



29 June 2018

Select Committee on Stillbirth Research and Education
Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600

Email: stillbirth.sen@aph.gov.au

Dear Committee members,

Select Committee on Stillbirth Research and Education

The Australian Nursing and Midwifery Federation (ANMF) appreciates the opportunity to provide a response to the Senate appointed Select Committee on Stillbirth Research and Education to inquire and report on the future of stillbirth research and education in Australia.

The ANMF is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial, and political interests of more than 268,500 nurses, midwives, and carers across the country. Our members work in the public and private health sectors across a wide variety of urban, rural and remote locations providing care to women, babies, and families across the life course. We work with our members to assist them to deliver safe, best practice care in every one of these settings.

Our strong and growing membership and integrated role as both trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions, and uniquely places us to engage with and lead research and education initiatives in stillbirth. Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health systems, and the health of our national and global communities.

Nursing and midwifery are two distinct professions. Each makes a contribution to the care of women and their families experiencing stillbirth. Midwives are educated, competent and authorised to provide safe, effective delivery of quality services that promote health and wellbeing for pregnancy, birth, the postnatal period and transition to parenting¹. The care of women and their families experiencing a stillbirth is primarily the responsibility of the midwife. Midwifery care should only be provided by qualified midwives.

¹ Nursing and Midwifery Board of Australia. *Midwife standards for practice*. Available at <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/Midwife-standards-for-practice.aspx>

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ANMF Journals

Australian Nursing and
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Australian Journal of
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ABN 41 816 898 298



Nurses also play a role in the provision of care to women and their families following the experience of stillbirth. In particular, maternal and child health nurses, mental health nurses, nurses working in general practice and nurses working in acute care.

ANMF members are employed in a broad range of health settings across the country providing vital care for women and families who experience stillbirth. This involvement is not only at the time when stillbirth occurs, but also following an experience of stillbirth and in the years and sometimes decades that women and families are impacted by the experience. Our members working across community, general practice, acute care, mental health, and maternity care provide support for women and their families who've experienced the stillbirth of a baby. We therefore have a keen interest in the future of stillbirth research and education in Australia.

Stillbirth tragically affects more women in Australia than those in other developed countries. The Perinatal Deaths in Australia 1993 -2012 report indicates that stillbirth rates in Australia have not decreased in two decades. Data collection and timely availability of the data regarding stillbirth occurrence in Australia is however suboptimal. There are different data collection systems used in each jurisdiction. To gain the full picture of the true extent of stillbirth in this country, further work and investment is required.

Often, the reasons why stillbirth occurs is not known. Many women blame themselves when stillbirth occurs, despite having done everything in their power to ensure a healthy pregnancy and baby. This means that many women and their families experience unnecessary guilt and shame following a stillbirth. Midwives and nurses are well-placed to care for and help women and families throughout and following an experience of stillbirth. They do this by providing the latest evidence-based information, education and support, as well as the compassion, understanding, and reassurance that women and families need during and following the tragic experience of stillbirth.

As the largest component of the health workforce in Australia, our members provide a considerable proportion of clinical, personal, and supportive care to the community. They provide care for women and families across metropolitan, regional, rural and remote Australia. Due to their numbers and integration across health care services nationally, nurses and midwives can be key players in disseminating evidence and knowledge regarding stillbirth; not only to parents and the community, but also among other healthcare professionals, including doctors, obstetricians, gynaecologists, medical imaging staff, other specialists and those working in allied health. Transfer and translation of existing research into effective and appropriate clinical practice is vital in Australia. The nursing and midwifery workforce is integral to achieving this outcome.

The care and support that women and families desire and value during and following an experience of stillbirth can be effectively provided primarily by midwives, and nurses where appropriate, who are able to spend valuable time with those affected. Further, midwives, working to their full scope of practice are ideally placed to provide the necessary care, particularly in contexts such as regional, rural and remote areas, where specialist perinatologists and obstetricians are in shorter supply. Midwives have the education and necessary skills to support women through antenatal, labour and postnatal care. They are the equipped to manage the clinical, bereavement and referral needs of women and families.

Midwifery care models are known to be effective and can provide vital continuity of care for women who experience stillbirth. A 2016 Cochrane review conducted by Sandall et al highlighted that women were less likely to lose their baby before 24 weeks when they received models of midwife-led continuity of care. Midwifery continuity of care models have a strong evidence base in best supporting women with past trauma including stillbirth. Having a known midwife results in women experiencing greater support and decreasing their anxieties and unnecessary use of diagnostics and interventions.



Working closely with women leading up to, during, and following birth, midwives are optimally placed to effectively translate research into practice for women and families that are affected by stillbirth. Further directed funding is required, however, to ensure that midwives are able to effectively lead and contribute to research and education initiatives in this field.

The impact of the experience of stillbirth is long-lasting, with the affects for many being life-long. Midwives and nurses can be integral to the provision of information, education, and support services to people affected by stillbirth beyond the immediate experience of stillbirth. Midwives and nurses work in general practices, public and community health settings, mental health, and hospitals, providing care for people who have experienced stillbirth in the past. Midwives and nurses therefore provide care and support to people in multiple and varied locations and need to be supported to lead and be involved in Australian research and education initiatives across the full spectrum of stillbirth care from prevention, to supportive care that might be necessary many years later.

In the lead up to a subsequent pregnancy and birth, women who have experienced stillbirth need special consideration and care. Understandably, a subsequent pregnancy can provoke strong feelings of fear and anxiety, especially when approaching the same point in pregnancy when a previous stillbirth occurred. It is essential that the management and prevention of stillbirth is properly resourced. Midwives provide important care and information at this time, but further resourcing, research and education is required. This will ensure midwives are best equipped to provide appropriately resourced, safe, up-to-date, evidence-based practice and information based upon the best available global evidence.

It is recommended that the Senate Select Committee explore the evidence regarding the effect of increased maternal awareness and action when decreased foetal movement is noted. Changes to practice should be evidence-based and the implications properly considered. This includes the impacts of increased surveillance, equipment required, workload for health professionals and training required.

Social circumstances and inadequate antenatal care are significant contributors to the rate of stillbirths. Any study of stillbirth must focus on the social determinants of health, at least in equal measure to research into the science and technology. It is more cost effective to intervene at a primary health care level to minimise contributing factors than it is to develop multiple surveillance mechanisms, causing anxiety to parents and a financial burden on the health system. It is recommended that nationally consistent guidelines for the prevention of stillbirth, which take into account the science, technology and social determinants of health, are developed.

Midwives are highly experienced with the provision of woman-centred care. In addition to the woman, other family members, including fathers, partners, other children, grandparents and relatives also need care and support during and following an experience of stillbirth. There is substantial international and Australian evidence that focusses necessarily upon the experience of the woman, who are most directly involved and impacted by stillbirth, and this should continue. However, further research and education is also needed that focusses on the experiences of other family members. Midwives and nurses can and should drive this vital research as they are optimally placed to be there to provide care and support for family members when required, and to effectively and efficiently identify where further specialist support may be necessary.



Australia has an increasingly multi-cultural community as well as an important Aboriginal and Torres Strait Islander population who, with considerably higher rates of stillbirth, face inequitable health and pregnancy outcomes compared to mainstream populations. Midwives care for Aboriginal and Torres Strait Islander women and families as well as women from culturally and linguistically diverse communities and are vital for the provision of meaningful, culturally appropriate care for these vulnerable population groups. Further research is necessary within Australia to understand the specific needs and experiences from the perspectives of women and families from these groups and to translate and implement the results of this research into practice.

As Australia's largest union and professional nursing and midwifery organisation with strong international collaborations and affiliations, we are optimally placed to assist our members, as well as multi-disciplinary researchers and clinicians across healthcare, to coordinate and partner with researchers internationally. Further investment and support for midwifery and nursing leadership and involvement in Australia will be integral to ensuring that partnerships with international experts and organisations continue to grow. This will support the efficient transfer and translation of the best international evidence into initiatives that are suitable and effective in the Australian context.

The ANMF is grateful that this vital under-funded and resourced, and often unspoken about area of research and education is the subject of a Senate Inquiry. There is a significant opportunity to ensure that women and families in Australia receive the best evidence-based information, education, and care in relation to stillbirth. This is both in terms of effectively preventing stillbirth from occurring, and in relation to the provision of appropriate and meaningful support and care to those who are affected by this most tragic and traumatic experience. Appropriately resourced midwifery services and midwifery continuity of care models are essential to reducing the incidence of stillbirth in this country and must be available in all locations, metropolitan, rural and remote. It is fundamental that midwives and nurses are not only participating in, but also leading research and education on the prevention and management of stillbirth in Australia.

We appreciate the opportunity to participate in this consultation process and provide our feedback on behalf of our membership. Should you require further information on this matter, please contact ANMF Federal Office, Melbourne on 03 9602 8500 or anmffederal@anmf.org.au.

Yours sincerely

Annie Butler

Federal Secretary

ANMF