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Going-to-sleep on the side in late pregnancy (≥ 28 weeks) reduces the risk of stillbirth

A meta-analysis on maternal going-to-sleep position and late stillbirth has recently been published, incorporating all available international data.¹ This showed that supine going-to-sleep position is independently associated with late stillbirth in the general pregnant population. This is regardless of mother's body size, baby size, smoking, recreational drug use, pre-existing hypertension or diabetes, fetal movements, or gestation.

There was no difference in risk with right side going-to-sleep position compared to left.

If all pregnant women in their third trimester slept on their side, this could potentially reduce late stillbirth by approximately 6%.

It's important this health message is conveyed to women in late pregnancy. Whooping cough vaccination / invitation letter in second / third trimester is one potential opportunity for this.

For information and resources see [Cure Kids Sleep on Side](#) campaign.

This Gem has been reviewed by Professor Lesley McCowan.

Reference:

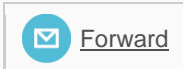
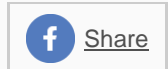
1. An Individual Participant Data Meta-analysis of Maternal Going-to-Sleep Position, Interactions with Fetal Vulnerability, and the Risk of Late Stillbirth. The Lancet (2019). [View here](#)

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