



Stillbirth Health Improvement and Education (SHINE) for Autumn Act ([H.R. 5012/S. 2647](#))

Stillbirth is a public health crisis, with over 21,000 babies born still in the U.S. every year. Many of these deaths are **preventable**, and are occurring in seemingly healthy, low-risk pregnancies. Stillbirth is a risk for all pregnancies, but there are **longstanding racial and ethnic disparities**. Despite medical advances, stillbirth rates have hardly changed over the past 30 years. Sadly, stillbirth remains one of the most **underfunded and understudied** public health issues in our country today. To address stillbirth rates, we must have accurate and timely data to help understand the underlying causes of stillbirth and identify strategies for prevention. Stillbirth has never been afforded the same attention as other areas of public health — this work is much needed and long overdue. **With minimal investment, we can do something about stillbirth right now!**

The bipartisan SHINE for Autumn Act is the beginning of a longer-term solution towards the prevention of stillbirth in the United States. The SHINE for Autumn Act, named after Autumn Joy, a New Jersey baby who was stillborn in 2011, aims to prevent stillbirth through enhanced data collection, research, education, and awareness by creating the first comprehensive, federal-state partnership to reduce the incidence of stillbirth in our country. ***In the 117th Congress, the SHINE for Autumn Act, H.R. 5487, passed the House, under suspension, with overwhelming bipartisan support (408-18) on December 8, 2021.**

SHINE’s Lead Sponsors in the 118th Congress



Rep.
Young Kim
(R-CA-40)



Rep.
Kathy Castor
(D-FL-14)



Rep.
David P. Joyce
(R-OH-14)



Rep.
Robin L. Kelly
(D-IL-02)



Sen.
Cory A. Booker
(D-NJ)



Sen.
Marco Rubio
(R-FL)

KEY COMPONENTS OF THE SHINE FOR AUTUMN ACT



DATA COLLECTION & REPORTING

The problem: Current U.S. stillbirth data suffers from poor quality; not all stillbirths are recorded, not all requested information is provided, and not all provided information is correct. This hinders public health efforts to prevent stillbirths and undermines stillbirth research.

SHINE’s Solution: SHINE would authorize \$5 million for each of fiscal years 2024-2028 to provide grants to states to support stillbirth data collection and reporting, including contributing risk factors. Better data will ultimately help to understand the underlying causes of stillbirth and identify strategies for prevention.



FETAL AUTOPSY TRAINING

The problem: The current shortage of trained perinatal pathologists in the United States makes it difficult to identify the cause(s) of many stillbirths. Lack of access to a trained perinatal pathologist results either in no autopsy at all, or one that yields incorrect findings.

SHINE’s Solution: SHINE would authorize \$3 million for each of fiscal years 2024-2028 to incorporate a research or pathology fellowship on stillbirth that will include research and training on fetal autopsies. Increasing the number of pathologists who are appropriately trained to conduct fetal autopsies will lead to improved data about stillbirth causes.



AWARENESS & EDUCATION

The problem: The first time someone hears about stillbirth should not be when it has happened to them. Families and health-care providers need ways to have safe conversations about current evidence-based recommendations on monitoring pregnancies to prevent stillbirths.

SHINE’s Solution: SHINE would authorize \$1 million for each of fiscal years 2024-2028 for HHS, in coordination with health care providers, to develop guidelines and educational materials for state departments of health and statistics on stillbirth data collection, data sharing, and educational materials on stillbirth prevention and the risks of stillbirth.