

LETTER TO THE EDITOR

1. Nurse, Field Epidemiologist, Doctor of Public Health, National Center for Epidemiology, Disease Prevention and Control, Lima, Peru. ORCID: 0000-0002-1533-0307
2. Physician, Obstetrician-Gynecologist, Medical Auditor, Hospital Nacional Daniel Alcides Carrión. ORCID: 0000-0003-4212-9227

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Corresponding author:

Lic. Jeannette Giselle Avila Vargas-Machuca
☎ 998839396
✉ javila@dge.gob.pe

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How are we doing in reducing preventable fetal death by 2030? ¿Cómo estamos en la reducción de la muerte fetal prevenible al 2030?

Jeannette Giselle Avila Vargas-Machuca¹, Alberto Santiago Zapata Herrera²

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Dear Editor,

Fetal death (FD) is the death of the product of conception at 22 weeks of gestation or more⁽¹⁾ and can occur before delivery or during delivery (intrapartum). Estimates made by the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) estimate that 2 million stillbirths occurred worldwide in 2019, i.e., 16 FDs occurred every second. Forty percent occurred during intrapartum and most of them could have been prevented with quality prenatal care and adequate delivery care. For Peru, a fetal mortality rate (FMR) of 7.1 per 1,000 births with 4,080 FD of 28 to more weeks of gestation is estimated, placing the country in the lower third of fetal mortality with respect to other Latin American countries⁽²⁾ (Table 1).

In 2021, the National Center for Epidemiology, Prevention and Disease Control (CDC-Peru) recorded 2,800 late FD and 493 maternal deaths (six times less frequent); moreover, 12.8% of these FD were intrapartum (proportion of intrapartum FM, a sensitive indicator of the delay and low quality of delivery care)⁽³⁾.

One of the targets of the third Sustainable Development Goal is the reduction of preventable fetal mortality by 2030. The WHO-UNICEF action plan 'Every newborn' states that by 2030, the countries' FMR will be 12 stillbirths or less per 1,000 births, and to achieve these goals it proposes monitoring progress in the coverage of some indicators, including 'four or more prenatal check-ups' and 'institutional delivery'⁽⁴⁾. National and departmental targets are set for coverage of over 70% for prenatal care and 80% for institutional delivery between 2020 and 2025. According to the National Institute of Statistics and Informatics, in 2021 Peru reached 88% coverage of 6 or more prenatal checkups and all departments exceeded 80%. Institutional delivery coverage was 94%, and all departments had coverage above 80%, except Loreto⁽⁵⁾. These favorable coverage rates do not coincide with the high proportion of intrapartum FD, which exceeds the national average in 13 departments (Table 2).

To reduce preventable FD we must intensify actions to promote healthy lifestyles in mothers-to-be, provide quality prenatal care - early, timely, complete and universally accessible -, promote early detection of at-risk pregnancies and timely referral to centers of greater complexity, increase coverage of institutional and skilled delivery, and strengthen professional competencies for the resolution of obstetric emergencies^(6,7).

In health facilities it is necessary to certify the occurrence of FD, especially intrapartum, given the possibility of prevention and the need for



TABLE I. ESTIMATED LATE FETAL DEATH RATE IN LATIN AMERICA AND THE CARIBBEAN, 2019.

Countries	2000	2010	2019	95% CI	Deaths
Guyana	18.1	16.1	13.8	9.1 – 21.2	216
Guatemala	19.9	15.9	12.7	10.2 – 15.9	5.498
Suriname	14.4	12.9	11.2	6.8 – 18.6	120
Nicaragua	15.4	12.6	10.8	7.5 – 15.4	1.448
Dominican Republic	14.4	12.6	10.7	6.4 – 17.9	2.224
Paraguay	17.1	13.4	10.5	7.1 – 15.4	1.526
El Salvador	20.1	12.6	10.1	9.5 – 16.7	1.189
Venezuela	9.8	8.8	9.4	5.7-15.4	4.865
Bolivia	15.5	12	8.9	6.1 – 12.9	2.219
Ecuador	15.7	11.1	8.7	6.2 – 12.4	2.966
Honduras	13.9	10.1	8.5	7.1 – 10.1	1.787
Panama	11.5	9.5	7.7	4.7 – 12.7	617
Brazil	10	8.5	7.5	6.1 – 9.2	21.771
Colombia	9.6	8.4	7.1	5.2-9.9	5.237
Peru	13.6	9	7.1	5.5 – 8.8	4.080
Cuba	10.9	6.9	6.9	6.5 – 7.4	784
Mexico	9.6	7.3	6.8	5.3 – 8.8	15.136
Argentina	7.8	4.9	5.3	4.9 – 5.8	4.042
Uruguay	7.3	4.9	4.7	4.2 – 5.4	225
Costa Rica	4.9	5.1	4.5	4.0 - 5.0	311
Chile	4.2	3.7	3.1	2.6 – 3.7	711
Latin America and the Caribbean	11.2	9	7.9	7.4 – 8.8	83.000

Source: Ending preventable newborn deaths and stillbirths by 2030 (UN IGME) (4)

auditing, so we suggest strengthening the national registry of fetal deaths, the quality and coverage of which is far below the certification of neonatal deaths⁽⁸⁾.

We call on health authorities to place preventable FD on the national policy agenda, intensifying interventions for its reduction and monitoring progress analyzing inequalities between departments and taking care not to leave any behind.

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TABLE 2. PRENATAL CONTROL COVERAGE, INSTITUTIONAL DELIVERY AND PROPORTION OF INTRAPARTUM FETAL DEATH, BY DEPARTMENT, 2021.

Departments	Prenatal care (a)	Institutional delivery (b)	Intrapartum fetal death (c)
La Libertad	86.5	90.2	33.0
Ica	88.5	98.0	29.1
Huancavelica	92.2	96.7	25.5
Ayacucho	90.7	99.0	22.8
Amazonas	91.6	84.0	21.5
Ancash	95.0	95.4	20.0
Cajamarca	90.5	86.1	17.9
Tacna	95.5	96.0	16.7
Pasco	85.4	97.5	15.4
Huanuco	91.2	95.5	15.3
Loreto	80.4	76.0	15.2
Tumbes	88.0	96.5	11.8
Ucayali	82.9	89.2	10.9
Apurimac	93.8	99.2	10.3
Piura	88.5	90.5	8.9
Cuzco	91.4	98.6	8.7
Puno	86.4	92.4	8.1
Lambayeque	85.0	97.4	7.0
San Martin	91.4	92.5	6.9
Junín	87.7	92.9	6.6
Madre de Dios	83.8	96.4	4.2
Lima	91.5	98.0	3.9
Arequipa	90.6	99.1	3.9
Callao	85.5	97.4	2.2
Moquegua	93.0	98.5	0.0
Peru	88.4	94.3	12.8

Source: (a) and (b) INEI-ENDES 2021. (c) Epidemiological surveillance of fetal and neonatal death. CDC-Peru.