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Uneasy talking about costs of stillbirth?

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Linked article: This is a mini commentary on HE Campbell et al., pp. 108–117 in this issue. To view this article visit <https://doi.org/10.1111/1471-0528.14972>.

In this *BJOG* stillbirth-themed issue, Campbell et al. (*BJOG* 2018;125: 108–17) report on a population-based cost-of-illness study. Although reports on costs in healthcare are not uncommon – even quality-of-life studies now sometimes incorporate quality-of-life into cost estimates – one may feel uneasy when talking about money in relation to stillbirth; it seems insensitive towards the people suffering the loss. How can one put a monetary value on a life not yet lived? However, these authors should be congratulated for building upon earlier work (Heazell et al., *Lancet* 2016;387:604–616) in their effort to tackle this difficult and long-neglected topic. I remember vividly the debates with the funding body for an earlier grant application of mine proposing a study on stillbirth. In the 1990s, cost-effectiveness was the key word for health care intervention studies, and at that time I could argue with the committee

that a dead child was less expensive than a living one. The embarrassment the committee felt was probably the basis for a positive response in the end. Counting and naming stillbirths all around the world has been very important over the last 10 years in putting stillbirth and its effects on people and society on global and local agendas. Knowledge of the numbers, causes, and long-term effects is vital for good clinical care and future prevention. Campbell et al. describe several relevant domains in which these costs are estimated. They show that although the costs are a fraction of overall healthcare costs, they percolate beyond the healthcare system into society. One of the domains is the increasing costs of litigation even though most cases will not be satisfactorily settled in court. Most cases will not be satisfactorily settled in court. This illustrates our moral obligation to honest disclosure of

possible substandard care to parents, effective audits to make sure recurrence is as rare as possible, and an effective process for settlement. This knowledge strengthens the urgent case for performing further studies of stillbirth, its causes, and its sequelae. I hope parents can also see the importance of this and are not offended by talk of money issues in relation to stillbirth. Objective and financial considerations may seem insensitive when discussing a baby's life, but these data can help health professionals and researchers make the case for continued work in this area. We need more funding to perform the necessary studies to diminish this tragedy.

Disclosure of interests

Full disclosure of interests available to view online as supporting information. ■