

Highlights of NICHD Stillbirth Research

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Stillbirth research

- **Basic science, translational and clinical research**
 - **SCRN**
 - » Scope, causes, pathophysiology
 - **nuMoM2b**
 - » Prediction, pathophysiology
 - **MFMU clinical trials- CMV, ARRIVE**
 - » prevention
 - **PASS**
 - » Causes, pathophysiology

Stillbirth Collaborative Research Network (SCRN)

➤ Population-based case-control study

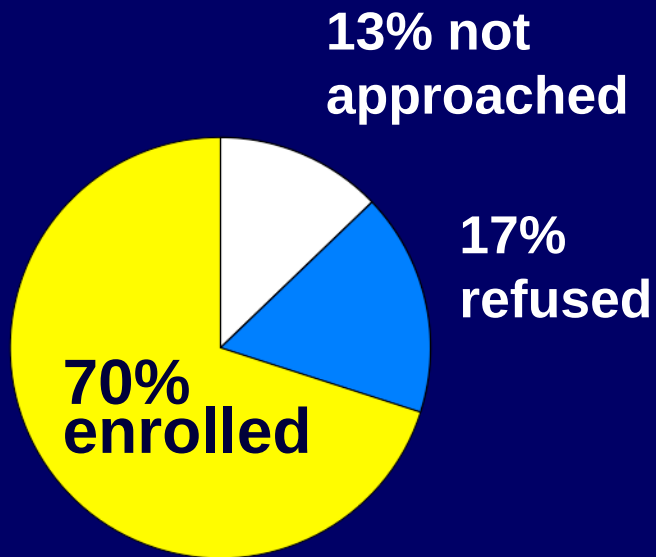
- 5 geographic catchment areas defined *a priori* by county lines
- 59 hospitals averaging > 80,000 deliveries per year
- SBs and LBs enrolled at delivery (3/2006-8/2008)
- All SBs (residents of catchment areas)
- Representative sample of LBs
- Goal:
 - Examine risk factors for and causes of SB

Case-control Protocol

- In-hospital maternal interview
- Medical record abstraction
- Standardized postmortem (SBs) and placental pathology (SBs and LBs)
- Clinically indicated tests (SBs)
- Biospecimen collection
 - fetal samples (SBs)
 - maternal and cord blood, placental samples (SBs and LBs)

Enrollment of Eligible Women

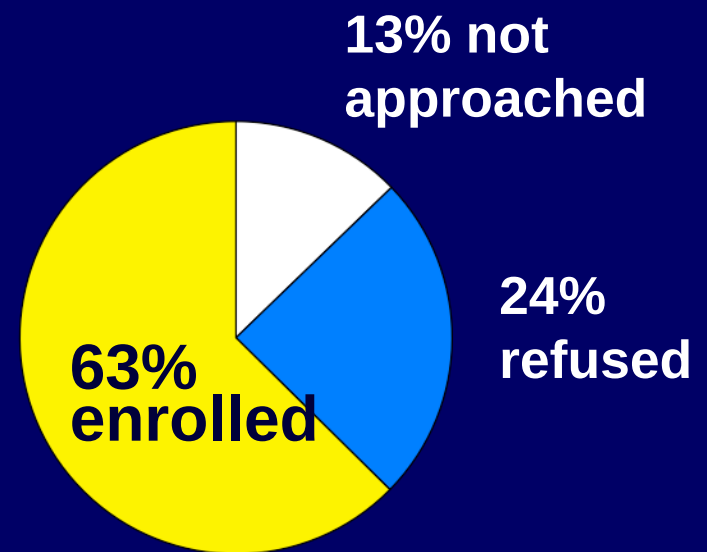
Stillbirths



958 Eligible SBs

663 Enrolled SBs

Livebirths



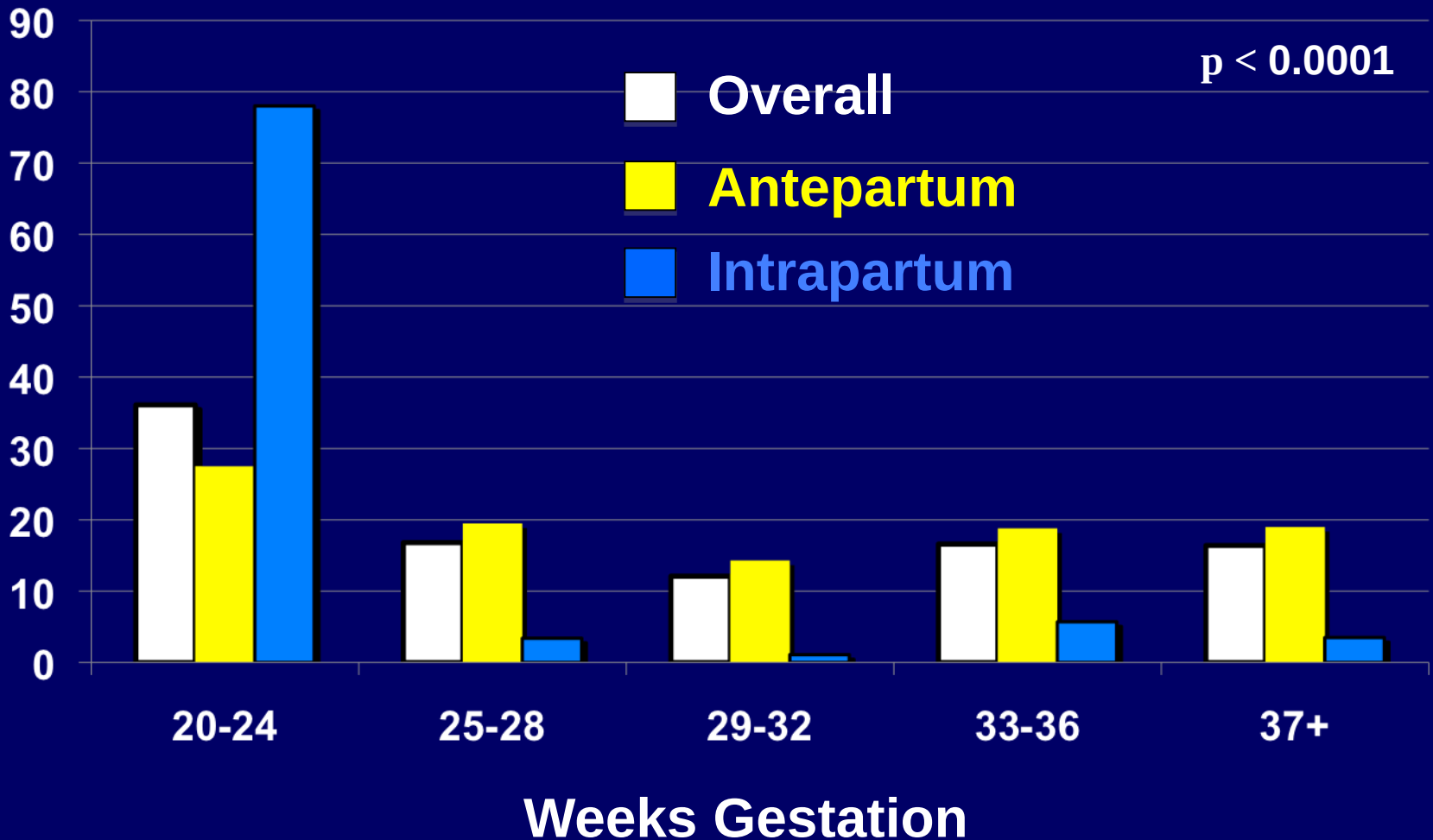
3,084 Eligible LBs

1,932 Enrolled LBs

Timing in Gestation of Stillbirths

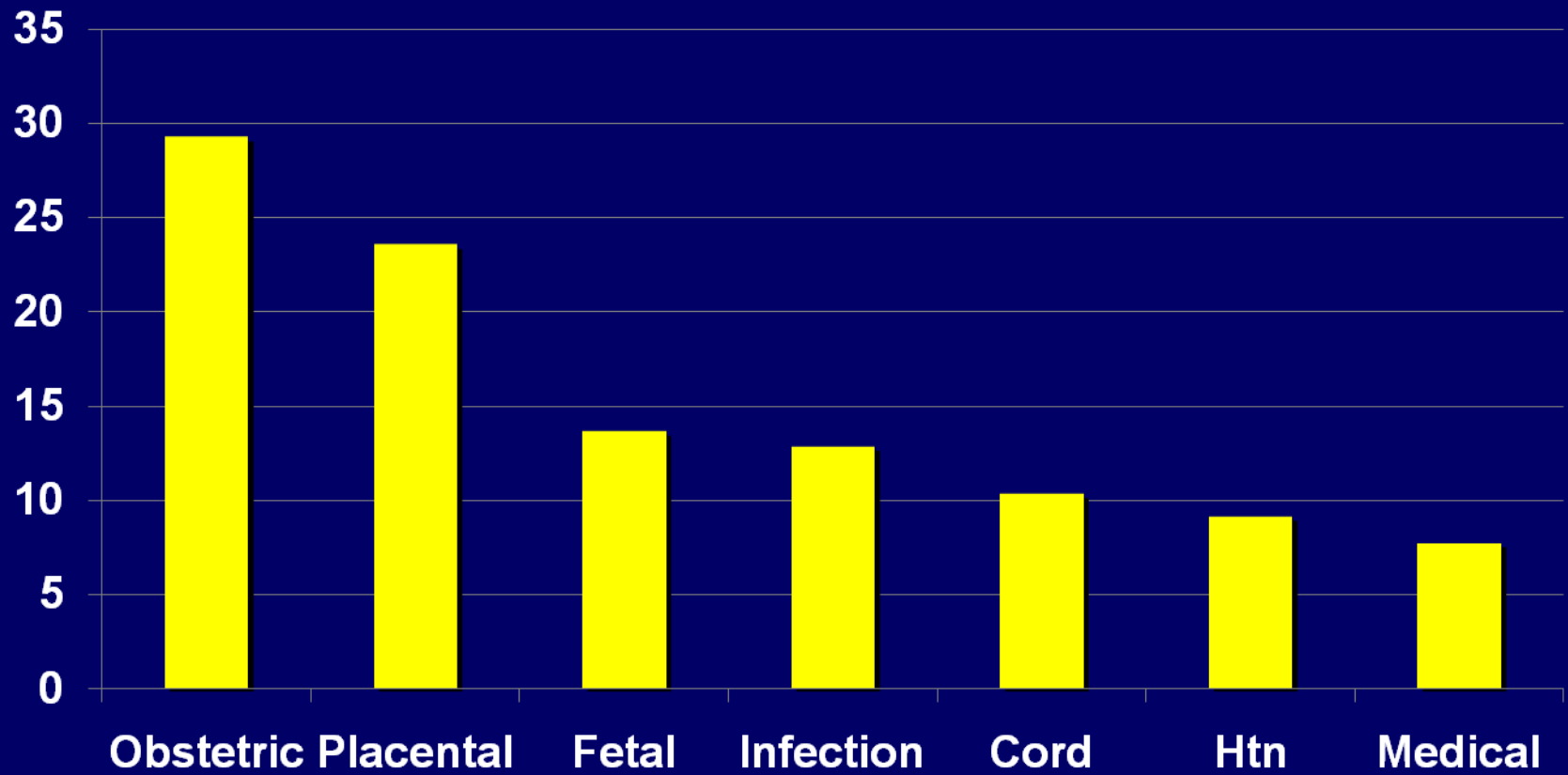
Percent

SCRN; JAMA 2011;306:2459-68



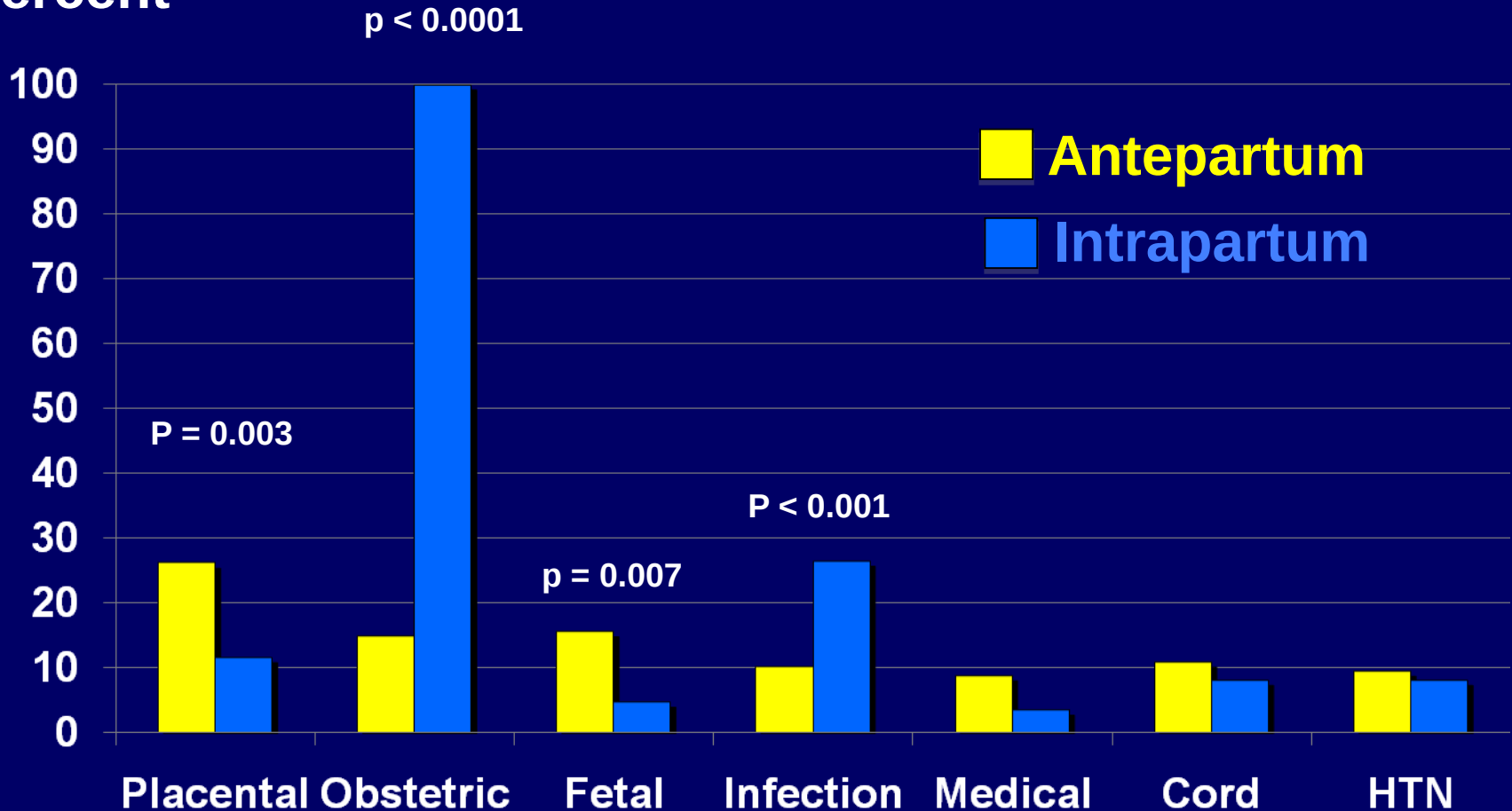
Probable / Possible Cause of Death Broad Categories

Percent



Probable / Possible Cause of Death by Timing of Death

Percent



SCRN Publications

- Parker CB, et al. Stillbirth Collaborative Research Network: design, methods and recruitment experience. *Paediatr Perinat Epidemiol*. 2011; 25(5):425-35.
- Pinar H, et al. The Stillbirth Collaborative Research Network (SCRN) Placental and umbilical cord examination protocol. *Am J Perinatol* 2011 Dec;28(10):781-92.
- Pinar H, et al. The Stillbirth Collaborative Research Network Postmortem examination protocol. *Am J Perinatol* 2012;29(3):187-202.
- Pinar H, et al. The Stillbirth Collaborative Research Network Neuropathologic examination protocol. *Am J Perinatol*. 2011;28(10):793-802.
- Dudley DJ, et al. A New System for Determining the Causes of Stillbirth. *Obstet Gynecol* 2010, 116:254-60.

SCRN publications

- Stillbirth Collaborative Research Network Writing Group. Association between stillbirth and risk factors known at pregnancy confirmation. *JAMA* 2011;306:2469-79.
- Stillbirth Collaborative Research Network Writing Group. Causes of death among stillbirths. *JAMA* 2011;306:2459-68
- Reddy UM et al. Karyotype versus microarray testing for genetic abnormalities after stillbirth. *N Engl J Med* 2012;367:2185-93.
- Conway DL et al. An algorithm for the estimation of gestational age at time of fetal death *Paediatr Perinat Epidemiol* 2013;27:145-57
- Silver RM et al. Antiphospholipid Antibodies in Stillbirth. *Obstet Gynecol* 2013;122:641-657.

SCRN publications

- Hogue CJ et al. A Population-based Case-Control Study of Stillbirth: The Relationship of Significant Life Events to the Racial Disparity for African Americans. *Am J Epidemiol* 2013; 177:755-67
- Silver RM, et al. Bile acids in a multi-center, population-based case control study of stillbirth. *Am J Obstet Gynecol* 2013 Nov 8. pii: S0002-9378(13)02016-4. doi: 10.1016/j.ajog.2013.11.017.
- Varner MW et al. Association between Stillbirth and Illicit Drug Use and Smoking During Pregnancy. *Obstet Gynecol* 2014;123:113-125
- Pinar H et al. Placental Findings in Singleton Stillbirths. *Obstet Gynecol* 2014;123:325-336
- Bukowski RK et al. Fetal Growth and Risk of Stillbirth: A Population- Based Case-Control Study. *Plos Med*. In press

Future SCRN studies

- Maternal and placental infections in stillbirth
- Microbiome of stillbirths of suspected infectious etiology
- Placental abnormalities in women with preeclampsia and thrombophilia that increase the risk for stillbirth
- Placental pathology in stillbirths with growth abnormalities (SGA or LGA). Are these associated with specific maternal medical conditions or other characteristics?
- Placental pathologies and/or fetal growth abnormalities associated with abnormalities on microarray among stillbirths
- Race-specific patterns of risk for stillbirth
- Increased risk of stillbirth among obese women

**NICHD Nulliparous Pregnancy
Outcomes Study Monitoring
Mothers-to-be (nuMoM2b)
RFA-HD-08-029**

**Sleep Disordered Breathing
During Pregnancy and Risks to
Cardiovascular Health
(Sleep Breathing Sub-study)**

NHLBI

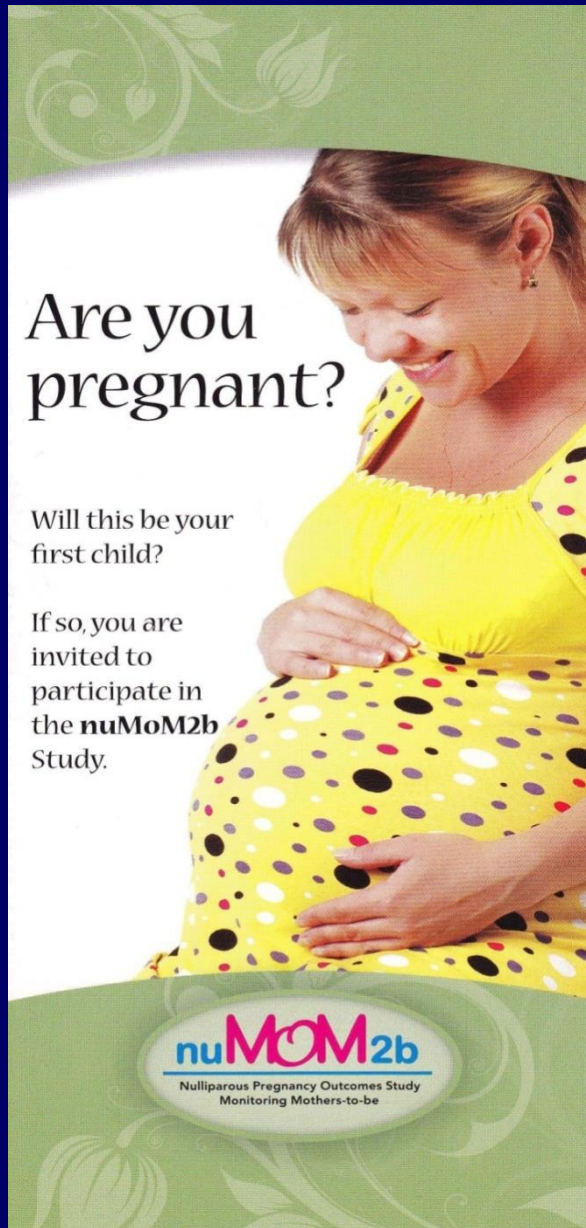
Adverse Pregnancy Outcomes

- **Pregnancies often complicated**
 - **Preterm birth**
 - **Preeclampsia / gestational high BP**
 - **Fetal growth restriction**
 - **Stillbirth**
- **Interventions in subsequent pregnancies to reduce the risk of recurrent pregnancy complications**

Adverse Pregnancy Outcomes

- Complications more common in first pregnancy
- 40% of pregnancies (USA) are first pregnancies
- Limited clinical strategies to predict or prevent complications in first pregnancy
- Etiology and pathophysiology of APO
- Predictive measures and treatment modalities

nuMoM2b



Large prospective observational cohort

10,000 singleton pregnancies

Multi-center (8 sites)

Case Western Reserve University

Columbia University

Indiana University

University of Pittsburgh

Northwestern University

University of California – Irvine

University of Pennsylvania

University of Utah

RTI International – DCC

NuMoM2b

Overarching Goals

- **Determine characteristics including biomarkers and environmental factors that predict adverse outcomes**
- **Identify aspects of placental development that influence adverse outcomes**
- **Characterize fetal genetic and growth parameters that are associated with adverse outcomes**

NuMoM2b Protocol

V1

6 – 13 6/7 wks

V2

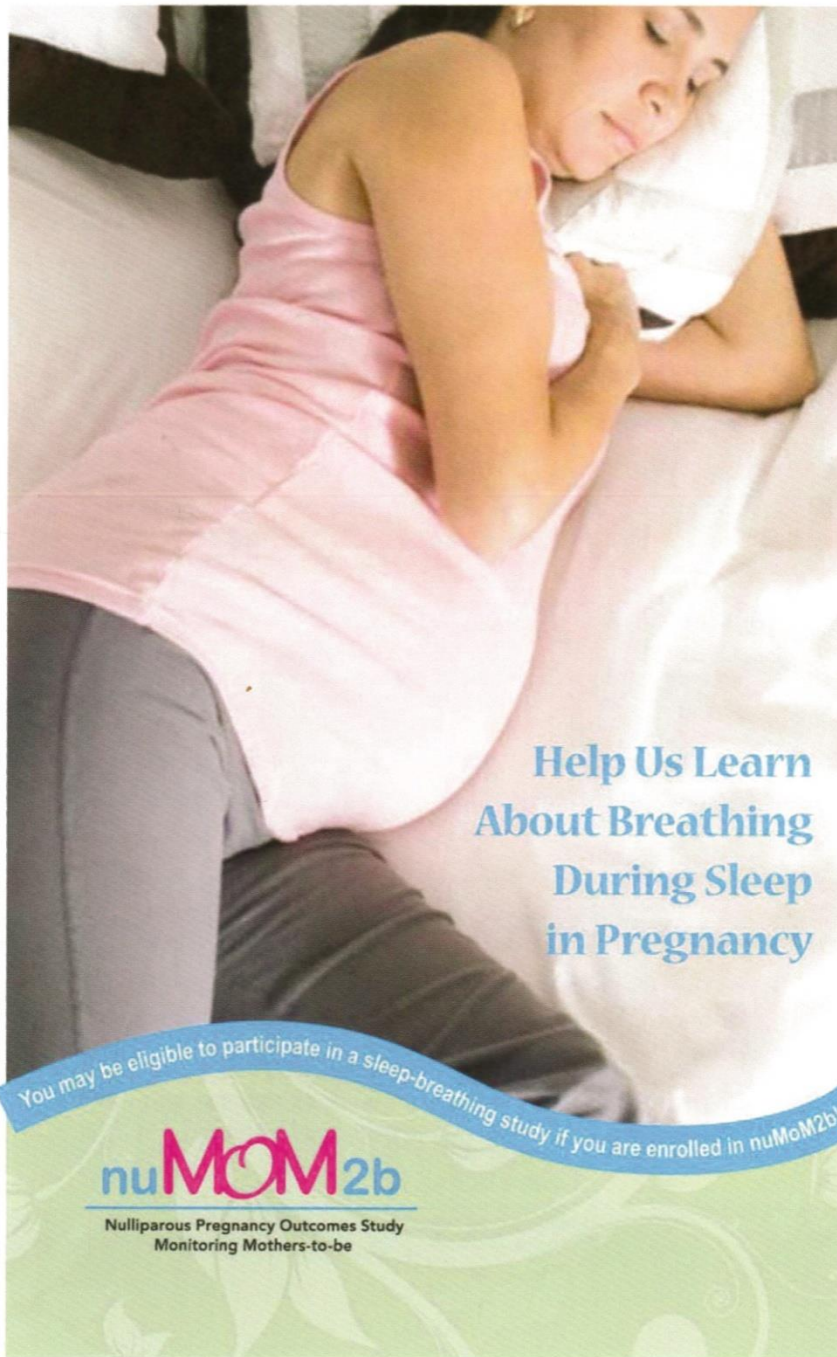
16 – 21 6/7 wks

V3

22 – 29 6/7 wks

Comprehensive clinical and biospecimen data

- **Ultrasound**
- **Clinical measures**
- **Biospecimens (blood, urine, cervico-vaginal secretions)**
- **Delivery specimens (placenta)**
- **Maternal and fetal outcomes**



**Help Us Learn
About Breathing
During Sleep
in Pregnancy**

You may be eligible to participate in a sleep-breathing study if you are enrolled in nuMoM2b!

nuMoM2b

Nulliparous Pregnancy Outcomes Study
Monitoring Mothers-to-be

Sleep Sub-study

- **Primary Aim: Sleep disordered breathing (SDB) is a risk factor for APO among nulliparas**
- **SDB leads to pathophysiology similar to APO**
 - Increased sympathetic tone
 - Oxidative stress
 - Systemic inflammation
 - Insulin resistance
 - Hyperlipidemia
- **SDB may be a modifiable risk factor for adverse pregnancy outcomes**

Sleep Sub-study Protocol

- **Large prospective observational cohort**
- **10,000 singleton pregnancies**
 - Questionnaires / Clinical data
- **3,630 singleton pregnancies**
 - Subset of the nuMoM2b parent cohort
 - Objective measures of sleep disordered breathing (SDB) with Embletta Gold device

Stillbirth

Cytomegalovirus (CMV)

- **Most common congenital viral infection**
- **1% of pregnant women acquire primary CMV during pregnancy**
- **Primary CMV**
 - **Highest rate of transmission**
 - **Most severe consequences**
- **Stillbirth**
- **Placental damage**
- **Fetal growth restriction**
- **Direct fetal effects including hydrops**

A Randomized Trial to Prevent Congenital CMV

- Does maternal administration of hyperimmune CMV globulin lower congenital CMV infection among offspring of women diagnosed with primary CMV infection before 23 weeks?
- Intervention: IV CMV hyperimmune globulin (100mg/kg) or IV placebo
- Primary outcome: Stillbirth or neonatal congenital CMV infection
- Sample size: 800 women
- Status: 110 enrolled



A Randomized Trial of Induction Versus Expectant Management (ARRIVE)

- Does elective induction of labor in nulliparous women at 39 weeks improve perinatal outcome compared with expectant management?
- Primary Outcome-composite of stillbirth or neonatal death or severe neonatal morbidity
- Sample size= 6000



Prenatal Alcohol in SIDS and Stillbirth (PASS) Network



- Network of 5 cooperative agreements with NICHD, NIAAA and NIDCD
 - Clinical Sites:
 - » Northern Plains- Sanford Health;
 - » Cape Town SA, Stellenbosch University
 - Developmental Biology & Pathology Center: Boston Children's Hospital
 - Physiology Assessment Center, Columbia University
 - Data Coordinating Center, DM-STAT
- Phase II: Cohort study from pregnancy through infancy to assess the role of prenatal alcohol exposure in SIDS and stillbirth risk.
 - Longitudinal assessments from 6 weeks gestation through one year of life
- Over 10,000 pregnant women enrolled of 12,000 target
- Enrollment and follow-up anticipated to be completed in 2016

Hypotheses



- **Primary hypothesis:** Prenatal alcohol exposure increases the risk for SIDS and stillbirth.
- **Secondary hypothesis:** The interaction among environmental and genetic factors affects the risk for a spectrum of disorders related to prenatal alcohol exposure from mid-gestation through infancy, including SIDS, stillbirth, and the early manifestations of Fetal Alcohol Syndrome and Fetal Alcohol Spectrum Disorder.

PASS Pregnancy and Infant Outcomes

PRIMARY

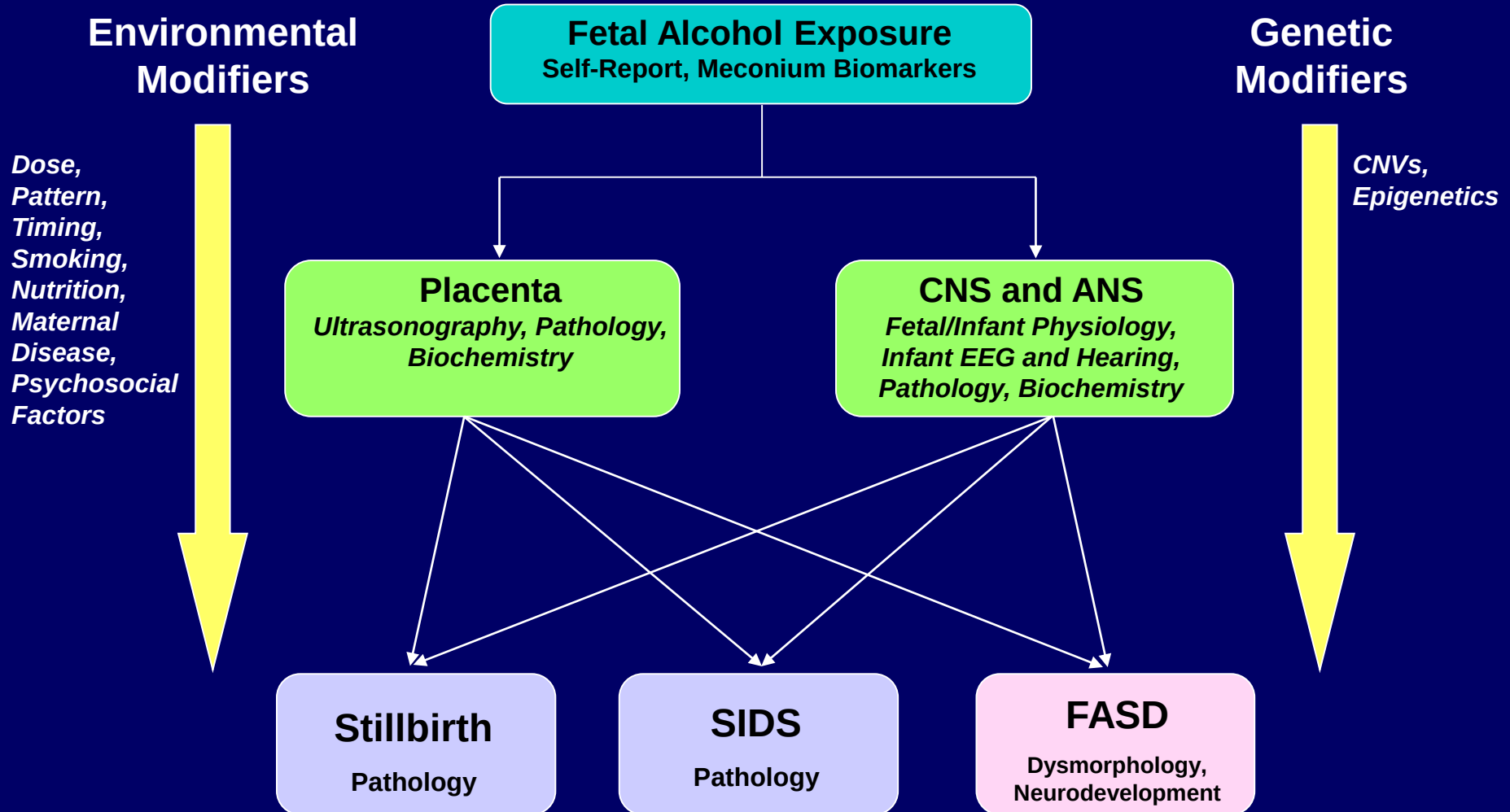
- SIDS *: Unexplained sudden death occurring before 1 year of age
- Stillbirth*: Fetal demise ≥ 20 weeks gestation

SECONDARY

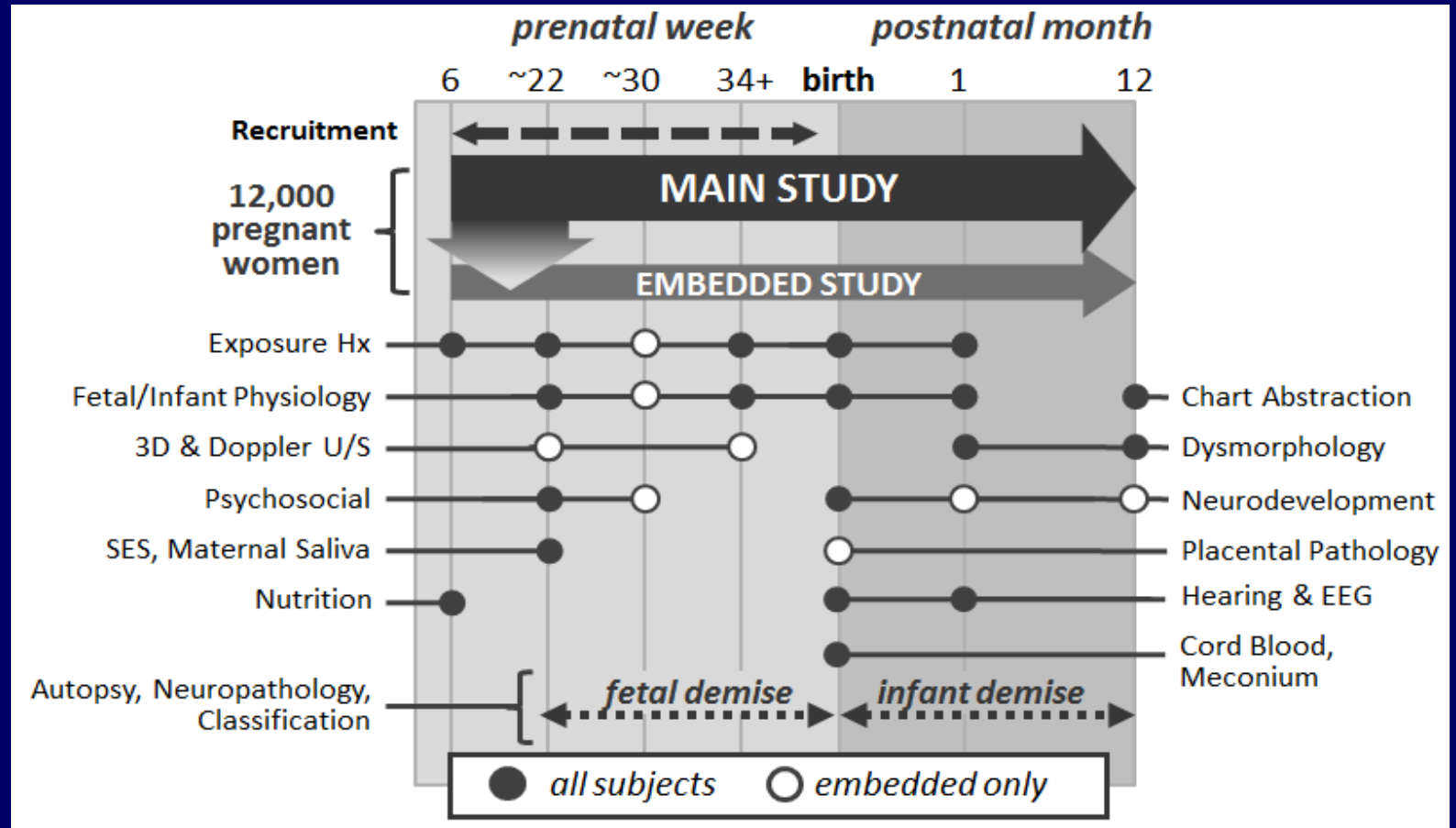
- FASD*: Spectrum disorder encompassing adverse neurobehavioral and physical outcomes from prenatal alcohol exposure
- In-hospital infant deaths
- Miscarriage: Fetal demise < 20 weeks gestation
- Prematurity: Birth < 37 weeks gestation

**All outcomes adjudicated by case review*

Multidisciplinary Approach



Common Study Protocol



Schedule of Evaluations and Events

3D = three-dimensional

Hx = history

U/S = ultrasound

PASS Opportunities

- Prospective study of the regulation of fetal and infant brain development
- Potential public health impact through early identification (in the fetal and infant period) of children at risk for adverse outcomes related to prenatal alcohol exposure
- Elaboration of genetic susceptibility and molecular mechanisms of SIDS, stillbirth, and fetal alcohol related neurological disorders
- Potential to shed light on the etiology and pathogenesis of SIDS and stillbirth, and how they may be related.