

Helping the Australian government to achieve a reduction in stillbirths
NATIONAL HEALTH ADVICE ON STILLBIRTH

1- STILLBIRTH HAS SIGNIFICANT SOCIAL CONSEQUENCES

We call for recognition of a lost life to stillbirth as equal to that of other infant deaths such as neonatal death and cot death. There needs to be a national understanding that stillbirth results in lifelong impact. Evidence has shown that the death of a baby to stillbirth extends far beyond the baby's lost life and potential productivity. For example, married couples who experience a stillbirth have a 40% higher chance of divorce.ⁱ Most parents require ongoing counseling to live with their grief and loss. It is not uncommon for PTSD to occur and many parents will take extended leave from work.

2- PROPER REGULATORY ASSESSMENT OF STILLBIRTH

We recommend that proper regulatory assessment of stillbirth needs to be implemented. Australia is one of the few high income countries in the world that has a well-established national perinatal data collection system.ⁱⁱ While this enables accurate counting of stillbirths, more needs to be done in the area of high quality investigation into the causes of stillbirth, including autopsy and placental histopathology by a skilled perinatal pathologist. Currently there is little uptake of these existing servicesⁱⁱⁱ even though they are offered to parents free of charge. Ensuring a thorough investigation of all babies deaths should occur as a matter of course. Better quality data will assist in identifying the most effective utilisation of maternity services and targeting of preventative strategies.

3- REDUCING PREVENTABLE STILLBIRTHS

We urge that reducing stillbirths as a target in Australia be added to Health Policy, statements, plans and guidelines. The new UN Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) lists stillbirth as a worldwide issue. This document states **implementing the global strategy would see an end to preventable stillbirths by 2030.**^{iv} In order for Australia to actively join this international push, standardised clinical practice guidelines and policy uptake are an imperative. Some guidelines already exist (ANZSA^v, SAPPGs^{vi}) but research as shown they are poorly used.^{vii} The National clinical practice guidelines for antenatal care^{viii} are currently under review and this provides an ideal opportunity to add recommendation/practice points about stillbirth reduction. Within the existing document there is a section on antenatal care with advice relating to baby/fetal movements (Recommendation/practice point - Module II points ii and y). This could be easily extended to include specific recommendations to reduce stillbirth. Within the guidelines there are many issues that hold their own points. Including but not limited to Diabetes, Toxoplasmosis, Screening for fetal chromosomal abnormalities, etc. In the same way we suggest Stillbirth have its own point with advice under this heading. Recommended advice would relate to:

- fetal growth • fetal movements • predictors of the 'at risk' woman and/or baby
- communicating the message of stillbirth prevention to expectant mothers, etc • clinical assessment

Access to clinical practice guidelines is imperative, but active implementation and evaluation of clinical practice guidelines is also needed.^{ix} Therefore, funding is urgently needed to ensure further production of evidenced based guidelines and policy as well as active implementation and evaluation of the effectiveness of existing clinical practice guidelines.

Advice compiled by Registered Charity and not-for-profit Still Aware Ltd
and endorsed by:



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UNDERSTANDING STILLBIRTH

Every 5 hours a baby is stillborn in Australia ^x

- Which is, 1 in 177 pregnancies
- Five Australian families' everyday experience leaving a maternity ward with empty arms & an empty heart. The impact of this loss lasts a lifetime.
- 60% of stillbirths occur after 28 weeks when there is nothing medically wrong with the baby. In a third of all stillbirth cases at term (37+ weeks) the baby's death remains unexplained.

What is happening on the world stage where stillbirth reduction is concerned?

- New Zealand - 30% drop in unexplained late term stillbirth (37-40 weeks) in 3 years^{xi}
 - This drop coincides with midwives in NZ introducing sleep position advice to pregnant women during pregnancy^{xii}
 - Three epidemiological studies^{xiii} have shown that when the pregnant mother sleeps on her back that this increases the risk of stillbirth. A follow up study in NZ, currently undergoing peer review, confirms the finding of these earlier studies.
- Scotland - 20% drop in stillbirth in 4 years^{xiv}
 - This came after introduction to "Saving Babies Lives" program now adopted across the board in UK by NHS^{xv}
 - It is important to note that Still Aware have been verbally informed from reliable research sources in the UK that this drop has now doubled in the 2016 statistics, which should be evident in the next edition of the National Records of Scotland.
- The Netherlands - greater than a 30% reduction in stillbirth in 5 years
 - The country has experienced a 6.8% reduction in stillbirths per annum since 2010.^{xvi}
 - The Netherlands adopted a "Count with Me" program which has aided this reduction and seen a continuation of reduced stillbirth rates^{xvii}

Where does Australia sit on the world stage? ^{xviii}

- Our stillbirth levels have not changed in 20 years and are higher than many other high income countries.
- **Australia has stillbirth rates almost double that of the best performing countries, such as Iceland, Denmark and Finland.**
- **It is estimated that more than one baby's life each day could be saved if Australia's stillbirth rate matched that of best performing countries**

How can Australia reduce stillbirth?

By raising public awareness of stillbirth, sharing information on causes and preventable factors of stillbirth and educating clinicians and expectant mothers on ways to reduce risk such as the importance of monitoring a baby's movements in utero and setting a standard of a continuity of care, we can and will reduce preventable stillbirth in Australia. We cannot achieve this without the help of the Australian government.

Our advice:

Stillbirth has significant social consequences. We call for recognition of the lost life to stillbirth as equal to that of other infant deaths such as neonatal death and cot death. We recommend that proper regulatory assessment of stillbirth be implemented. We urge that stillbirth as a target in Australia needs to be added to our National health agenda by its inclusion in relevant guideline and policy documents. To join other high income countries leading the way, the Australian government needs to recognise the severity of the current situation and the need to take action. Once countries sign up to the global targets in the Sustainable Development Goals (SDGs) change and prevention can occur. Additionally, funding towards public awareness is crucial and therefore advisable.



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STILL AWARE

Still Aware is driving change and working tirelessly towards reducing preventable stillbirth. Change prior to the event. Change through education of clinicians and expectant families. We continue to work with key researchers in the field to gather and report data of care provisions already offered internationally, but which are not currently offered to Australian women. We aim to build a health advisory platform with these leaders of their fields in order to create change in the prenatal care arena. The UK NHS recently committed to reducing stillbirth by half and have adopted a national campaign "Saving Babies Lives" which addresses the importance of exactly what we are talking about.¹¹

Still Aware is the only not-for-profit organization in Australia solely dedicated to raising awareness of stillbirth. At Still Aware every dollar donated goes directly to funding awareness and education to bring about change. The people involved volunteer their time and knowledge, so you can have confidence knowing that your dollar goes straight to activities that bring awareness of the thousands of babies born still every year in Australia.

A baby in utero is still a baby and they deserve our voice. So we are speaking up and raising awareness. You can too. Together we can and will reduce preventable stillbirth in Australia.

Still Aware was formed by the mother of a baby born still at 9 months in South Australia. Alfie Foord-Heath was born without breath on February 12, 2014. With no rhyme or reason for the death of this healthy baby girl, her mother and father - with the guidance of the Still Aware board, medical advisors, and your help - seek to change how we talk about stillbirth prior to the tragedy, raising awareness in the hope of prevention.

Raising Public Awareness, reducing preventable stillbirth, communicating the message

Still Aware has posters, literature and brochure packs already circulating the community at large, communicating what is known about stillbirth and potential preventable measures. Our not for profit organisation runs training programs with clinicians on the importance of fetal movement monitoring and sharing guidelines relating to fetal growth. This is a requirement to raise public awareness and something that is already implemented and of great help and benefit to the Australian government to aid awareness and then delivery of the message. However, this important effort to reduce the stillbirth epidemic in this country is unsustainable without government funding.



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For your Reference:

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