

Stillbirth Foundation Australia 2021 Federal Pre-Budget Submission

Introduction

Stillbirth Foundation Australia is pleased to make this submission to the Treasurer regarding the Australian Government's Budget for 2021-2022. It proposes policy change which will greatly improve the circumstances of the up to 2,200 Australian families each year who experience the tragedy of stillbirth and is aligned with the Australian Government's response to the Senate Select Committee on Stillbirth Research and Education report.

About Stillbirth Foundation Australia

Stillbirth Foundation Australia is a non-profit organisation with a mission to reduce the incidence and impact of stillbirth through research, education and advocacy. We are an organisation that represents the voices of parents of the 1 in 137 births that end in stillbirth, and we are 100% community funded.

The Foundation funds medical research into causes and prevention of stillbirth; social research to measure its impact on the Australian economy, on bereaved parents and the wider community; and campaigns to educate mothers-to-be about the things they can do to prevent stillbirth.

About Centre of Research Excellence in Stillbirth

The NHRMC Centre for Research Excellence in Stillbirth (the Stillbirth CRE) is Australia's largest collaborative group of researchers, health professionals, bereaved parents and professional colleges committed to addressing the neglected tragedy of stillbirth through a cohesive program of research and implementation. Through its priority-driven program, the Stillbirth CRE aims to reduce the rate of stillbirth in Australia and improve care for parents and families whose baby is stillborn.

The Stillbirth CRE has grown from the work of The Perinatal Society of Australia and New Zealand (PSANZ) and this ongoing partnership ensures new knowledge is translated into practice change and improved outcomes.

About Stillbirth

Stillbirth is a public health crisis in Australia. It is defined as the death of a baby that occurs after 20 weeks' gestation or 400 grams of birth weight. Six babies are stillborn every day, which is nearly twice the national road toll, and a number that has not changed in the past two decades. Stillbirth is one of the most devastating and profound events that any parent is ever likely to experience. It is 30 times more common than Sudden Infant Death Syndrome (SIDS), but stillbirth receives far less public or government attention than other infant and childhood deaths. Moreover, the sorrow and sadness associated with a stillbirth has a profound rippling effect across communities that is long-lasting and is acknowledged to have significant social, emotional and economic impacts.

Background

In 2018 the Senate Select Committee on Stillbirth Research and Education, chaired by Sen Malarndirri McCarthy, heard that a lack of consistent and coordinated data collection and reporting across jurisdictions is leading to a lack of meaningful reduction in the number of stillbirths in Australia. The committee issued a [report](#) on 4 December that same year, which included 16 recommendations including:

Recommendation 2

4.126 The committee recommends that the Australian Health Ministers' Advisory Council agrees to prioritise the development of a comprehensive, standardised, national perinatal mortality data collection that:

- *includes information on timing and cause of death, autopsy and termination of pregnancy; and*
- *links to the National Death Index and perinatal mortality data collections to utilise information on maternal health, pregnancy and birth risk factors.*

In its July 2019 response to the Report, the Australian Government agreed in principle with is recommendation.

Recent Developments

On 10 December 2020, the Department of Health launched the [National Stillbirth Action and Implementation Plan](#) (the Plan). The plan consists of five priority areas with the aim of achieving a 20 per cent reduction in the rate of stillbirth within five years. While this target is achievable – as we have seen in other countries like Scotland and the Netherlands – 45 per cent of term stillbirths in Australia are listed as ‘unexplained’, which means with their cause unknown. This makes prevention much more difficult.

Priority Area Four of the Plan – Improving stillbirth reporting and data collection – highlights many of the issues around perinatal mortality audit in Australia, including the value of perinatal autopsy and other minimally or non-invasive investigations not only in future prevention, but also in reducing distress for bereaved parents who may never know why their baby died – or what their risks are for future pregnancies.

There are six tasks listed in this priority area, although to date, **no funds** have been pledged to achieve any of them. In the meantime, while the Senate Inquiry recommended Medicare cover autopsies for stillbirth, the Medical Services Advisory Committee rejected this.

Stillbirth calls on the Government to invest in perinatal pathology for the duration of the National Stillbirth Action and Implementation Plan.

The Department of Health is establishing an Expert Advisory Group (EAG) to review these tasks and provide roadmap and way forward; however, currently there are resources available to us that require a minimum amount of funding – as outlined below – until the EAG can make its full recommendations for this priority area.

These include the Stillbirth CRE's IMPROVE Program¹, which facilitates workshops designed to address the educational needs of health professionals involved in maternity and newborn care in managing perinatal death based on the Perinatal Society of Australia and New Zealand's Perinatal Mortality Guideline. IMPROVE workshops are open to obstetricians, midwives, neonatal nurses, neonatologists, social workers, psychologists, counselors, and anyone involved in maternity care. Objectives of the workshops include an understanding of the basic epidemiology of perinatal mortality and stillbirth; the scope and purpose of the PSANZ and the Stillbirth CRE Guidelines; and the definitions of perinatal mortality applied in each state.

¹ IMproving Perinatal Mortality Review and Outcomes Via Education (IMPROVE)

Economic Impact of Changes

The table below outlines the estimated annual impact of these changes, along with current assumptions, which the Treasury may be able to validate.

National Roll Out of the Stillbirth CRE IMPROVE Program	
Translation and cultural adaptation of IMPROVE Program	\$50,000
\$5000/workshop x 50 workshops per year	\$250,000
IMPROVE evaluation	\$100,000
Estimated liability/year	\$400,000

Perinatal pathology	
Immediate training and provision of 10x additional specialist perinatal pathologists @ \$50,000 per trainee - as provided by accredited RACP providers	\$500,000
Funding of 500 additional perinatal autopsies per year @ \$3,000 per autopsy as administered by States and Territories	\$1,500,000
Estimated liability/year	\$2,000,000

Priority Area Four coordination	
Stillbirth Foundation personnel to oversee each of the above initiatives including regular reporting and funds acquittal to the Government	\$50,000
Estimated liability/year	\$50,000

Better training of health professionals involved in maternity and newborn care in managing perinatal death (based on the Perinatal Society of Australia and New Zealand's Perinatal Mortality Guidelines) will lead to more families consenting to autopsy. Funding ten additional specialist perinatal pathologists will create the capacity in the system to perform more investigations, which will lead to better and more timely data. Funding of additional perinatal autopsies will make these services more available. Cumulatively, these will bring down the unacceptably high number of unexplained stillbirths - and ultimately help us achieve a 20 per cent reduction in the rate of stillbirth in Australia, as per the Government's stated commitment.

For a relatively modest investment, the Federal Government can achieve short-term improvements in this very important priority area of the National Stillbirth Action and Implementation Plan.

Thank you for considering this budget submission and should you require any further information, please do not hesitate to contact me.

Warm regards,



Leigh Brezler
Chief Executive Officer
Stillbirth Foundation Australia