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**RACP Submission: Senate Select  
Committee on Stillbirth Research and  
Education**

**June 2018**

## Overview

Thank you for the opportunity to provide feedback to the Select Committee on Stillbirth Research and Education inquiry in to the future of stillbirth education and research in Australia.

The Royal Australasian College of Physicians (RACP), represents over 17,000 fellows and 7,500 trainees across over 30 specialties in Australia and New Zealand. Our membership includes 5,100 paediatric fellows and trainees, who routinely work with newborns, infants, young children and their families. This submission has been prepared by the RACP's Paediatric and Child Health Division which works across a range of children's health policy issues. Current focuses include inequities in child health, early childhood and Indigenous child health.

Stillbirth is a tragic complication of pregnancy which often remains poorly understood within the health profession and the wider community. This impacts awareness and education as well as training and research. Though data varies, stillbirths are estimated to occur at a rate of 6 per day in Australia, representing a significant burden of medical complications for mothers and mental health challenges for families.

In this submission we have outlined important measures to help minimise stillbirths, as well as better manage those that occur. Key to any improvements will be ensuring:

- reliable data is available
- predictable and targeted levels of funding for research
- high-quality training for health professionals
- funding for community education about the prevalence and causes of stillbirth, and
- evidence-based bereavement support services are available.

The RACP acknowledges and is thankful to Stillbirth Foundation Australia and the National Health and Medical Research Council (NHMRC) funded Stillbirth Centre of Research Excellence for contributing content for this submission.

## Key recommendations

As part of this Inquiry, the Select Committee should explore the following options for reducing stillbirth rates in Australia, and improving care where stillbirths occur:

- **Audit current data and collection methodologies, and mandate annual reporting to a single agency with responsibility for stillbirth oversight**

The National Perinatal Epidemiology and Statistics Unit (NPESU) collects data on stillbirths, though the data has some limitations. Inaccurate responses may occur in all data provided to the NPESU. Additional data items about neonatal deaths collected as part of the NPDC may be incomplete. In some jurisdictions, neonatal deaths for babies transferred to another hospital or readmitted to hospital and those dying at home may not be included. Due to the small number of deaths, interpretation can be limited as to whether differences in mortality rates are due to statistical fluctuations or differential ascertainment.<sup>i</sup> The Australian Institute of Health and Welfare recorded around 7 stillborn children per 1,000 births in 2014, or 2225 stillbirths in total, an average of around 6 a day.<sup>ii</sup> Better data will improve the health sectors response to reducing and managing stillbirths. An audit of current data and collection methodologies is needed. Consideration should also be given to mandating annual reporting to one agency with responsibility for stillbirth oversight.

- **States and Territories should mandate the use of PSANZ Guidelines and fund Medical Practitioner Education around them at least twice per year**

The Perinatal Society of Australia and New Zealand (PSANZ) has published guidelines around Perinatal Mortality Audit and Management of Reduced Fetal Movements. Of most relevance to Paediatricians are the Perinatal Mortality Audit Guidelines. There is a National Education

Program available via PSANZ called IMPROVE. IMPROVE workshops are designed to address the educational needs of health professionals involved in maternity and newborn care in managing perinatal death based on the PSANZ Perinatal Mortality Guideline. The workshop is currently paid for by hospitals or individuals attending, which represents a financial barrier to attendance for other health professionals who should receive this opportunity. These professionals include midwives, other nursing staff, social workers and policy workers with an interest in stillbirth. Mandating these guidelines and improving training around stillbirth for all health professionals involved in pregnancy care would be beneficial. States and Territories should provide funding to ensure this is delivered at least twice per year, allowing greater capacity to train those who care for families.

Anecdotally, paediatricians note that information disseminated to pregnant women around stillbirth is still inconsistent, and some women are dismissed despite presenting with concerns.

- **Organisations providing support groups following pregnancy loss should have their programs evaluated, and where proven effective fully funded to make them universally available**

There are a number of support groups for families who experience a stillbirth or neonatal death, and some have branches in New Zealand and Australia. These organisations provide much needed support following pregnancy loss and are generally highly valued by parents and family. Ongoing support and evaluation of the programs provided by these organisations needs consideration as part of this Inquiry. Where the programs are effective, State and Territory Governments should provide additional funding to make them universally available.

- **Current stillbirth research funding should be reviewed, and funds allocated to research that addressed specific stillbirth priority areas**

Up to 20% of stillbirths have no known cause and remains unexplained.<sup>iii</sup> Addressing this will require ongoing, targeted research. This includes reviewing current funding dedicated to stillbirth research, and allocating specific funds across research that addresses stillbirth priority areas to ensure limited research funds are allocated effectively.

- **Paediatricians must be included in the design and development of stillbirth prevention initiatives. The inquiry should review overlap with near miss stillbirths and neonatal deaths**

Addressing stillbirth is a challenge faced by multiple health professionals. This includes paediatricians, particularly those with a perinatal or neonatal focus. The Inquiry should review overlap with neonatal deaths, and 'near miss' stillbirths, such as those involving Hypoxic Ischemic Encephalopathy (HIE). Paediatricians need to be included in the design and development of stillbirth prevention initiatives to ensure this overlap is considered as well as to ensure that prevention of stillbirth does not result in increased neonatal morbidity. The United Kingdom's approach to achieving this has included initiatives such as the National Health Services' 'Saving Babies Lives' Care Bundle' and the Royal College of Obstetricians and Gynaecologists 'Each Baby Counts' program.<sup>iv, v</sup>

- **The Commonwealth Government should fund public education campaigns around stillbirth targeted at both pregnant women and the health professionals that care for them**

As more evidence becomes available, it will be important to encourage behavioural change based on research findings. Reducing stillbirth rates will require public education campaigns that consider both pregnant women and the health professionals involved in their care. We recommend that government allocate funding for public messaging and education campaigns to achieve this outcome.

## References

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<sup>i</sup> AIHW: Hilder L, Li Z, Zeki R & Sullivan EA 2014. Stillbirths in Australia, 1991–2009. Perinatal statistics series no. 29. Cat. no. PER 63. Canberra: AIHW National Perinatal Epidemiology and Statistics Unit.

<sup>ii</sup> Australian Institute of Health and Welfare 2018. Perinatal deaths in Australia: 2013–2014. Cat. no. PER 94. Canberra: AIHW.

<sup>iii</sup> Australian Institute of Health and Welfare 2016: Monk A, Harris K, Donnelly N, Hilder L, Humphrey M, Gordon A & Chambers GM. Perinatal deaths in Australia, 1993–2012. Perinatal deaths series no. 1. Cat. no. PER 86. Canberra: AIHW.

<sup>iv</sup> NHS England 2016. Saving Babies' Lives. A care bundle for reducing stillbirth.

<sup>v</sup> Royal College of Obstetricians & Gynaecologists 2018. Each Baby Counts. [online] Available at: <https://www.rcog.org.uk/eachbabycounts> [Accessed 13 Jun. 2018].