

Chapter 2

Stillbirth in Australia—an overview

2.1 Australia is one of the safest places in the world to give birth, yet six babies are stillborn here every day, making it the most common form of child mortality in Australia.

2.2 Stillbirth affects over 2000 Australian families each year. For every 137 women who reach 20 weeks' pregnancy, one will experience a stillbirth. For women from Aboriginal and Torres Strait Islander backgrounds the rate is double that of other Australian women.¹

2.3 Furthermore, the rate of stillbirth in Australia has not changed over the past two decades, despite modern advances in medical practice and health care. According to the Centre of Research Excellence in Stillbirth (Stillbirth CRE), '[u]p to half of stillbirths at term in Australia are unexplained'.²

2.4 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.³

2.5 Stillbirth is a hidden tragedy. The culture of silence around stillbirth means that parents and families who experience it are less likely to be prepared to deal with the personal, social and financial consequences. This failure to regard stillbirth as a public health issue also has significant consequences for the level of funding available for research and education, and for public awareness of the social and economic costs to the community as a whole.

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.⁴

2.6 This chapter outlines the numbers, rates, causes, and risk factors of stillbirth in Australia compared with other high-income countries.

Stillbirth rates

International trends

2.7 Internationally, the number of stillbirths occurring at or after 28 weeks' gestation declined by 19.4 per cent between 2000 and 2015, representing an annual reduction of two per cent. The World Health Organisation (WHO) estimated that, in 2015, there were 2.6 million stillbirths at or after 28 weeks' gestation worldwide. Most

1 Centre of Research Excellence in Stillbirth (Stillbirth CRE), *Submission 56*, p. 4.

2 Stillbirth CRE, *Submission 56*, p. 4.

3 Stillbirth CRE, *Submission 56*, p. 4.

4 Stillbirth CRE, *Submission 56*, p. 4.

(98 per cent) stillbirths occur in low- and middle-income countries, and over half (60 per cent) occur in rural areas.⁵

2.8 The table below shows the rates and ranking of selected countries, including Australia, in 2009 and 2015, based on the WHO definition of stillbirth.

Table 2.1: Stillbirth rate (at or after 28 weeks' gestation) per 1000 births, and rank, by country, 2009 and 2015⁶

Country	2009		2015	
	Rate	Rank	Rate	Rank
Finland	2.0	1	1.8	4
New Zealand	3.5	34	2.3	11
Australia	2.9	15	2.7	17
UK & Northern Ireland	3.5	33	2.9	26
USA	3.0	17	3.0	29
Canada	3.3	26	3.1	30
Malaysia	5.9	55	5.8	55
China	9.8	82	7.2	68
India	22.1	154	23.0	165
Pakistan	46.7	193	43.1	194

High-income countries

2.9 Significant movement up the rankings occurred between 2009 and 2015 for the United Kingdom (UK) and Northern Ireland, and New Zealand; Australia slipped by two places; and the United States of America (USA), while having the same rate of stillbirth in both years, fell in ranking from 17 to 29.

2.10 Analyses of data in high-income countries show a decrease in the rate of stillbirth over the past 50 years, attributed largely to improvements in intrapartum care, but there has been little or no improvement over the past two decades and evidence of increases in some countries including Australia.⁷

2.11 In 2017 countries with the lowest stillbirth rates were Iceland (1.3 stillbirths per 1000), Denmark (1.7), and Finland (1.8).⁸

5 World Health Organisation (WHO), *Maternal, newborn, child and adolescent health*, http://www.who.int/maternal_child_adolescent/epidemiology/stillbirth/en/ (accessed 27 September 2018).

6 WHO, Global Health Observatory data repository, <http://apps.who.int/gho/data/view.main.GSWCAH06v> (accessed 24 July 2018).

7 I Ibiebele, M Coory, FM Boyle, et al, 'Stillbirth Rates Among Indigenous and Non-Indigenous Women in Queensland, Australia: Is the Gap Closing?', *British Journal of Obstetrics and Gynaecology*, vol. 122, no. 11, August 2014, p. 1476, <https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/1471-0528.13047> (accessed 19 September 2018).

8 H Reinebrant, 'Stillbirth is Not Just Stillbirth: More Information is Needed', The University of Queensland, 4 December 2017, <https://www.uq.edu.au/news/article/2017/12/stillbirth-not-just-stillbirth-more-information-needed> (accessed 19 September 2018).

2.12 Australia (2.7 stillbirths per 1000) lags well behind other high-income countries, with the stillbirth rate beyond 28 weeks of pregnancy 35 per cent higher than the best-performing countries.⁹

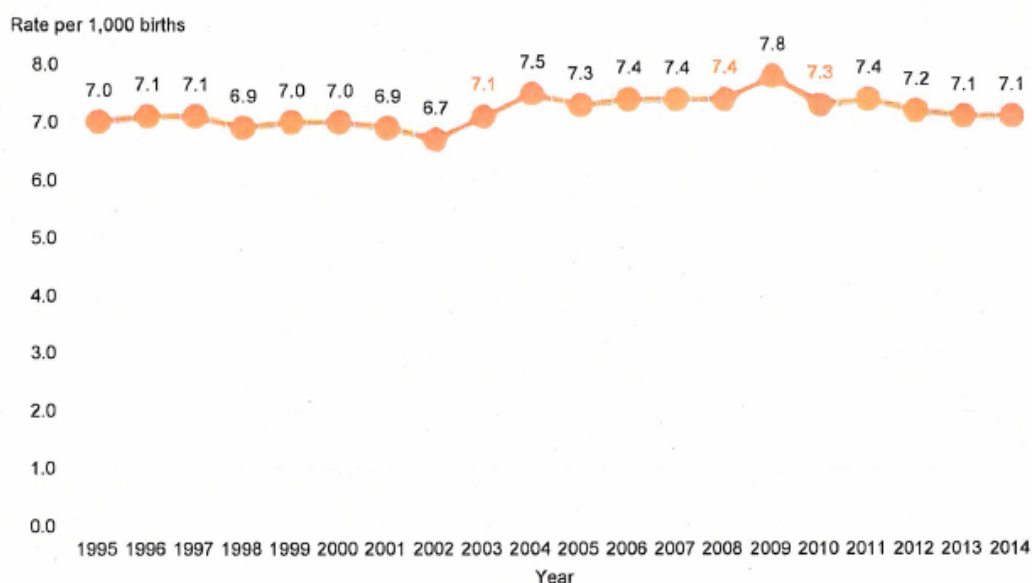
Australian trends

2.13 The rate of stillbirth in Australia is based on the Australian Institute of Health and Welfare (AIHW) definition of stillbirth as a fetal death occurring at 20 or more completed weeks of gestation or 400 grams or more birthweight.¹⁰

2.14 The AIHW uses this definition for the National Perinatal Data Collection (NPDC). This differs from the definition recommended by the World Health Organisation (a baby born with no signs of life at or after 28 weeks of gestation or 1000 gram birthweight) and the United Kingdom (24 weeks).¹¹

2.15 Between 1995 and 2014, there was an overall reduction in neonatal deaths (deaths occurring from birth to 28 days old), from 3.2 to 2.6 per 1000 births. However, the rate of stillbirth remained relatively unchanged, varying between 6.7 and 7.8 deaths per 1000 births over the same period (see Figure 2.1 below).

Figure 2.1: Stillbirth rate in Australia, 1995–2014¹²



The rate is the number of stillbirths per 1,000 total births (live births and stillbirths)

A stillbirth is defined as a fetal death prior to the complete expulsion or extraction from its mother of a product of conception of 20 or more completed weeks of gestation or of 400 grams or more birthweight.

Note: Victorian data was not included for 2009.

Source: AIHW. *Perinatal deaths in Australia 2013–2014*

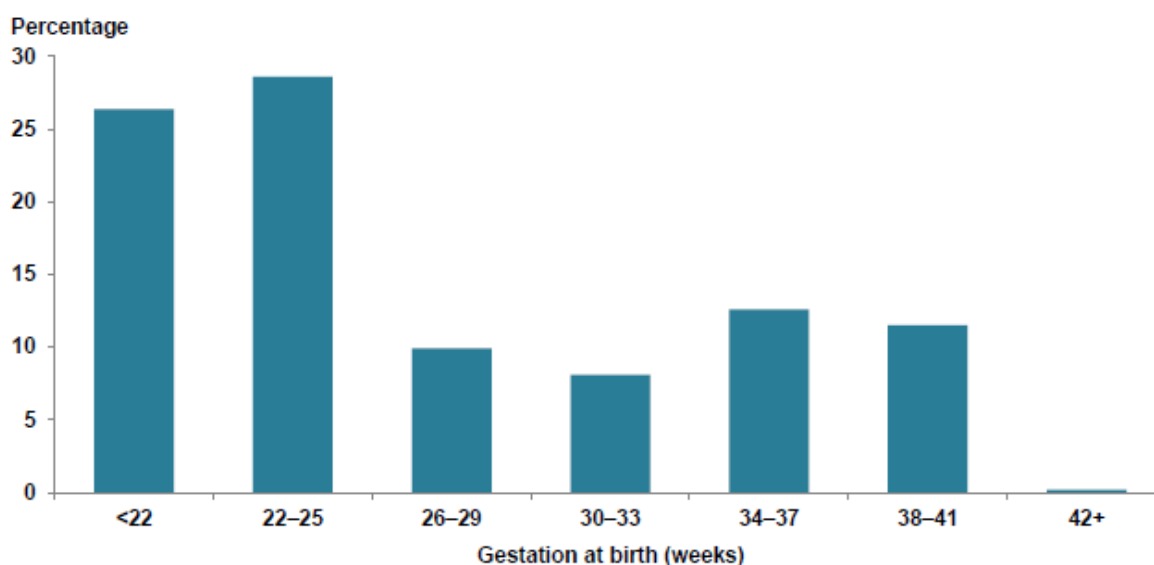
2.16 Figure 2.2 shows the percentage of stillbirths by gestation at birth in Australia over 2013 and 2014.

9 Stillbirth CRE, *Submission 56*, p. 4.

10 Australian Institute of Health and Welfare (AIHW), *National Health Data Dictionary*, version 16.2, 2015, p. 541.

11 AIHW, *Submission 26*, p. 3.

12 AIHW, *Submission 26*, p. 4.

Figure 2.2: Percentage of stillbirths by gestation at birth in Australia, 2013–14¹³

2.17 Table 2.2 presents the numbers of births, live births and stillbirths and the rate of stillbirths by jurisdiction between 2013 and 2014.

Table 2.2: Perinatal deaths by jurisdiction in Australia, 2013–14¹⁴

State or Territory	Total Births	Total Live Births	Stillbirths ^(a)		Neonatal Deaths ^(a)		Perinatal Deaths ^(a)	
			n	Rate	n	Rate	n	Rate
NSW	194,287	193,156	1,126	5.8	451	2.3	1,577	8.1
Vic ^(b)	157,496	156,054	1,436	9.1	473	3.0	1,909	12.1
Qld	126,968	126,125	843	6.6	380	3.0	1,223	9.6
WA ^(c)	69,609	69,150	459	6.6	109	1.6	568	8.2
SA	41,012	40,729	283	6.9	84	2.1	367	8.9
Tas	11,913	11,822	91	7.6	40	3.4	131	11.0
ACT ^(d)	12,716	12,614	102	8.0	36	2.9	138	10.9
NT	8,036	7,957	79	9.8	45	5.7	124	15.4
Australia	622,037	617,600	4,419	7.1	1,618	2.6	6,037	9.7

(a) The rate is the number of deaths per 1,000 births. Stillbirth and perinatal death rates were calculated using total births (live births and stillbirths). Neonatal rates were calculated using live births.

(b) Perinatal deaths in Victoria include terminations of pregnancy and fetus papyraceous. The majority of late terminations for psychosocial indications performed in Australia are undertaken in Victoria, and many women travel from interstate (and overseas) to Victoria to have the termination undertaken.

(c) For Western Australia, stillbirths and neonatal deaths include late termination of pregnancy.

(d) In 2013–2014, 14.4% of women who gave birth in the ACT were non-ACT residents. Care must be taken when interpreting rates. Rates by jurisdiction of mother's usual residence are shown in Table 2.5.

13 AIHW, *Perinatal Deaths in Australia 2013–2014*, May 2018, p. 23, <https://www.aihw.gov.au/getmedia/78784f2e-2f61-47ea-9908-84b34441ae0a/aihw-per-94.pdf.aspx?inline=true> (accessed 19 September 2018).

14 AIHW, *Perinatal Deaths in Australia 2013–2014*, p. 12.

Causes of stillbirth

2.18 A high proportion of stillbirths in Australia are unexplained. Many occur unexpectedly in late pregnancy, and many are related to undetected fetal growth restriction (FGR) and placental conditions.

Many of the predisposing factors for stillbirth are closely linked and overlap with those responsible for other serious perinatal outcomes including hypoxic [lack of oxygen to the brain] and traumatic injury to unborn babies.¹⁵

2.19 An AIHW study of the causes of stillbirths occurring between 1991 and 2009 showed the major causes of stillbirth in Australia as follows:

Table 2.3: Major causes of stillbirth in Australia, 1991–2009¹⁶

Cause of stillbirth	%	Number
Congenital abnormality	22.3	1891
Unexplained antepartum death	22.3	1896
Maternal Conditions	13.4	1141
Spontaneous pre-term (< 37 weeks gestation)	11.5	980
Specific perinatal condition	8.1	684
Fetal growth restriction (FGR)	7	593
Antepartum haemorrhage	6.9	589
Perinatal infection	3.5	251
Hypertension	3.1	265
Hypoxic peripartum death	1.9	159
No obstetric antecedent	0.5	41
Total	100	8490

2.20 AIHW data for 2013–14 showed the main causes of stillbirth as congenital anomaly (27 per cent), unexplained antepartum death (20 per cent) and maternal conditions (11 per cent).¹⁷

15 Stillbirth CRE, *Submission 56*, p. 10.

16 Stillbirth Foundation Australia, <https://stillbirthfoundation.org.au/cause-of-stillbirth/> (accessed 18 September 2018).

17 AIHW, *Perinatal Deaths in Australia 2013–2014*, p. 37.

Risk factors

High-income countries

2.21 According to recent international research, 90 per cent of stillbirths in high income countries occur in the antepartum period, and are frequently associated with placental dysfunction and FGR. Many stillbirths remain unexplained, while others are associated with preventable lifestyle factors.¹⁸

2.22 One international study of stillbirth summed up the situation in high-income countries:

The proportion of unexplained stillbirths is high and can be addressed through improvements in data collection, investigation, and classification, and with a better understanding of causal pathways. Substandard care contributes to 20–30% of all stillbirths and the contribution is even higher for late gestation intrapartum stillbirths. National perinatal mortality audit programmes need to be implemented in all high-income countries. The need to reduce stigma and fatalism related to stillbirth and to improve bereavement care are also clear, persisting priorities for action. In high-income countries, a woman living under adverse socioeconomic circumstances has twice the risk of having a stillborn child when compared to her more advantaged counterparts. Programmes at community and country level need to improve health in disadvantaged families to address these inequities.¹⁹

2.23 Potentially modifiable risk factors for stillbirth in high income countries include maternal overweight and obesity, advanced maternal age, placental abruption and pre-existing hypertension and diabetes.²⁰

Australia

2.24 Similarly, the major risk factors for stillbirth in Australia have been identified by the Royal Australian and New Zealand College of Obstetricians and

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- 18 SH Leisher, JE Lawn, MV Kinney, et al, 'Stillbirths: Investment in Ending Preventable Stillbirths by 2030 will Yield Multiple Returns and Help Achieve Multiple Sustainable Development Goals', *Brief for GSDR*, 2016, p. 2, https://sustainabledevelopment.un.org/content/documents/975137_Leisher%20et%20al._Stillbirths-Investment%20in%20ending%20preventable%20stillbirths%20by%202030%20will%20yield%20multiple%20returns%20and%20help%20achieve%20multiple%20Sustainable%20Development%20Goals.pdf (accessed 12 November 2018); V Flenady, L Koopmans, P Middleton, et al, 'Major Risk Factors for Stillbirth in High-Income Countries', *The Lancet*, vol. 377, 16 April 2011, pp. 1331–1340.
- 19 V Flenady, AM Wojcieszek, P Middleton, et al, 'Stillbirths: Recall to Action in High-Income Countries', *The Lancet*, vol. 387, no. 10019, 13 February 2016, p. 691, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)01020-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)01020-X/fulltext) (accessed 12 November 2018).
- 20 V Flenady, P Middleton, GC Smith, et al, 'Stillbirths: The Way Forward in High-Income Countries', *The Lancet*, vol. 377, no. 9778, 14 April 2011, p. 1703, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)60064-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60064-0/fulltext) (accessed 12 November 2018).

Gynaecologists (RANZCOG) as obesity, advanced maternal age, smoking, first pregnancy and diabetes and hypertension.²¹

2.25 As in other high-income countries, there is also an elevated risk of stillbirth and other adverse pregnancy outcomes for women and women who live with social disadvantage.²²

2.26 In 2011–12, the stillbirth rate for babies of teenage mothers and mothers older than 45 was more than twice that for mothers aged 30–34 (13.9 and 17.1 versus 6.4 deaths per 1000 births).²³

2.27 In 2015, most stillborn babies were preterm (85 per cent) and the mean birthweight of stillborn babies (1125 grams) was far lower than for live-born babies (3342 grams). Four in five stillborn babies were low birthweight, and more than half (65 per cent) were extremely low birthweight (<1000 grams).²⁴

2.28 A study of stillbirths in New South Wales found additional risk factors, including small birthweight for gestation, low socioeconomic status, previous stillbirth or preterm birth, Aboriginality, and maternal country of birth.²⁵

2.29 However, studies have found that risk factors differ across gestational age and reflect different causes, with foetal anomalies and infection associated with stillbirth at early gestation; anomalies and antepartum haemorrhage across 26–33 weeks; vasa praevia,²⁶ infection and diabetes affecting late term stillbirths; and FGR being a strong predictor across all gestations.²⁷

2.30 Professor Craig Pennell, Senior Researcher at the Hunter Medical Research Institute, remarked that about half of the causes of stillbirth have a primary placental origin, but identifying those women whose placentas are not functioning well becomes increasingly difficult as a pregnancy progresses:

21 RANZCOG, *Submission 17*, [p. 3].

22 Professor Claire Roberts, Deputy Director, Robinson Research Institute, University of Adelaide, *Committee Hansard*, 10 August 2018, p. 26; Flenady, Koopmans, Middleton, et al, 'Major Risk Factors for Stillbirth in High-Income Countries', p. 1332.

23 Australian Health Ministers' Advisory Council (AHMAC), *Developing a National Strategic Approach to Maternity Services*, Consultation Paper 1, Department of Health, 2018, additional information received 19 October 2018, p. 22.

24 AHMAC, *Developing a National Strategic Approach to Maternity Services*, p. 22.

25 JA Patterson, JB Ford, JM Morris, et al, 'Trends and Recurrence of Stillbirths in NSW', *Australian and New Zealand Journal of Public Health*, vol. 8, no. 20, 2014, p. 388, <https://onlinelibrary.wiley.com/doi/full/10.1111/1753-6405.12179> (accessed 11 October 2018).

26 Vasa praevia is a rare but potentially serious condition in which blood vessels carrying blood between the placenta and the baby cross over the cervix. These vessels may bleed if the woman goes into labour, if the waters break, or if the cervix opens. See RANZCOG, *Vasa Praevia*, 2016, p. 3, [https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Vasa-praevia-\(C-Obs-47\)-Review-July-2016_3.pdf?ext=.pdf](https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Vasa-praevia-(C-Obs-47)-Review-July-2016_3.pdf?ext=.pdf) (accessed 12 November 2018).

27 Flenady, Middleton, Smith, et al, 'Stillbirths: The Way Forward in High-Income Countries', pp. 1703–1717.

...we're relatively good at picking up the low-hanging fruit when it comes to pregnancies, but we're not very good at determining when a pregnancy that is going well starts to fall off. The simplest way to explain that is that the average placenta has about a 30 per cent reserve. So if I'm looking at a patient and her baby's growing normally and her blood flow studies are normal, all that tells me is that her placenta is functioning between 67 per cent and 100 per cent. It doesn't tell me where it is in that range.²⁸

Regional and remote communities

2.31 Around 33 per cent of all stillbirths in Australia are to women who live in regional and remote areas of Australia. According to AIHW data, the further away women are from a major city, the higher the rate of stillbirth, as shown in Table 2.4 below.

Table 2.4: Stillbirth deaths by maternal remoteness of residence, Australia, 2013–14²⁹

Remoteness of usual residence (ARIA+)	Total births ^(a)	Live births	Stillbirths	
			n	Rate ^(b)
Major cities	444,729	441,737	2,938	6.6
Inner regional	101,768	100,993	744	7.3
Outer regional	53,716	53,266	446	8.3
Remote	9,368	9,274	93	10.0
Very remote	6,204	6,141	64	10.2
Not stated	6,253	6,189	55	8.8
Total	622,037	617,600	4,419^(a)	7.1

(a) Total births comprise live births and stillbirths collected by the National Perinatal Data Collection. The sum of stillbirths and live births may not add up to total births. See Appendix C for further detail.

(b) The rate is the number of deaths per 1,000 births. Stillbirth and perinatal death rates were calculated using total births (live births and stillbirths). Neonatal rates were calculated using live births.

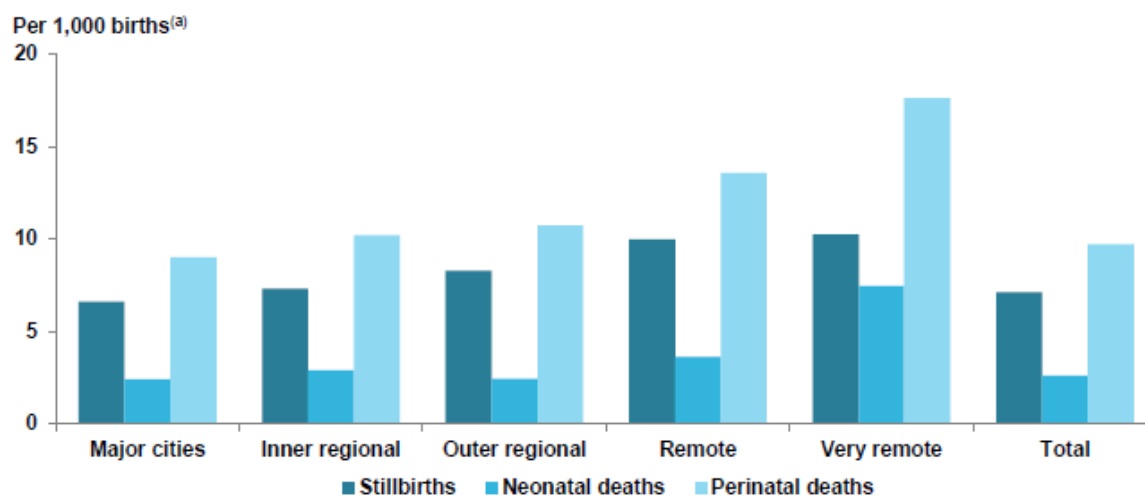
Source: AIHW 2018 - analysis of National Perinatal Mortality Data Collection and the National Perinatal Data Collection, Table A22: Perinatal deaths by maternal remoteness of residence (ARIA+), Australia, 2013–2014

2.32 The AIHW found that babies born to mothers living in remote and very remote areas were 65 per cent more likely to die during the perinatal period than babies born to mothers living in major cities or inner regional areas, as shown in Figure 2.3.

28 Professor Craig Pennell, Senior Researcher, Hunter Medical Research Institute, *Committee Hansard*, 8 August 2018, p. 20.

29 National Rural Health Alliance, *Submission 57*, [p. 4].

Figure 2.3: Perinatal mortality rates by remoteness of maternal residence in Australia, 2013–14³⁰



(a) Stillbirth and perinatal death rates were calculated using total births (live births and stillbirths). Neonatal rates were calculated using live births.

Note: Data for this figure are available in Supplementary Table A22 <<https://www.aihw.gov.au/reports/mothers-babies/perinatal-deaths-in-australia-2013-2014/data>>.

2.33 This trend may increase in the future as a result of the closure of small maternity units in rural and remote communities across Australia, where pregnant women are less likely to leave their community to seek antenatal care until late in their pregnancy.³¹

Aboriginal and Torres Strait Islander communities

2.34 The rate of stillbirth for Aboriginal and Torres Strait Islander babies is double that of other Australian women (13 in 1000 births compared to six in 1000 births).³²

2.35 Whilst there has been some progress in reducing the disparity for Indigenous women, this varies across jurisdictions. In Queensland, for example, rates are reducing, in Western Australia there has been no improvement, and in Victoria the rate amongst Aboriginal and Torres Strait Islander women has fallen to that of non-Indigenous women.³³

2.36 A recent study of stillbirth rates in Queensland found that Aboriginal and Torres Strait Islander women continued to be at increased risk of stillbirth as a result of potentially preventable factors including maternal conditions, perinatal infection, FGR and unexplained antepartum fetal death.³⁴

30 AIHW, *Perinatal Deaths in Australia 2013–2014*, p. 34.

31 National Rural Health Alliance, *Submission 57*, [p. 6]. See Chapter 6 for further discussion of the quality of care in rural and remote communities.

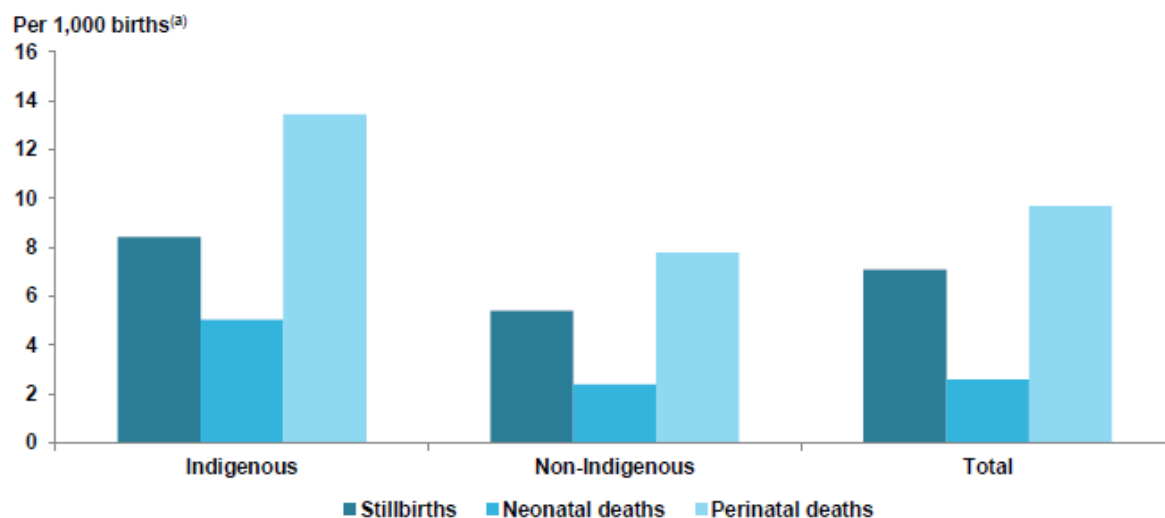
32 Stillbirth CRE, *Submission 56*, p. 12.

33 Stillbirth CRE, *Submission 56*, p. 12.

34 Ibiebele, Coory, Boyle, et al, 'Stillbirth Rates Among Indigenous and Non-Indigenous Women in Queensland, Australia', p. 1482.

2.37 Figure 2.4 shows the Aboriginal and Torres Strait Islander stillbirth rate by Indigenous status of the baby in Australia for the period 2013–14.

Figure 2.4: Perinatal mortality rates by Indigenous status of the baby in Australia, 2013–14³⁵



(a) Stillbirth and perinatal death rates were calculated using total births (live births and stillbirths). Neonatal rates were calculated using live births.

Note: Data for this figure are available in Supplementary Table A10 <<https://www.aihw.gov.au/reports/mothers-babies/perinatal-deaths-in-australia-2013-2014/data>>; similar data regarding the Indigenous status of the mother are in Figure 4.5 and Supplementary Table A11. Supplementary Table A12 cross-references the Indigenous status of the baby and the Indigenous status of the mother (incidence).

2.38 Table 2.5 compares the reported causes of stillbirth in 2013–14 between non-Aboriginal and Torres Strait Islander women and Aboriginal and Torres Strait Islander women.

Table 2.5: Perinatal Society of Australia and New Zealand Perinatal Death Classification (PSANZ-PDC) cause of stillbirth comparing non-Aboriginal and Torres Strait Islander women and Aboriginal and Torres Strait Islander women, 2013–14³⁶

Reported causes of stillbirth 2013-2014	non-Aboriginal and Torres Strait Islanders	Aboriginal and Torres Strait Islanders
congenital anomalies	27%	13.9%
unexplained antepartum death	20%	22%
spontaneous preterm birth	7.1%	12%
maternal conditions	10.8%	8.8%
specific perinatal conditions	8.6%	4%
antepartum haemorrhage	6.5%	10%
perinatal infection	6%	8%
fetal growth restriction	5.7%	8%
hypoxic peripartum death	3%	2%
maternal hypertension	2.5%	5%
no obstetric antecedent	0%	0%
Not stated	4.4%	6%
Total	100%	100%

2.39 Obesity is a major maternal risk factor for stillbirth in high income countries. The rate of obesity increases with remoteness, with rural and remote people 30 per cent more likely to be obese than those in major cities.

2.40 Maternal smoking is another risk factor for stillbirth in high income countries. In Australia, 45 per cent of Aboriginal and Torres Strait islander mothers smoke during pregnancy and are more likely to have pre-existing diabetes or hypertension.³⁷

2.41 There has been a significantly increased risk of stillbirth due to an outbreak of syphilis infection among Aboriginal and Torres Strait Islander women living in regional and rural areas.³⁸ The Australian government responded in 2018 by introducing rapid point-of-care testing across three high-risk regions in northern Australia, including a strong focus on expectant mothers and women considering pregnancy.³⁹

36 AIHW 2018 supplementary tables for perinatal deaths 2013–14, Tables A24 and A35, cited in National Rural Health Alliance, *Submission 57*, [p. 6].

37 AIHW data cited in National Rural Health Alliance, *Submission 57*, [p. 6].

38 Ibiebele, Coory, Boyle, et al, 'Stillbirth Rates Among Indigenous and Non-Indigenous Women in Queensland, Australia', pp. 1479 and 1482.

39 The Hon. Ken Wyatt, MP, Minister for Indigenous Health, 'Rapid response tests underway, aiming to halt syphilis spread', *Media release*, 8 August 2018, [http://www.health.gov.au/internet/ministers/publishing.nsf/Content/6CD2648BEBB4D34DCA2582E200780FF8/\\$File/KW113.pdf](http://www.health.gov.au/internet/ministers/publishing.nsf/Content/6CD2648BEBB4D34DCA2582E200780FF8/$File/KW113.pdf) (accessed 26 September 2018).

2.42 Such outbreaks have highlighted the need for infection prevention and control through improved antenatal screening, treatment and notification of partners as part of a broader stillbirth prevention strategy.⁴⁰

Culturally and linguistically diverse communities

2.43 There are higher stillbirth rates amongst culturally and linguistically diverse (CALD) communities in Australia. In 2013–14, 1531 (34.6 per cent) of the 4419 stillbirths that occurred in Australia were born to women who were themselves born in countries other than Australia.⁴¹

2.44 The percentage of women from CALD backgrounds in Victoria is slightly higher, with 38.5 per cent of women giving birth in 2016 born outside of Australia. However, information on ethnicity is not routinely collected for perinatal data collections, and has resulted in incomplete data.⁴²

40 Stillbirth CRE, *Submission 56*, p. 13.

41 Multicultural Centre for Women's Health, *Submission 70*, p. 2.

42 Parliament of Victoria, *Inquiry into Perinatal Services: Final Report*, Family and Community Development Committee, June 2018, p. 325.