The UK has one of the highest rates of stillbirth in high-income countries, with more than 3,250 stillbirths every year. The rate of stillbirth has decreased very little over the last 20 years, which urgently needs to be addressed.

A case-control study investigating modifiable factors associated with stillbirth (the Auckland Stillbirth Study; Stacey et al 2011) found that mothers who did not go to sleep on their left side had a two-fold risk of late stillbirth (≥28 weeks gestation) compared to mothers who did go to sleep on their left side. To infer causality, investigation in several populations was required; hence, these novel findings needed confirmation before an intervention strategy could be implemented.

MiNESS was a large multi-center case control study, coordinated by a midwife, which aimed to confirm or refute the findings of the Auckland Stillbirth Study with regard to sleep practices. Participants were recruited from 41 maternity units across England. In total 291 women with a late singleton stillbirth without congenital abnormality and a control group of 743 women with ongoing pregnancies were recruited.

The results of the study show that supine going to sleep position, the night before the baby died (cases)/ the interview (controls), has a two-fold increased risk of stillbirth (OR 2.307 95%CI 1.041-5.112 ). Associated with this was the number of times women got up to the toilet during the night, (OR 2.807 95%CI 1.850-4.258).

These results are supportive of an interventional study to look at the best way to change practice whilst being amenable to a public health campaign.