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**The risk of unexplained antepartum stillbirth in second pregnancies following caesarean section in the first pregnancy**

*Sir,*

Wood *et al.*<sup>1</sup> are the first researchers examining stillbirth after previous caesarean to include multiple pregnancies in their study group. If conception, miscarriage and stillbirth rates of multiple births were equally frequent in pregnancies after vaginal birth as after caesarean birth, then the inclusion is justified. Multiple pregnancies were eliminated from previous research because multiple pregnancy is a known independent risk factor for stillbirth. It is unknown how previous caesarean affects the conception and miscarriage rate of multiple pregnancies, although this is an interesting research question for future studies. If less multiple births are conceived after caesarean births and more multiple births are miscarried before week 24 after caesarean births, this might additionally help account for their inability to demonstrate a statistically significant increase, but rather only a 30% increase in stillbirths after caesarean.

Although an overall maternal or perinatal mortality rate is missing, an intrapartum stillbirth rate of 1.6/1000 in the

previous caesarean group and 1.2/1000 intrapartum stillbirth rate in the previous vaginal birth group were reported. There is no explanation given for this high perinatal loss during labour, despite a high caesarean rate. Perhaps, multiple pregnancies account for the bulk of the intrapartum stillbirth rates.

Wood *et al.* boldly conclude that 'Caesarean section in the first birth does not increase the risk of unexplained antepartum stillbirth in second pregnancies'. The authors state in the results section: 'Maternal weight >91 kg, pre-pregnancy diabetes and smoking during pregnancy did not have statistically significant associations with stillbirth'. How surprising, in light of Wood *et al.* own research<sup>2</sup> which demonstrated 'Prediabetic pregnancy and pregnancy after the onset of diabetes were strongly associated with stillbirth'. It is unclear why the authors chose to publish a paper that was unable to demonstrate the well-accepted association of diabetes and stillbirth. It is also unclear why the authors neglected to point out in their final conclusion that pre-pregnancy diabetes, smoking, obesity or previous caesarean section did not increase the risk of unexplained antepartum stillbirth in second pregnancies in this set of data.

A conclusion that would more accurately reflect the findings of this article would have been to state that the data were unable to demonstrate a statistically significant association of diabetes, obesity, smoking or previous caesarean with an increased stillbirth rate, possibly partially due to the fact that multiple pregnancies were included in the study group. ■

## References

- 1 Wood SL, Chen S, Ross S, Sauve R. The risk of unexplained antepartum stillbirth in second pregnancies following caesarean section in the first pregnancy. *BJOG* 2008;115:726–31.
- 2 Wood SL, Jick H, Sauve R. The risk of stillbirth in pregnancies before and after the onset of diabetes. *Diabet Med* 2003;20:703–7.

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