

## The RELEVANT Study: Rethinking Stillbirth through Behaviour Change

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## Background

Modifiable maternal behaviours (e.g., substance use, weight management behaviours, attendance at antenatal care, and sleep position) can influence stillbirth risk. The RELEVANT STUDY is a doctoral research project that was launched in October 2018.

Overall aim of project: To build an evidence base to inform development of a behaviour change intervention to tackle-modifiable risk factors for stillbirth (substance use, attendance to antenatal care, maternal weight and sleep position).

## Methods and findings

**Review of** the literature



To define the problem and select target behaviours.



A review of the literature was conducted.



Four main modifiable risk factors with a behavioural component were found to have the strongest evidence:

1. Substance use (smoking, alcohol and illicit drug use)

<50% of websites contained information about stillbirth.

<30% contained information about risk factors for stillbirth.

Only one website contained all the information sought about

stillbirth (e.g. definition, prevalence, etc.) and risk factors.

- 2. Maternal weight
- 3. Attendance and compliance with antenatal care
- 4. Sleep position



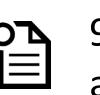
Quantitative 02 website content analysis

Qualitative

To identify what needs to change. Are pregnant women being informed about stillbirth risk factors online?



92 Irish and UK websites were analysed for absence or presence of content regarding stillbirth.



To identify barriers and facilitators to Identified areas of concern:

- women's behaviour change.
- 2. Insufficient and overwhelming sources of information.

- 03 Evidence synthesis
- meta-syntheses were conducted one for each target behaviour: substance use, weight management, attendance at antenatal care.
- 1. Health literacy, awareness of risks and benefits.
- 3. Lack of opportunities and healthcare professionals attitudes interfering in communication and discussion.
- 4. Social influence of environment
- 5. Social judgement, stigmatisation of women.

behaviour change during pregnancy and awareness regarding stillbirth and risk factors for stillbirth.



A semi-structured interview study was conducted with 18 women in the postpartum period.



Qualitative

04 study

05 systematic review of interventio

To identify what interventions have been designed so far in the context of stillbirth prevention.



A systematic review was conducted to identify interventions and its components were coded using the BCTTv1 Taxonomy.

Quantitative 06 study with healthcare professional

To explore HCPs awareness about stillbirth & behavioural risk factors & perceived facilitators and barriers to communicate with women about stillbirth &behavioural risk



- 1. Behaviour change during pregnancy perceived as easy and natural
- 2. Women had high level of awareness regarding Health advice, but very limited regarding stillbirth.
- 3. There is a lack of discusión with healthcare professionals about stillbirth and risks, women rely on their own information seeking behaviours.
- 4. General positive attitude towards receiving information about stillbirth, knowledge perceived as key

9 interventions were included in analysis.

The most common BCT used was "Information about Health consequences", followed by "Adding objects to the environment".

The maximum number of BCTs was 11 and the minimum was 2.

Antenatal care attendance, followed by smoking, was considered most important risk factors to discuss. Over half considered it necessary to mention the risks for stillbirth to influence women's behaviours during pregnancy. Maternal weight was the risk factor that HCP found hardest to discuss with women. Only over half of the HCPs felt confident and trained to inform women regarding health behaviours & stillbirth risks.

## Conclusion

Interventions addressing modifiable risk factors for stillbirth may facilitate behaviour change during pregnancy. Raising awareness about risks and promoting discussion to reduce misconceptions; as well as addressing external recurrent barriers like stigmatization and interference from the social context is essential to support behaviour change in women.











