994 Act was repealed with the introduction of the [Civil Registration Act 2004](#) (see [Part 3](#) in respect of the registration of births and stillbirths).

In a PQ response, the Minister for Health noted that recommendations by the HSE and the Royal College of Physicians in Ireland² for the threshold of foetal viability to be reduced from 24+0 weeks gestation to 23+0 weeks gestation has a potential impact of stillbirth registration:

In light of this change in clinical practice, consideration is being given to potential changes that may need to be made to the definition of stillbirth within the Civil Registration Act 2004. As part of this process, officials from my Department are engaging with other relevant Departments regarding this potential definition change.³

According to a PQ response from the Minister for Social Protection, a review of the civil registration system is currently underway by the General Register Office⁴:

The General Register Office (GRO) is currently undertaking an examination of the current registration provisions for Stillbirths. This examination is seeking to establish what changes, if any, are required with respect to the current criteria; to consider the voluntary or

¹ [Standard Report on Methods and Quality for Stillbirths Registration 2007–Onwards \(cso.ie\)](#), February 2020

² See [Perinatal management of extreme preterm birth at the threshold of viability \(hse.ie\)](#)

³ [Civil Registration Service – Wednesday, 13 Oct 2021 – Parliamentary Questions \(33rd Dáil\) – Houses of the Oireachtas](#)

⁴ The General Register Office (GRO) operates under the aegis of the Department of Social Protection and has responsibility for the administration of the Civil Registration Service in Ireland. [Source: [General Register Office – Thursday, 25 Nov 2021 – Parliamentary Questions \(33rd Dáil\) – Houses of the Oireachtas](#)]

mandatory nature of registration; to consider the issue of access to the register, including the matters referenced in the questions; and to consider what provision, if any, can be made for registration where the current criteria do not apply.

I am advised that the GRO hope to in a position to consult with a range of advocacy groups and others with an interest in these matters before the end of the year with a view to making proposals to me early next year.⁵

A further PQ response by the Minister at this time advised the following in respect of potential changes to the registration of stillbirths and the potential opportunity for parents to have their child or children placed on the birth and death register instead and to receive a birth and death certificate for their children:

Registration of stillbirths in this country largely reflects international practice, with the exception that registration is voluntary and is not published in a public register. At this stage, I would be reluctant to depart from the broad framework for registration that has been established or to depart from international practice.

I know and appreciate that some parents would like to see a change in the law, but I am not convinced that the change you are proposing in the question would serve the needs of parents more generally. The Deputy may wish to note that of the stillbirths that occur annually, fewer than half of these are registered. I would not wish to remove this element of choice from parents.⁶

A more recent PQ from the Minister provided an update in respect of the GRO's review:

The General Register Office (GRO) is currently considering a range of revisions to improve the functioning of the civil registration system in the State. I expect to be in a position to consider proposals from the GRO for amending legislation later this year. I have been informed by the GRO that any proposals for amending legislation will include changes to the current criteria for Stillbirths to ensure that civil registration legislation is aligned to current clinical practice.

With respect to making provision for the registration of miscarriages that do not meet the criteria for Stillbirth registration, I understand that work on the policy options is still ongoing.⁷

⁵ [Registration of Deaths – Tuesday, 2 Nov 2021 – Parliamentary Questions \(33rd Dáil\) – Houses of the Oireachtas](#)

⁶ [Registration of Deaths – Tuesday, 2 Nov 2021 – Parliamentary Questions \(33rd Dáil\) – Houses of the Oireachtas](#)

⁷ [Civil Registration Service – Tuesday, 8 Mar 2022 – Parliamentary Questions \(33rd Dáil\) – Houses of the Oireachtas](#)

1. Legislative and historical context

The 1994 Act introduced the official registration of stillbirths in Ireland for the first time. During Second Stage debate of the Stillbirth Registration Bill in February 1994, the Minister for Equality and Law Reform, Mervyn Taylor, T.D., recognised that bereaved parents had no facility to have their loss acknowledged, something which he noted was widely recognised in research as being a vital part of the grieving process. Minister Taylor, stated that:

“The establishment of a stillbirths register, as proposed in the Bill, would provide tangible evidence of the existence of stillborn children and so serve as a focus for the memories of bereaved parents.”⁸

He noted that most European countries, if not all, had some form of registration for stillbirths and that various quarters had been calling for a stillbirth register for some time. This included bereaved parents as well as organisations such as the Irish Stillbirth and Neonatal Death Society, ISANDS who had campaigned for over a decade for a register, prior to the 1994 Act. It was also noted that it was one of the recommendations of the Second Commission on the Status of Women.⁹ The Bill received all party support, with many commending the Minister for its introduction.

Minister Taylor revealed that the rationale for the register was primarily therapeutic and, on this basis, he proposed that the definition of a stillbirth should be framed as widely as possible, consistent with accepted medical norms. This is the definition which became [section 1](#) of the 1994 Act. Senator Neville, in welcoming the Bill, noted that “Ireland is the last EU country to establish a stillbirth register. Britain has had a register for 40 years and Northern Ireland has had one for 30 years.”¹⁰ It was noted by Senator McGennis that the “register was to be established in the context of a general review of the registration of births and marriages and that is why it was left on the long finger. The Minister took it out of the general review.”¹¹

There appears to have been little comment made on the closed nature of the register. At second reading, Minister Taylor stated that section 8 of the Bill would deal with access to entries in the register. He noted that the register would be kept private, stating that “no public interest would be served by having the information on the registers open to the public” and “an openly accessible register could be seen as an invasion of privacy of the persons concerned. The register of stillbirths here, like those in the UK and Northern Ireland, will be private.”¹²

During debate in the Dáil, Deputy Ferris stated “that the register will not be open to public inspection. I agree that this data should be confidential to protect the families concerned.”¹³ Similar

⁸ Minister for Justice and Law Reform, Mervyn Taylor, T.D., [Stillbirth Registration Bill 1994: Second Stage](#) (second reading speech), *Seanad Eireann Debate*, 2 February 1994.

⁹ [Second Commission on the Status of Women: Report to Government](#), January 1993.

¹⁰ Senator Dan Neville, [Stillbirths Registration Bill 1994: Second Stage](#) (second reading speech), *Seanad Eireann Debate*, 2 February 1994.

¹¹ Senator Marian McGennis, [Stillbirths Registration Bill 1994: Second Stage](#) (second reading speech), *Seanad Eireann Debate*, 2 February 1994.

¹² Minister for Justice and Law Reform, Mervyn Taylor, T.D., [Stillbirth Registration Bill 1994: Second Stage](#) (second reading speech), *Seanad Eireann Debate*, 2 February 1994.

¹³ Deputy Michael Ferris, [Stillbirths Registration Bill 1994: Second stage](#) (supplementary estimates) *Dáil Eireann Debate*, 17 February 1994.

sentiments were expressed by Deputy Flood who noted that he was glad to see the register was not public as it was very personal to the parents and immediate family.¹⁴

The 1994 Act was repealed with the introduction of the [Civil Registration Act 2004](#). Part 3 of the Civil Registration Act 2004 deals with the registration of births and stillbirths. [Section 28](#) sets out the conditions for the registration of stillbirths including who may register a stillbirth. This includes the parents, a relative if both parents are deceased, a registered medical practitioner/ midwife or a coroner. The registrar must be provided with the required particulars and, where available, a medical statement. The register is signed in the presence of the registrar. Subsection 4 provides that if a stillbirth is not registered within 12 months, the hospital, midwife or medical practitioner who attended the birth may be asked to register it. Since the introduction of the 2004 Act, a stillbirth can be registered in any district, regardless of where it took place.

[Section 29](#) provides for the registration of stillbirths that occurred before 31 December 1994. It provides that a parent of the stillborn child or a relative of either parent of the child who has knowledge of the stillbirth may give the required particulars in relation to the stillbirth and satisfactory evidence to any registrar for registration.

[Section 62](#) of the 2004 Act sets out who is permitted to search the register of stillbirths. Subsection 1 provides that no-one other than an tArd-Chláraitheoir¹⁵ or authorised staff may search the register of stillbirths. Under subsection 2, a written application to access a copy of a specific entry in the register can only be made by the father or mother. This can only occur once they have satisfied the t-Ard-Chláraitheoir that they are the father or mother and have provided the required particulars relating to the stillbirth.

Féilecáin (the Stillbirth and Neonatal Death Association of Ireland) issued a statement on 15 October 2021, launching the 'Remember Our Names' campaign, which called for an immediate amendment to the legislation to make the stillbirth register public. It stated:

“We recognise that the stillbirth register was made private with the intention to protect the privacy of families but that is not something bereaved parents want. It is something we find parents feel very strongly about. To respect families who may have wanted this in the past we recommend opening the Stillbirth Register immediately, to keep records prior to this date private but give parents whose babies were born before this change the option to opt out and make their babies record public. This would ensure every bereaved parent is given respect and a choice”¹⁶

Similar requests have been made by other Irish organisations:

¹⁴ Deputy Chris Flood, [Stillbirths Registration Bill 1994: Second stage](#) (supplementary estimates) *Dáil Éireann Debate*, 17 February 1994.

¹⁵ This term originated in section 4 of the *Registration of Births and Deaths (Ireland) Act 1863*. [Section 3](#) of the *Vital Statistics and Births, Deaths and Marriages Registration Act 1952* amended section 4 changing to Oifig an Ard-Chláraitheora and the title of the person appointed under those sections for those offices to an tArd-Chláraitheoir.

¹⁶ Féilecáin, [“Remember Our Names’ Féilecáin pleads with the Irish Government to make the Stillbirth Register Public”](#), 14 October 2021.

“The stillbirth register needs to be open with an opt-out for bereaved parents, keeping in mind that other qualified people such as hospital staff or coroners can register a baby as being stillborn without the parent’s permission.”¹⁷

International approaches – access to registers

Predominantly, it appears that many common law jurisdictions provide for a closed stillbirth register. Historically, there was debate in Scotland around the status of stillbirth registers, with regulations for registrars preventing public access to the register on the basis that it was not primarily a matter of public record and was instead for statistical and neonatal health information.¹⁸ Currently, in Scotland there is no public access to the stillbirth register and the permission of the Registrar General is required.¹⁹

In Northern Ireland, the register is closed and cannot be publicly accessed.²⁰ Under [section 35\(3\)](#) of the *Civil Registration Act 1984*, registers of stillbirths are closed in the Isle of Man. Similarly, in the U.K., the stillbirth register is not publicly accessible.²¹ In Alberta, Canada, the register is not publicly accessible, with provision for an application by a person with a court order for access.²² In New Zealand, birth, death, marriage, civil union and name change records are a public register. Provision is made in the form of a non-disclosure direction where a person thinks that public access to their records would put them or their family in danger.²³

¹⁷ Irish Neonatal Health Alliance (INHA) and Peas in a Pod: Loss in a multiple pregnancy, [Oireachtas Briefing Paper: Baby Loss](#), 2021, at p. 6.

¹⁸ Davis G., “[Stillbirth registration and perceptions of infant death, 1900–60: the Scottish case in national context](#)”, *The Economic History Review*; 62(3) 2009, 629–654 at 641.

¹⁹ National Records of Scotland, [About Registration in Scotland](#) (last accessed 13 May 2022).

²⁰ Vital Statistics Unit, [Background Quality Report \(BQR\) for Northern Ireland Stillbirth Statistics](#), 30 April 2021 at p. 8.

²¹ [Section 32](#) *Births and Deaths Registration Act 1953*.

²² Alberta Government, [Order Stillbirth Documents](#) (last accessed 13 May 2022).

²³ New Zealand Government, [Access to your birth, marriage and name change records](#) (last accessed 13 May 2022).

2. Role/social function of a register

This section provides an overview of academic considerations of the role/social function of a register, including difficulties relating to the variance in how stillbirths are defined and counted across jurisdictions.

An [article](#) published in *The Lancet*, which focused on quantifying the burden of stillbirths before 28 weeks of completed gestational age in high-income countries, concluded that:

Present definitions used for international comparisons exclude a third of stillbirths. International consistency of reporting stillbirths at 24 weeks to less than 28 weeks suggests these deaths should be included in routinely reported comparisons. This addition would have a major impact, acknowledging the burden of perinatal death to families, and making international assessments more informative for clinical practice and policy. Ascertainment of fetal deaths at 22 weeks to less than 24 weeks should be stabilised so that all stillbirths from 22 completed weeks of gestation onwards can be reliably compared.²⁴

Further, a [paper](#) from the University of Melbourne highlighted that difficulties in respect of recording/reporting stillbirths due to a lack of clear definitions impacts on civil registration and vital statistics (CRVS):

Not only are existing laws on CRVS often fragmented among different statutes and acts, but the available law usually does not provide clear definitions of important CRVS concepts and terms. For example, early neonatal deaths (deaths occurring within the first week of life) are sometimes classified as stillbirths to avoid having to register both a birth and a death within a few days of each other. This distorts the resulting statistics and prevents public-health authorities from identifying and addressing important issues in perinatal health. It is important that civil registration laws include clear definitions of terms such as 'fetal death', 'stillbirth', and 'live birth' and that these are in line with international standards.²⁵

The consequences of registration procedures and processes, as well as the criteria related to these, were also highlighted at a recent European workshop:

Clinicians and parents are often not aware of the overall consequences of registration of the baby as a live or stillbirth. Participants discussed the impact of legislation and other factors leading to differentials in access to maternity and paternity pay and leave, funeral costs, bereavement care, and official birth and death registration based on whether the death is reported as a stillbirth or neonatal death. For example, the requirement for a funeral differed for stillbirths and neonatal deaths, and in some countries this leads to a higher financial burden for parents in the case of neonatal death. Access to maternity and

²⁴ Smith, L. *et al.*, [Quantifying the burden of stillbirths before 28 weeks of completed gestational age in high-income countries: a population-based study of 19 European countries](#), *The Lancet*, Volume 392, Issue 10158, November 2018, P.1639-1646. Full text of a pre-print version of this article is available at: <https://openaccess.city.ac.uk/id/eprint/20807/1/>

²⁵ University of Melbourne. [Strengthening CRVS systems through effective legislation. CRVS best-practice and advocacy](#), Melbourne, Australia: Bloomberg Philanthropies Data for Health Initiative, Civil Registration and Vital Statistics Improvement, University of Melbourne, 2018, p.10

paternity pay and leave may be different based on the type of registration. For example, in the UK, parents of babies born before 24 weeks' gestation are only eligible for maternity or paternity leave if the baby is liveborn and so a clinician's decision to look for signs of life may be partially dependent on their awareness of this legal difference.²⁶

In addition, lack of available data impacts on the comparability of stillbirth incidence/rates internationally:

The first WHO estimates of stillbirth were developed in 2006, highlighting the lack of available data, when two studies concurrently estimated 3 million stillbirths per year globally, with 99% of them in low- and middle-income countries. The absence of national registration systems for stillbirths, which had hidden this large global burden for so long, has now been addressed to some extent; the number of countries without national-level stillbirth data was reduced to 38 in 2015. However, a recent review reported the number of stillbirths had reduced only slightly to an estimated 2.6 million globally in 2015, with death registration provided for fewer than 5% of these deaths. Further improvement in stillbirth registration and reporting will enable both accurate temporal monitoring and international comparisons of perinatal health.²⁷

Recent research noted that variations exist in respect of the recording/registering of stillbirths in Europe:

.. most of the 31 participating [European] countries register fetal deaths from 22 weeks' gestation and live births of any gestation. However, some countries still have higher gestational age thresholds for legal registration of fetal deaths (Bulgaria: 26 weeks, UK: 24 weeks, and Italy: 180 days). Some countries register fetal deaths based on birthweight criteria only or based on gestation but with a birthweight threshold of 500 g (Austria, Belgium, Czech Republic, Germany, and Poland) so births from 22 weeks' gestation below 500 g in weight are not systematically registered. In France, registration of stillbirths is voluntary from 15 weeks. One way to fill the gaps in statutory registration data is to use data from medical registers or other sources. For instance, data on stillbirths from 22 weeks are available in Italy via a spontaneous abortion register and in the UK through national perinatal mortality surveillance.²⁸

Noting that "measurement remains a challenge even in high-income countries", a recently published [article](#) in the *European Journal of Public Health* considered the challenges associated with reporting stillbirths in a European context, particularly around clarity and consistency:

²⁶ Smith, L.K, Blondel, B. and Zeitlin, J., [Producing valid statistics when legislation, culture and medical practices differ for births at or before the threshold of survival: report of a European workshop](#), *BJOG: An International Journal of Obstetrics & Gynaecology*, Volume127, Issue 3, February 2020, P.314-318, p.316

²⁷ Morisaki, N. *et al.*, [Impact of stillbirths on international comparisons of preterm birth rates: a secondary analysis of the WHO multi-country survey of Maternal and Newborn Health](#). *BJOG: an international journal of obstetrics and gynaecology*, 2017, Vol. 124 Issue 9, P.1346–1354, p.1352

²⁸ Smith, L.K, Blondel, B. and Zeitlin, J., [Producing valid statistics when legislation, culture and medical practices differ for births at or before the threshold of survival: report of a European workshop](#), *BJOG: An International Journal of Obstetrics & Gynaecology*, Volume127, Issue 3, February 2020, P.314-318, p.314-315

Routine stillbirth data for European countries in international databases are not comparable and should not be used for benchmarking or surveillance without careful verification with other sources.²⁹

In terms of the complexities associated with two data sources³⁰ (Eurostat³¹ and Euro-Peristat³²), it highlighted the situation in Ireland and the UK:

Data provided to Eurostat come predominantly from demographic statistics collected by national statistical agencies, which may not collect information on birthweight or GA, whereas Euro-Peristat collects data from sources which have these data, such as medical birth registers and perinatal databases. Registration rules and criteria can also differ between data sources. In Ireland, for instance, Eurostat uses data from the Central Statistics Office which only includes registered births and perinatal deaths. In Ireland, it is not a legal requirement for parents/guardians to register stillbirths. Euro-Peristat uses data from the National Perinatal Reporting System, validated using hospital data by the Healthcare Pricing Office, which can provide data using Euro-Peristat definitions. For the UK, we used national birth registrations of live births from England and Wales, Scotland and Northern Ireland combined with stillbirth data for the UK from national perinatal mortality surveillance by MBRRACE-UK as this includes stillbirths starting at 22 weeks, whereas civil registration data only records stillbirths starting at 24 weeks.³³

A number of recommendations to improve the quality of data available were made, including the following in respect of registration:

One way to improve data and to ensure compatibility between data collection in countries with multiple data sources is to encourage linkage, in particular between vital statistics and medical birth registers. Several European countries link these data on a routine basis or for research, showing its technical feasibility, but these practices are far from universal. Birth registers tend to have higher quality data on the clinical conditions affecting stillbirths enabling evaluation of perinatal policies and studies show that linking data between medical and vital statistics registries improves the quality of information..³⁴

Of note also is a workshop³⁵ held by the Euro-Peristat network to identify ways to improve the comparability of data on early gestational age births. This workshop made recommendations for

²⁹ Gissler, M. *et al.*, [Clarity and consistency in stillbirth reporting in Europe: why is it so hard to get this right?](#), *European Journal of Public Health*, Volume 32, Issue 2, April 2022, Pages 200–206, p.200

³⁰ As Euro-Peristat only collects new data periodically, it was noted that data to assess annual trends in stillbirth in Europe must be taken from Eurostat, the official statistical system for demographic and health data in Europe based on data reported by national statistics offices.

³¹ This is based on data reported by national statistical offices to Eurostat, the official European statistical office.

³² Thirty-one countries participated in the Euro-Peristat data collection (reference year, 2015), with data on births ≥22 weeks' gestational age (GA) or when GA is missing, with a birthweight ≥500 g.

³³ Gissler, M. *et al.*, [Clarity and consistency in stillbirth reporting in Europe: why is it so hard to get this right?](#), *European Journal of Public Health*, Volume 32, Issue 2, April 2022, Pages 200–206, p.204

³⁴ *ibid*, p.205

³⁵ This was held in Kerkrade, the Netherlands in April 2018.

the reporting of births at the threshold of survival in Europe in light of the 2015 Canadian Consensus Conference³⁶, which explored improving foetal death registration procedures. To establish key standards to reduce international variation in reporting of deaths at or before the threshold of survival, the workshop sets out the following data requirements:

Data requirements

Recording of all births and deaths from at least 22 weeks' gestational age in vital statistics or medical birth registers.

Recording of gestational age at birth for all births and deaths.

Identification of and ability to exclude terminations of pregnancy at ≥ 22 weeks.³⁷

In deliberating on improving foetal death registration procedures, the Canadian Consensus Conference noted that:

There is substantial international variability in stillbirth registration criteria. For instance, Norway registers stillbirths ≥ 12 weeks of gestation, the Netherlands and the UK register stillbirths ≥ 24 weeks of gestation, whereas Italy requires registration at ≥ 180 days of gestation. In the USA, a few states register all products of conception, another 25 states register stillbirths ≥ 20 weeks of gestation, and 12 states register stillbirths ≥ 20 weeks or ≥ 350 g. Varying criteria for registration and variability in adherence with these criteria seriously limits the value of international comparisons of stillbirth rates.³⁸

Consensus amongst Conference participants was achieved for a range of recommendations, including:

2. Criteria for registration of spontaneous fetal deaths should be revised as follows:
 - a. Registration of spontaneous fetal deaths should be required for all fetal deaths occurring at ≥ 20 completed weeks of gestation.
 - b. If gestational age at fetal death and gestational age at stillbirth are both unknown, a birthweight criterion of ≥ 400 g should be used to determine if the fetal death requires registration.³⁹

Notwithstanding this, difficulties associated with the nature of the registration of stillbirths were highlighted:

Stillbirth registration procedures, modelled after live birth registration and not death registration, can impact patient care because they mandate parental involvement. In most jurisdictions, the law requires that parents complete stillbirth registration forms and submit

³⁶ This was held in Vancouver, Canada in October 2015.

³⁷ Smith, L.K, Blondel, B. and Zeitlin, J., [Producing valid statistics when legislation, culture and medical practices differ for births at or before the threshold of survival: report of a European workshop](#), *BJOG: An International Journal of Obstetrics & Gynaecology*, Volume 127, Issue 3, February 2020, P.314-318, p.314,315

³⁸ Joseph, K.S. *et al.*, [Rationale and recommendations for improving definitions, registration requirements and procedures related to fetal death and stillbirth](#), *BJOG: An International Journal of Obstetrics & Gynaecology*, Volume 124, Issue 8, July 2017, P.1153-1157, p.1154

³⁹ *ibid*, p.1156

the completed forms to the Vital Statistics Office (which, in addition, receives a separate physician/midwife notification of stillbirth). The legal formalities associated with stillbirth, which require the mother to be directly involved in completing the stillbirth registration documents and in the burial/cremation arrangements, may add to the psychological trauma experienced by some grieving mothers.⁴⁰

In light of such difficulties, a further recommendation was discussed – though no consensus was achieved in respect of this – by participants at the Conference, which included the following:

Support and respect women's choices to participate or not participate in paperwork and other bureaucratic requirements through alternate mechanisms (e.g. by permitting healthcare (sic) personnel to complete forms and make burial/cremation arrangements).⁴¹

A later [commentary piece](#) in the *Canadian Journal of Public Health* highlighted the impact of a live birth registration model as compared to a death registration model for the registration of stillbirths:

Current stillbirth registration processes in most provinces/territories are based on the live birth registration model, rather than the (child or adult) death registration model. The onus for stillbirth registration, therefore, falls on the parents rather than the health care provider. Modeling fetal death registration on death registration processes would transfer the burden from grieving parents to health care providers, and likely improve the accuracy of the information collected for surveillance purposes. This does not imply that parents have to be excluded from this or other stillbirth-related grieving activities.⁴²

With a view to modelling registration of stillbirths on death (as opposed to birth) registration processes, it made a number of recommendations, including:

- .. 2. Vital registration and public health surveillance should shift its focus from surveillance of stillbirth (i.e., birth of an expired fetus ≥ 20 weeks' gestation) to surveillance of fetal death (i.e., death of the fetus at ≥ 20 weeks' gestation).
3. All fetal deaths that occur at ≥ 20 weeks' gestation should require registration as vital events, or reporting as medically notifiable events ..
4. The responsibility for registering a fetal death at ≥ 20 weeks' gestation should lie with the attending health care provider. Parents who wish to be involved in the process of registration or with burial and other arrangements should be respected and accommodated.⁴³

⁴⁰ *ibid*, p.1154

⁴¹ *ibid*, p.1156

⁴² Joseph, K.S., *et al.*, [Stillbirth in Canada: anachronistic definition and registration processes impede public health surveillance and clinical care](#), *Canadian Journal of Public Health*, 2021, Vol 112, P.766–772, p.770

⁴³ *ibid*, p.771

3. Overview of nature of registration internationally

This section provides an overview of registration processes internationally, as well as case studies of registration processes in other, common law, English-speaking jurisdictions (namely England and Wales, Australia, New Zealand, and Canada).

- An international [review](#) of maternity bereavement experience surveys was recently conducted by the National Care Experience Programme⁴⁴ (NCEP) in preparation for the first national survey⁴⁵ in Ireland. It contained a table (see below) which sets out the definitions of miscarriage, stillbirth and neonatal death used in a range of countries.

Table 4. International Definitions of Miscarriage, Stillbirth and Neonatal death:

	UK	Australia	Spain	USA	Italy	Canada	Ireland
Definition							
Miscarriage	Pregnancy loss up to 23+6 weeks gestation.	Pregnancy loss with no cardiac activity documented at < = 20 weeks gestation.	The involuntary loss of a developing fetus before the 20th week of pregnancy.	The loss of a baby before the 20th week of pregnancy.	The loss of a pregnancy before 180 days of gestation (25 weeks and 5 days), are considered spontaneous abortions.	The loss of a pregnancy before 20 weeks gestation of pregnancy.	Pregnancy loss < 23+6 weeks gestation
Stillbirth	When a baby is born dead after 24 completed weeks of pregnancy.	A baby born with no heart beat or respiration, or other signs of life with a birth weight > = to 400 g or gestation at birth > = to 20+0 weeks gestation.	In Spain registration of fetal deaths is required only in cases where the gestation is > than 180 days Stillbirth is a baby born dead at or after 26 weeks gestation.	A baby born with no signs of life from 20 weeks gestation. Early SB :20 to 27 weeks Late SB: 28 to 36 weeks Term SB: from 37 weeks completed pregnancy*	Italy does not register fetal deaths before 180 days of gestation (25 weeks and 5 days). Stillbirth is defined as fetal demise at or after 26 weeks of gestation.	Loss of a pregnancy over 20 weeks gestation with a birth weight of 500 grams or more	A baby born with no signs of life with a birth weight > = to 500g or gestation at birth > = to 24 weeks gestation.
Neonatal Death	A baby born at any time during the pregnancy who lives, even briefly, but dies within four weeks birth.	Death of a newborn baby of any gestation or birth weight within 28 days of live birth, when heart beat or respiration or other signs of life were observed after the birth is completed.	In Spain registration of fetal deaths is required only in cases where the gestation is greater than 180 days.	Live born baby who dies in the first 28 days of life.	A baby born alive who dies in the first 28 days of life. Early NND – 1 st 7 days of life Late NND – after 7 days up to 1 st month of life.	Death of a baby within 28 days of life.	Live born baby who dies in the first 28 days of life. ENND – first 7 days of life LNND – after 7 days up to 28 days of life.

Reproduced from National Care Experience Programme ⁴⁶

⁴⁴ The NCEP is a joint initiative from the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health. [Source: [Home - National Care Experience Programme \(yourexperience.ie\)](#)]

⁴⁵ The National Maternity Bereavement Experience Survey will be the first national survey asking bereaved parents about their experiences of maternity bereavement care in Ireland. It is anticipated that it will be conducted in 2022. [Source: [About the survey - National Care Experience Programme \(yourexperience.ie\)](#)]

⁴⁶ Source: [International Review of Maternity Bereavement Experience Surveys \(yourexperience.ie\)](#), p.69-70

- A recent [thesis](#) conducted at the London School of Hygiene & Tropical Medicine focused on data estimates in respect of global stillbirth, preterm birth and low birthweight rates. It contained a table (see below) presenting an overview of the variations in legal reporting requirements for live and stillbirths across Europe, noting that this can range from 3 days in France, the Netherlands and Switzerland to up to 6 weeks in England, Wales and Northern Ireland.⁴⁷

Table 2-7 Variations in legal reporting requirements for live and stillbirths across Europe

Country	Netherlands	Switzerland	France	Luxembourg	Austria	Germany	Spain	Greece	Italy	Belgium	Portugal	UK	Turkey
Live birth registration limit	3 days	3 days	3 days	5 days	1 week	1 week	8 days	10 days	10 days	15 days	20 days	21 days (Scotland) 6 weeks (rest)	30 days
Registration of live births who died before birth registration	Issued birth and death certificate	Issued birth and death certificate	Pre 1993, Stillbirth certificate. Since 1993, issued birth and death certificate	Special certificate for a lifeless child (Stillbirth certificate)	Issued birth and death certificate	Issued birth and death certificate	Issued birth and death certificate if >24 hours. <24 hours in 'legajo de abortos'	<10 days issued birth certificate (with death details) only	Issued birth and death certificate	Pre 1984 as Luxembourg. Since 1984 issued birth and death certificate	Issued birth and death certificate	Issued birth and death certificate	Issued birth and death certificate
Legal limit for required stillbirth registration	≥24 weeks	≥7 months	≥180 days	≥180 days	≥500g	≥500g	≥7 months	≥180 days	≥28 weeks	≥180 days	≥22 weeks	≥24 weeks	No civil status instrument
Registration of stillbirths	Entered into register of deaths	Issued birth certificate with reference to the death	Entered into register of deaths	Entered into register of deaths	Entered into register of deaths	Pre 1998, in register of deaths, Post 1998 in birth register	Entered into a special sheet 'legajo de abortos'	Issued birth certificate with reference to the death	Issued birth certificate with reference to the death	Entered into register of deaths	Post 1997 no certificate issued. A registry declaration filed only	Issued a certificate of stillbirth Entered in specific 'Register of Stillbirths'	Not registered
Inclusion of a name in the stillbirth record	Yes if parents request	Yes if parents request	Yes if parents request	First name not allowed	Not permitted	Yes if parents request	Not permitted	Yes if parents request ^a	Under discussion	First name not allowed	Not permitted	Yes if parents request	Not registered
Legal status for burial of stillbirth	No legal framework, but possible in practice	According to local canton practice	No legal framework	At parents request in the family grave	According to local authority practice	At parents request	If present medical certificate	Not permitted	Not permitted	At parents request, but only in special part of cemetery	Not permitted	At parents request	Not permitted

Data source: Civil status and perinatal death in CIEC member states¹⁶¹. ^a First name rarely included as naming usually occurs at baptism

Reproduced from Blencowe (2020)⁴⁸

- Country-level variations in respect of the criteria for registering stillbirths are presented in Table 1 (see below) of a recent [article](#) in *Pediatrics* examining international differences in the classification of births at extremely low gestation and the subsequent impact on the calculation of survival rates across 7 countries (US, UK, Canada, Finland, Norway, Sweden, and Japan).

TABLE 1 Country Characteristics of Registration of Births at 22 to 25 Weeks' Gestational Age

Country, y	United States	Canada	United Kingdom	Norway	Finland	Sweden	Japan
Stillbirth registration criteria	≥20 wk or ≥350 g ^a	≥20 wk or ≥500 g	≥22 wk ^b	≥12 wk	≥22 wk or ≥500 g	≥22 wk	≥12 wk
Birth at 22–25 wk per 1000 births ^c	4.64 (18 645/4 014 710)	3.26 (5668/1 736 472)	3.19 (4879/1 528 807)	2.18 (662/303 945)	1.79 (633/353 572)	2.27 (1034/353 572)	2.21 (4592/2 079 409)
Live birth at 22–25 wk per 1000 births ^d	3.22 (12 861/3 993 873)	2.30 (3979/1 728 441)	2.02 (3069/1 521 500)	1.32 (400/302 826)	1.16 (410/352 579)	1.55 (705/453 445)	1.31 (2714/2 073 181)

All numbers include births with missing gestational age at delivery in the denominator.

^a Registration criteria differ by state, with states using ≥20 wk, ≥350 g, or a combination of the 2.

^b National registration is for births at ≥24 wk. Additional reporting of all deaths from ≥22 wk are included in the data.

^c Total births at 22–25 wk per total births at ≥22 wk.

^d Live births at 22–25 wk per live births at ≥22 wk.

Reproduced from Smith et al. (2018)⁴⁹

⁴⁷ Source: Blencowe, H. (2020) [Counting the smallest: data to estimate global stillbirth, preterm birth and low birthweight rates](#). PhD (research paper style) thesis, London School of Hygiene & Tropical Medicine, p.58

⁴⁸ *ibid*, p.59

⁴⁹ Smith L.K., et al., [An International Comparison of Death Classification at 22 to 25 Weeks' Gestational Age](#), *Pediatrics*, 2018, Vol. 142 Issue 1, p.3

The authors considered the quality of data in respect of registration in the context of the management and care of extremely preterm infants:

.. wide international variations in the registration of births at 22 to 25 weeks' gestation, especially for stillbirths. Although some of this variation could have arisen from differences in underreporting rates of stillbirths at these gestational ages, reporting of stillbirths was mandatory from 22 weeks' gestation in all countries participating in our study except the United Kingdom (where it was collected via a national audit). We believe the quality of the data available for our analysis is ensured by the high quality of the management of extremely preterm infants maintained for many years in these countries, as is demonstrated through the publications on recent cohorts. Even wider variations may exist among other high-income countries where stillbirth registration is not yet mandatory, and where care of extremely preterm infants is not as of high quality.⁵⁰

- Comprehensive **country-level information** in respect of the definitions pertaining to perinatal mortality (including stillbirth) can be in the following technical document relating to the *OECD Health Statistics 2021*: <http://stats.oecd.org/wbos/fileview2.aspx?IDFile=f4ac27e3-007d-4800-8d01-e70f6a6ed7f0>

England and Wales

A [Commons Library Research Briefing](#) (2021) outlines the situation pertaining to the registration of stillbirths in England and Wales:

Registration of stillbirth after 24 weeks of pregnancy

When a baby is stillborn (born dead) after 24 weeks of pregnancy, the stillbirth must be registered in the stillbirth register. The process for registering a stillbirth combines features of both birth and death registration.

Stillbirth before 24th week of pregnancy

There is no provision to allow the registration of stillbirths before the 24th week of pregnancy. Hospitals may issue a commemorative certificate when the stillbirth cannot be registered formally.⁵¹

The definition of a stillbirth in England and Wales derives from Section 41 of the [Births and Deaths Registration Act 1953](#) (UK) (as amended):

.. a child which has issued forth from its mother after the twenty-fourth week of pregnancy and which did not at any time after being completely expelled from its mother breathe or show any other signs of life, and the expression "still-birth" shall be construed accordingly.⁵²

The briefing paper highlights the interpretation and implementation of the law as outlined in a good practice [note](#) of the Royal College of Obstetricians and Gynaecologists:

⁵⁰ *ibid*, p.7

⁵¹ Source: Fairbairn, C. (2021) [Registration of stillbirth](#), House of Commons Library, p.4

⁵² *ibid*, p.7

.. the legal advisors for the Department of Health and the Office for National Statistics have agreed that a fetus that is expelled after 24 weeks of pregnancy, provided it was no longer alive at the 24th week of pregnancy (this fact being either known or provable from the stage of development reached by the dead fetus), does not fall within the category of births to be registered as stillbirths under the above Acts. This interpretation is also accepted by the General Register Office for Scotland and the General Register Office for Northern Ireland.⁵³

The briefing paper notes that there have been ‘calls for change’ in respect of the registration process:

For some time, calls have been made, both inside and outside of Parliament, for the law to be changed ...The Government has said it does not plan to change the definition of stillbirth, which is based on clinical evidence and the age of viability.⁵⁴

However, Section 3 of the [Civil Partnerships, Marriages and Deaths \(Registration etc\) Act 2019](#) (UK) requires the Secretary of State to “arrange a report on whether, and, if so, how, the law should be changed to deal with the registration of pregnancy losses which cannot be registered as stillbirths under the Births and Deaths Registration Act 1953”. The Department of Health and Social Care established the [Pregnancy Loss Review](#)⁵⁵ in March 2018 with a view to considering:

- The impact on families of the current threshold of 24 weeks gestation before being able, formally, to register a miscarriage if they so wish.
- Whether it would, on balance, be beneficial to look at legislative options to amend existing primary legislation to allow parents to register a miscarriage if they so wish.
- Options to improve NHS gynaecology and maternity care practice for parents who experience a miscarriage and other causes of baby loss.⁵⁶

Whilst the UK Government indicated that it expected the report of the Review to be published in 2021⁵⁷, this does not appear to be available as yet⁵⁸.

The programme of work associated with [MBRRACE UK](#) (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries in the UK) provides some contextual information. For instance, a presentation on parents’ experiences of losing a baby between 20 and 24 weeks of pregnancy reported the following differences in respect of births before 24 weeks of pregnancy in the case of babies born alive and those born showing no signs of life (see figure overleaf).

⁵³ *ibid*, p.8

⁵⁴ *ibid*, p.4; see also Section 5 for further details.

⁵⁵ See Terms of Reference at: [The Pregnancy Loss Review: Terms of Reference \(publishing.service.gov.uk\)](#)

⁵⁶ Source: Fairbairn, C. (2021) [Registration of stillbirth](#), House of Commons Library, p.5

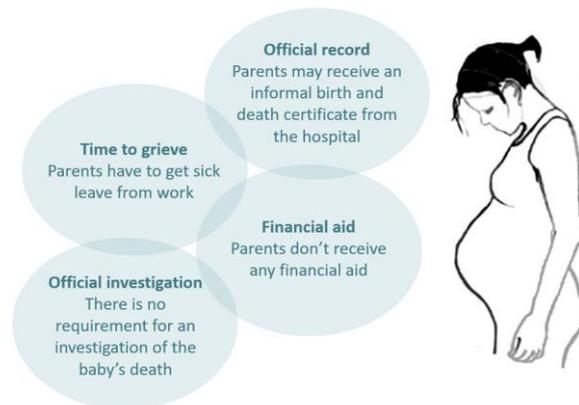
⁵⁷ *ibid*, p.5

⁵⁸ In December 2021, the Department of Health and Social Care referenced the planned publication of this report. [Source: [Our Vision for the Women's Health Strategy for England \(www.gov.uk\)](#)]

Before 24 weeks of pregnancy, parents whose baby is born alive and dies shortly after birth...



Before 24 weeks of pregnancy, parents whose baby is born showing no signs of life...



Reproduced from Smith and Hinton (2020)⁵⁹

Difficulties for parents⁶⁰ associated with lack of registration were noted:

A lack of registration of the baby's life meant there were no legal documents to show the baby's existence

This is particularly important when opportunities to make mementoes are limited

It also reinforced the feeling that the health system and society more widely did not recognise the impact of their loss⁶¹

Highlighted also was the legal cut-off impact on other matters:

Most of parents we spoke to were not entitled to parental leave and pay and so they had to take sick leave from work

Many spoke about feeling "**huge pressure**" to return to work

Having to visit their GP to extend their sick leave was stressful.

Differential experience for parents of live born babies. They had time to grieve and an opportunity to decide when to return to work⁶²

Australia

A [research paper](#) from the Parliamentary Library outlines the definition of a stillbirth as follows:

⁵⁹ Source: [Parents' experiences of losing a baby between 20 and 24 weeks of pregnancy](#), Lucy Smith and Lisa Hinton (June 2018), p.10-11 – this is a PowerPoint presentation marking the launch of a Healthtalk.org project entitled [Exploring parents' experiences of losing a baby between 20 and 24 weeks of pregnancy](#).

⁶⁰ Researchers spoke to 38 parents from across the UK about issues such as finding something was wrong, experiences of giving birth, time with their baby and what their life has been like since their baby died. [Source: [Losing a baby at 20-24 weeks of pregnancy - Overview \(healthtalk.org\)](#)]

⁶¹ Source: [Parents' experiences of losing a baby between 20 and 24 weeks of pregnancy](#), Lucy Smith and Lisa Hinton (June 2018), p.30

⁶² *ibid*, p.31

Stillbirth

A **stillbirth** is the death of a baby before birth, at a gestational age of 20 weeks or more, or of a birthweight of 400 grams or more. Technically described as a **fetal death**.

Reproduced from Parliamentary Library⁶³

This definition is consistent with the legislated requirement for all state and territory Registrars of Births, Deaths and Marriages to register such deaths.⁶⁴ The registration process is described as follows:

Stillbirths are registered with each jurisdiction through the birth registration process ... Registration of all births (live births and stillbirths) is based on information provided on the Birth Registration Form (completed by parents) which is matched to the birth notification supplied to the state or territory registry by the hospital or birth clinic. For stillbirths, details of the cause of death are sent to the registry by the certifying doctor at the hospital or birth clinic, or the attending midwife.⁶⁵

For instance, in the case of South Australia, the process to be followed in the event of a stillbirth is outlined below:

- the birth must be registered in the normal way (the birth certificate will state that a stillbirth occurred)
- an investigation is not required by the coroner
- if the doctor requests an autopsy, a consent form must be signed by the parents. Parents can choose not to have an autopsy performed.
- the parent(s) or next of kin should make funeral arrangements⁶⁶

If a stillbirth is registered, a birth certificate (but not a death certificate) can be issued. In the case of deliveries that cannot be registered, Commemorative Certificates for Early Loss of Pregnancy are available. However, these certificates may not be used for official purposes.⁶⁷

As an example, details of the financial supports and leave entitlements available in New South Wales can be found at: [Miscarriages and stillbirths | NSW Government](#)

New Zealand

In New Zealand, a stillbirth is legally defined as:

A dead fetus that:

- (a) weighed 400 grams or more when it issued from its mother, or
- (b) issued from its mother after the 20th week of pregnancy.⁶⁸

⁶³ Source: [Stillbirth statistics in Australia \(aph.gov.au\)](#), Parliamentary Library, Parliament of Australia, 23 March 2022, p.3

⁶⁴ *ibid*, p.3

⁶⁵ *ibid*, p.5-6

⁶⁶ Source: [Stillborn Babies \(lawhandbook.sa.gov.au\)](#)

⁶⁷ Source: [Stillborn Babies \(lawhandbook.sa.gov.au\)](#)

⁶⁸ Source: [Stillbirth | Whetūrangitia \(services.govt.nz\)](#)

Legislative provision requires that a stillbirth is registered within 2 months of birth.⁶⁹

Details of the financial supports and leave entitlements available can be found at: [Maternity and paternity leave after stillbirth and other entitlements | Whetūrangitia \(services.govt.nz\)](#). Further consideration of this can be found at: [Paid leave after miscarriage: New Zealand passes pioneering legislation for affected couples \(irishtimes.com\)](#)

Canada

In Canada, stillbirth is defined as:

The death of a fetus at ≥ 20 weeks' gestation or ≥ 500 g birth weight that occurs prior to its complete expulsion of or extraction from the mother.⁷⁰

All provinces and territories (excluding Quebec⁷¹) require that all stillbirths with a birth weight of 500 g or greater or a gestational age at delivery of 20 weeks or greater be registered (including those following pregnancy termination).⁷²

Details of financial supports and leave entitlements can be found at: [Did you know that Canadians are entitled to paid leave after a miscarriage? \(todaysparent.com\)](#)

⁶⁹ Source: [Register a stillbirth | Whetūrangitia \(services.govt.nz\)](#)

⁷⁰ Source: [Chapter 7: Loss and grief - Canada.ca](#)

⁷¹ In Quebec, only deaths of fetuses weighing ≥ 500 g (i.e., stillbirths), regardless of the gestation period, must be reported. In addition, Quebec does not register pregnancy terminations [Source: [Chapter 7: Loss and grief - Canada.ca](#)]

⁷² Source: [Chapter 7: Loss and grief - Canada.ca](#)

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