

Chapter 1

Introduction

Referral and conduct of the inquiry

1.1 On 27 March 2018 the Senate established the Select Committee on Stillbirth Research and Education to inquire into and report on the future of stillbirth research and education in Australia, with particular reference to:

- (a) consistency and timeliness of data available to researchers across states, territories and federal jurisdictions;
- (b) coordination between Australian and international researchers;
- (c) partnerships with the corporate sector, including use of innovative new technology;
- (d) sustainability and propriety of current research funding into stillbirth, and future funding options, including government, philanthropic and corporate support;
- (e) research and education priorities and coordination, including the role that innovation and the private sector can play in stillbirth research and education;
- (f) communication of stillbirth research for Australian families, including culturally and linguistically appropriate advice for Indigenous and multicultural families, before and during a pregnancy;
- (g) quantifying the impact of stillbirths on the Australian economy; and
- (h) any related matters.¹

1.2 The committee indicated that it would consider individual cases and personal experiences where these addressed and were directly relevant to the terms of reference. The committee also indicated that it did not intend to accept personal records, such as medical records, coroners' reports and/or death certificates.

1.3 The committee received 269 submissions (listed at Appendix 1).

1.4 The committee took evidence over six days of public hearings in:

- Sydney on 8 August 2018;
- Melbourne on 9 August 2018;
- Adelaide on 10 August 2018;
- Katherine on 5 September 2018;
- Brisbane on 6 September 2018; and
- Canberra on 7 September 2018.

1 *Journals of the Senate*, No. 93, 27 March 2018, pp. 2949–2951.

1.5 The witnesses who appeared at these hearings are listed at Appendix 2.

Structure and scope of this report

1.6 This report comprises eight chapters:

- Chapter 1 outlines the conduct of the inquiry, and the definitions for stillbirth across jurisdictions;
- Chapter 2 outlines the numbers, rates, causes, and risk factors of stillbirth in Australia in comparison to other high-income countries;
- Chapter 3 discusses the economic and social impacts of stillbirth;
- Chapter 4 discusses stillbirth reporting and data collection;
- Chapter 5 discusses stillbirth research, innovative technology and corporate sector partnerships;
- Chapter 6 discusses quality of care in relation to stillbirth;
- Chapter 7 discusses stillbirth education and public awareness campaigns; and
- Chapter 8 considers stillbirth research and education in the context of international and policy frameworks, and strategies to reduce the rate of stillbirth in Australia.

Definitions

1.7 The standard definition of stillbirth in Australia is a birth (by 'expulsion or extraction') with no signs of life of at least 20 weeks' gestation or with a birthweight of at least 400 grams. This definition is used by both the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW), the two entities collecting and publishing stillbirth data in Australia.

1.8 However, there are variations within this broad definition of stillbirth that make collation and comparison of data across Australian jurisdictions challenging.

1.9 Definitions of stillbirth also vary considerably around the world. High-income countries typically define stillbirth as a death occurring between 20 to 24 weeks and later, while the majority of low-income countries use 28 weeks' gestation or 1000 grams—the definition recommended for international comparison by the World Health Organisation (WHO).

1.10 The WHO definition is used by AIHW when reporting internationally and to enable international comparisons.

Acknowledgements

1.11 The committee thanks individuals and organisations that contributed to the inquiry, and takes this opportunity to express its gratitude to those individuals who took the time to share their personal stories with the committee.

1.12 The committee also thanks the Katherine Hospital for hosting the committee during a site visit on 5 September 2018.

1.13 The committee appreciates that, for some, sharing their personal experiences was difficult and upsetting. The committee was deeply moved by these stories and the inquiry has benefitted from their being shared.

Notes on references

1.14 References to *Committee Hansard* may be references to the proof transcript. Page numbers may differ between proof and official transcripts.

