Summary

Stillbirth Roundtable

12 February 2019

The Stillbirth Roundtable (the Roundtable), facilitated by Julie McCrossin, AM, broadcaster and journalist, was held at Parliament House on 12 February 2019. The aim of the Roundtable was to identify national priorities and strategies for reducing stillbirth and provide advice on priorities for the initial investment of $3 million announced by Minister Hunt for stillbirth education and awareness programs, and the $3 million for stillbirth research through the Medical Research Future Fund (refer to media release at http://www.health.gov.au/internet/ministers/publishing.nsf/Content/C3B4565F8EEC6AA5CA25835900833CD8/$File/GH165.pdf).

A range of individuals and organisations with expertise in stillbirth, including health professionals, researchers, organisations representing bereaved parents and representatives from non-government organisations attended the Roundtable. A number of the participants were also bereaved parents, and therefore also brought that perspective to the discussion. A list of participants is at Attachment A.

Participants acknowledged the babies lost to stillbirth and discussed the contribution that bereaved parents can make in sharing their experiences and learnings in relation to stillbirth. It was agreed that bereaved parents should play a vital role in the development and implementation of strategies to reduce stillbirth and improve maternity care. There was discussion about the importance of adopting a systematic approach to ensuring bereaved parents are routinely asked about their experiences in pregnancy and leading up to a stillbirth. This may provide insight into common factors that can help prevent stillbirths.

National Stillbirth Action Plan

Participants supported Minister Hunt's recent announcement that a National Stillbirth Action Plan would be developed. They emphasised that a national coordinated approach with national leadership is essential to reduce stillbirth. Participants recognised that considerable work had been undertaken by stakeholders that can inform the National Stillbirth Action Plan and agreed that this should be taken into consideration when developing the Plan.

National Stillbirth Forum

Participants welcomed Minister Hunt's agreement to hold an annual national forum for health professionals and parents to discuss best practice in relation to stillbirth prevention. Participants felt that this should include a focus on how to feed data back to clinicians in real time to improve performance.

Strategies to reduce stillbirth and support bereaved parents

Participants agreed that multiple strategies are required to reduce stillbirth rates and pointed to evidence that supported this view. Key priority activities and actions that were identified by the Roundtable participants included:

Improved Data Collections

Participants were keen to see data collections that included information on timing and cause of death, autopsy results, maternal health factors, pregnancy and birth risk factors. They also cited the need for data collections to be made available to researchers and clinicians in a

timely manner, and to differentiate between stillbirths and pregnancy terminations. Participants felt that access to existing datasets is difficult, and suggested that removing barriers and facilitating easier access to datasets for researchers and clinicians may help inform prediction and causes of stillbirth.

Baby Bundle

Participants strongly supported the 'Bundle of Care' package, modelled on the Saving Babies Lives bundle in the United Kingdom. Participants were keen to see this rolled out nationally (plans are underway to implement in NSW, QLD & VIC) and referred to the UK and Scotland where implementation of a care bundle has contributed to 20% reductions in stillbirth rates.

Key elements of the package include:

1. Improving detection and management of fetal growth restriction
2. Improving awareness and management of decreased fetal movement
3. Reducing smoking in pregnancy
4. Improving awareness of maternal safe sleeping position
5. Improving decision-making around timing of birth for women with risk factors.

Participants supported funding research that supports incorporating the above 5 elements of maternity care into routine clinical practice, including overcoming barriers associated with implementation.

Public awareness campaign

Participants strongly supported an evidence based public awareness campaign to educate pregnant women, and the general public on stillbirth risk factors and prevention strategies.

Education and Training for Health Professionals

Participants agreed that all health professionals involved in providing antenatal care need to have up to date knowledge in relation to stillbirth prevention. They also need to have skills to communicate these risks to pregnant mothers and help them to identify and address personalised risk factors.

GP involvement

Participants recognised that GPs play a key role in pre-pregnancy, antenatal and postnatal care, and need to be involved in stillbirth prevention and bereavement care. Important factors include educating GPs about stillbirth prevention and equipping them with skills to provide bereavement support. Communication between GPs and hospitals also requires improvement – hospitals need to provide GPs with information about a woman's birthing experience and need to advise the woman's GP when a stillbirth occurs.

High risk groups

Participants recognised that some groups, including Aboriginal and Torres Strait Islander women and women from culturally and linguistically diverse backgrounds and women living in rural, regional and remote communities are at increased risk of stillbirth. It was agreed that specific strategies need to be implemented for these women. Providing culturally safe maternity services and continuity of care models are two measures that can help.

Rural, regional and remote communities

Participants acknowledged that women (and their families) living in rural, regional and remote communities face additional difficulties in accessing maternity services. Lack of access to antenatal care, birthing facilities and specialised services may increase the risk of stillbirth.

This can also result in women being required to travel to access services and entail costs and time away from their community and support networks. In the event of a stillbirth, accessing high quality bereavement and support services can also be problematic in rural, regional and remote areas. Participants recognised that the National Stillbirth Action Plan will need to include strategies that are tailored to meet the needs of rural, regional and remote communities.

Cultural safety
Participants agreed that cultural safety needs to be embedded into health services to facilitate Aboriginal and Torres Strait Islander women accessing pre-pregnancy, antenatal and postnatal care. Mandating cultural safety into health practitioners law was proposed as one way that this could be achieved. Participants felt that cultural safety, combined with continuity of maternity care models and increasing the Aboriginal and Torres Strait Islander health workforce were key factors that could help reduce higher rates of stillbirth amongst Aboriginal and Torres Strait Islander women.

Continuity of Maternity Care models
Participants referred to evidence that shows that continuity of maternity care models promote optimal outcomes for pregnant women and play a role in preventing stillbirth. These models are beneficial for all women, but have particular value for vulnerable at risk women, including Aboriginal and Torres Strait Islander women.

Autopsies
Participants recognised that autopsies can collect useful information that can determine cause of death in the event of stillbirth and identified the need to increase the numbers of perinatal pathologists. Strategies to support bereaved parents to make informed decisions in relation to autopsied are also needed.

Bereavement support
Participants acknowledged the need for high quality bereavement support which is often required for many years. Many health professionals are not equipped to provide this support and require specialised training to develop these skills. Participants also agreed that health professionals require referral pathways for consumers requiring specialised support.

Next Steps
Following the Roundtable, the Department of Health will provide advice and options to Minister Hunt in relation to spending the $3 million announced by Minister Hunt for stillbirth education and awareness programs, and the $3 million for stillbirth research. Whilst the discussion held at the Roundtable will inform the advice and options provided to Minister Hunt, it will ultimately be up to the Minister for Health to determine how the funding allocated to stillbirth is spent. Public announcements in relation to these decisions will be made at an appropriate time, determined in consultation with the Minister's Office.

The development of the National Stillbirth Action Plan will require the cooperation and support of states and territories. The Department of Health will engage with states and territories to develop the National Stillbirth Action Plan, in consultation with a broad range of stakeholders. It is anticipated that many of the strategies identified through the Roundtable will be incorporated in to the National Stillbirth Action Plan and implementation of the strategies will be considered within that context.

ATTACHMENT A

STILLBIRTH ROUNDTABLE PARTICIPANTS		
	Organisation	**Representative**
1.	Australian College of Midwives	Associate Professor Jane Warland
2.	Australian Institute of Health & Welfare	Dr Fadwa Al Yaman
3.	Department of Health - Australian Medical Research Advisory Board (AMRAB)	Dr David Abbott
4.	Congress of Aboriginal & Torres Strait Islander Nurses and Midwives	Ms Marni Tuala
5.	Department of Health	Adjunct Professor Debra Thoms
6.	Department of Health	Professor Brendan Murphy
7.	Griffith University, School of Medicine	Professor David Ellwood
8.	Mater Research – Centre of Research Excellence in Stillbirth	Professor Vicki Flenady
9.	Monash University / Monash Health	Professor Euan Wallace
10.	Multicultural Centre for Women's Health	Dr Adele Murdolo
11.	National Perinatal Epidemiology & Statistics Unit (NPESU), UNSW	Assoc Professor Georgina Chambers
12.	National Rural Health Alliance	Dr Joanne Walker
13.	Perinatal Society Australia & New Zealand	Professor Jonathan Morris
14.	Red Nose	Ms Keren Ludski
15.	Royal Australian & New Zealand College of Obstetricians & Gynaecologists (RANZCOG)	Professor Michael Permezel
16.	Royal Australian College of General Practitioners (RACGP)	Dr Nicole Hall
17.	Royal Prince Alfred Hospital	Dr Adrienne Gordon
18.	SANDS	Ms Jackie Mead
19.	Still Aware	Ms Claire Foord
20.	Stillbirth Foundation of Australia	Ms Kate Lynch
21.	The Royal College of Pathologists of Australasia	Dr Diane Payton
22.	Perinatal Institute, Birmingham UK	Professor Jason Gardosi (via teleconference – Panel 1 only)