

Table: Summary of Stillbirth Evaluation Recommendations

Recommendation	Grade of Recommendation
Evaluation of a stillbirth should include fetal autopsy; gross and histologic examination of the placenta, umbilical cord, and membranes; and genetic evaluation.	1A Strong recommendation, high-quality evidence
The general examination of the stillborn fetus should be done promptly, noting any dysmorphic features and obtaining measurements of weight, length, and head circumference.	1C Strong recommendation, low-quality evidence
Fetal autopsy should be offered because it is one of the most useful diagnostic tests in determining the cause of death.	1A Strong recommendation, high-quality evidence
Gross and microscopic examination of the placenta, umbilical cord, and fetal membranes by a trained pathologist is the single most useful aspect of the evaluation of stillbirth and is an essential component of the evaluation.	1A Strong recommendation, high-quality evidence
Genetic analyses are of sufficient yield that they should be performed in all cases of stillbirth after appropriate parental permission is obtained.	1A Strong recommendation, high-quality evidence
In women who decline invasive testing, a portion of the placenta, an umbilical cord segment, or internal fetal tissue can be sent for genetic analysis.	1B Strong recommendation, moderate-quality evidence
Microarray analysis, incorporated into the stillbirth work-up, improves the test success rate and the detection of genetic anomalies compared with conventional karyotyping.	1A Strong recommendation, high-quality evidence
Genetic evaluation for specific abnormalities should be guided by the clinical history and detected fetal anomalies.	1C Strong recommendation, low-quality evidence.