INTRODUCTION:
Stillbirth is one of the most common adverse outcomes of pregnancy. Worldwide each year, 3.9 million stillbirths are reported. The stillbirth is defined as fetal loss beyond 20 weeks, or if the gestational age (GA) is unknown, birthweight (BWT) > 500 g or 22 weeks.

PATIENTS AND METHODS:
A retrospective study on 136 stillbirths which reported in our hospital during two years (2008-2009). Our objective was to evaluate epidemiology, risk factors and the management of the stillbirth.

RESULTS
The prevalence of stillbirth in our study was 9.7‰. The mean age was 27 years (18-42).
A history of spontaneous abortions and in utero fetal death was noted in 25% and 9.6% respectively.
The most important causes of stillbirths were: pre-eclampsia (19.8%), Abruptio placentae (9.5%), infections (15.5%), gestational diabetes (3.5%), Abdominal trauma (1.5%) fetal malformations (12.5%) and postterm pregnancies (17%).
The vaginal delivery were occured in 81.6% and Caesarean delivery in 18.4%. The foeto placental autopsy could be performed in 27 patients (19.8%), it was abnormal in 17 cases.

CONCLUSION
Besides well-known obstetrical risk factors such as diabetes, hypertension, multiple pregnancies, all screening of intra-uterine growth retardation in the second trimester of pregnancy should include a special survey in order to minimize the incidence of stillbirth.