For release on Wednesday 1st July

New guidelines aim to reduce the stillbirth rate in ANZ

A set of revised guidelines have been recommended to Australian and New Zealand maternity care providers (focusing on obstetricians and midwives) and bereavement specialists in a bid to manage stillbirth in ANZ hospitals and reduce the incidence of stillbirth through better information – advising that they begin use today.

Issued by the Perinatal Society of Australia and New Zealand (PSANZ) Perinatal Mortality Group in conjunction with the Australian and New Zealand Stillbirth Alliance (ANZSA), the PSANZ Perinatal Mortality Audit Guidelines aim to improve clinical practice and care by creating consistency in how stillbirth is dealt with across the nation and in New Zealand.

ANZSA Clinical Practice and Education Chair, and developer of the guidelines A/Professor Vicki Flenady says, ‘stillbirth is often not fully investigated and therefore important factors to further understand why the baby died may be missed. Only when clinicians are well informed and more consistent audit and investigation methods are utilised across Australia and New Zealand, will the true rate of unexplained stillbirth be known’, A/Prof Flenady says.

ANZSA Chair Professor David Ellwood says, ‘the guidelines provide direction to improve clinical examination and investigation, including autopsy and placental examination, classification, communicating with parents regarding autopsy and bereavement care in the hospital setting’.

‘Consistent high quality investigation and classification enhances the information about stillbirth, consequently leading to a heightened insight into appropriate prevention strategies’ Prof Ellwood says.

‘Once we have a better understanding of unexplained stillbirth we are closer to understanding the causes, and preventing stillbirth in the future. Our goal is to reduce the stillbirth rate.’

ANZSA Public Awareness and Health Promotion Committee Chair and SIDS and Kids representative Ros Richardson says, ‘the stillbirth of their baby is one of the most traumatic experiences for any parent. Clinicians must be guided and trained in communicating sensitively with parents when they have to make very difficult decisions, particularly around giving consent for autopsy.

‘These guidelines, developed in consultation with parent-based bereavement support organisations, provide direction in communicating with parents about these difficult and challenging issues, and provide a means for the family to receive the best possible bereavement care and support during their hospital stay,’ she says.
The development of an education workshop for doctors and midwives by ANZSA is assisting the implementation of the guidelines.

ANZSA, a regional office of the International Stillbirth Alliance focuses attention on reducing stillbirth through the collective knowledge and drive of researchers, clinicians and parent advocates.

Please visit www.stillbirthalliance.org/anz for further information about ANZSA, its member organisations and activities.

For further information:

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Additional Information

Every year in Australia approximately 2000 pregnancies of at least 20 weeks gestation result in a stillbirth - the equivalent to six babies per day who are not given a chance at life.

In one third of all stillbirths, the cause of death is unknown, occurring unexpectedly in an apparently healthy mother and baby.

Unexplained stillbirth occurs 10 times for often than Sudden Infant Death Syndrome (SIDS)

To access the guidelines please visit: http://www.stillbirthalliance.org/anz/guideline1.htm