

Senator Malarndirri McCarthy
Chair
Select Committee on Stillbirth Research and Education
Department of the Senate
PO Box 6100
Parliament House
CANBERRA ACT 2600

By email: stillbirth.sen@aph.gov.au

Dear Committee Chair,

Re: Australian College of Nursing – Questions on Notice – Inquiry into the future of stillbirth research and education in Australia

On Friday 7 September 2018 I along with Ms Marina Buchanan-Grey MACN, Executive Director – Professional and Dr Carolyn Stapleton FACN, Manager – Policy and Advocacy represented the Australian College of Nursing (ACN) at the Senate Select Committee on Stillbirth Research and Education in Canberra. ACN took five questions on notice. These questions were re-phrased where it was deemed necessary by ACN for the purposes of clarity without losing the intention of the questions. The questions include:

- *Why does ACN adopt the World Health Organization (WHO) definition of stillbirth?*
- *Why does Australia not adopt an internationally used definition of stillbirth, such as the one developed by the WHO?*
- *Why is there no consistent definition of stillbirth across all of Australia?*
- *What percentage of nurses undertake postgraduate education?*
- *Stillbirth CRE does work around 'safer baby bundle' or a 'bundle of care'. What are ACN's thoughts around that?*

ACN response to the question: *Why does ACN adopt the World Health Organization (WHO) definition of stillbirth?*

ACN determined when we were formulating our written submission to this inquiry that it would be appropriate to use a definition adopted by the World Health Organization (WHO). The WHO is arguably the most authoritative and respected global organisation focusing on improving health outcomes. The WHO's work spans many diverse areas of health in both developed and developing nations. Their recommended definition of stillbirth 'for international comparison is a baby born with no signs of life at or after 28 weeks' gestation'.¹ As I mentioned at the hearing in front of the committee, ACN is the Australian representative of the International Council of Nurses. Therefore, the work we do needs to be understood by the global nursing community. It

¹ World Health Organization 2018, *Maternal, newborn, child and adolescent health. Stillbirths*, http://www.who.int/maternal_child_adolescent/epidemiology/stillbirth/en/.

is for this reason that we adopted a definition that the WHO determined should be used for international comparison.

ACN response to the question: *Why does Australia not adopt an internationally used definition of stillbirth, such as the one developed by the WHO?*

The Committee may wish to consider recommending in their report that Australia adopt a definition determined by the WHO, of which Australia is a member, which is universally understood to mean the same thing. Senator Keneally mentioned that the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW) use the same definition of 20 weeks or 400 grams of birth weight. This is different to the WHO definition which states that at, or after, 28 weeks' gestation a baby born with no signs of life is determined as stillborn. It might be appropriate to ask the ABS and the AIHW why they do not adopt the WHO definition of stillbirth in the work that they perform.

ACN response to the question: *Why is there no consistent definition of stillbirth across all of Australia?*

I would argue that different jurisdictions have probably devised definitions of stillbirth at different points in time and would have maybe relied on different sources of expertise to help develop their definition. I think it would be appropriate for Australia to agree to a nationally and internationally recognised definition. This is where the WHO definition would perhaps be most appropriate.

ACN response to the question: *What percentage of nurses undertake postgraduate education?*

This information is difficult to obtain due to the large number of education providers offering postgraduate courses in every state and territory. The individual education providers would have their own statistics but this information is not readily available in the public domain. Acquiring it would be a time-consuming process. As I mentioned during the hearing, ACN has provided postgraduate education to 74,000 nurses since 2004.

ACN response to the question: *Stillbirth CRE does work around 'safer baby bundle' or a 'bundle of care'. What are ACN's thoughts around that?*

ACN supports the work of the Centre of Research Excellence in Stillbirth (The Stillbirth CRE) and commends the organisation for collaborating with Australian and international experts in furthering research to reduce the number of stillbirths. The 'bundle of care' elements include (please note numbering system has been taken from the Stillbirth CRE website):

1. Improving detection and management of fetal growth restriction (FGR)
1. Improving awareness and management of decreased fetal movement (DFM)
2. Reducing smoking in pregnancy
3. Improving awareness of maternal safe sleeping position
4. Improving decision-making around timing of birth for women with risk factors²

² Centre of Research Excellence in Stillbirth, 'Bundle of Care'. A bundle of care to improve mothers' and babies' health, <<https://www.stillbirthcre.org.au/resources/bundle-of-care/>>.

Raising awareness of the above-listed 'bundle of care' elements will be beneficial to increase knowledge of stillbirths and hopefully reduce the number of stillbirths.

Thank you for the opportunity address these questions on notice and if you require any further information, please do not hesitate to contact Dr Carolyn Stapleton, Manager – Policy and Advocacy

Yours sincerely,

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Chief Executive Officer
RN, MMgt, Dip App Sci (Nursing), Acute Care Cert, FACN, Wharton Fellow, MAICD

5 October 2018