

Australian Nursing And Midwifery Federation

**RESPONSE TO THE
PUBLIC CONSULTATION
ON THE DRAFT
NATIONAL STILLBIRTH
ACTION AND
IMPLEMENTATION PLAN**

9 APRIL 2020



Australian
Nursing &
Midwifery
Federation



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INTRODUCTION

The Australian Nursing and Midwifery Federation (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 280,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.



Response to Survey Questions

1. What is your name?

Australian Nursing and Midwifery Federation

2. What is your email address?

anmfederal@anmf.org.au

3. Please tell us whether you are providing a submission as an individual, health professional or on behalf of an organisation.

Organisation

4. If you are a health professional, what best describes your professional role?

Nurses and midwives

5. If you are an organisation, what category best describes the role of your organisation?

Other - national union and professional and industrial organisation for nurses and midwives

6. In which State or Territory do you live or does your organisation operate?

National

7. The Department of Health would like your permission to publish your consultation response. Please indicate your publishing response.

Yes - Publish response (your email address will not be published but all other answers, including your name, will be published).

8. Is the language used in the Plan appropriate and easily understood? Yes

9. Is the vision appropriate for the plan? Yes

10. Is the overarching goal appropriate for the Plan? Yes



11. Please provide further comment/feedback on the Plan's language, vision, overarching goal; and priority areas? Include identified gaps and any significant strengths and weakness? (max 200)

The ANMF commends the development of a document that aims to bring together multiple sectors, delivering a comprehensive Plan to address stillbirth and bereavement care in Australia.

The language, vision, overarching goal and priority areas are clear and propose a broad, yet targeted approach to addressing key stillbirth prevention and bereavement care issues.

Reference to key documents informing Australian maternity services strengthens the Plan. The values of safety, respect, choice and access identified in ***Woman-centred care: strategic directions for Australian maternity services*** should be evident in every strategy throughout the Plan.

Embedding stillbirth prevention strategies into a woman-centred care model values and recognises women as consumers of care with their own needs, where the focus of strategies could easily shift disproportionately towards survival of the unborn child alone. However, alongside prioritising woman-centred care, it is important to consider the needs of other family members, such as fathers, partners, other children, grandparents and relatives also in need of care and support during and following an experience of stillbirth.

Monitoring and reporting are essential components of any continuous quality improvement model. The proposal to develop a framework once the Plan is finalised is supported and considered to be fundamental for implementation.

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Pollock D, Ziaian T, Pearson E, Cooper M, Warland J. Understanding stillbirth stigma: A scoping literature review. *Women Birth*. 2019. Available online: doi.org/10.1016/j.wombi.2019.05.004

Obst KL, Due C. Australian men's experiences of support following pregnancy loss: A qualitative study. *Midwifery*. 2019; 70:1-6. doi.org/10.1016/j.midw.2018.11.013

Lisy K, Peters MDJ, Riitano D, Jordan Z, Aromataris E. Provision of Meaningful Care at Diagnosis, Birth, and after Stillbirth: A Qualitative Synthesis of Parents' Experiences. *Birth: Iss Perinat C*. 2016;43(1):6-19. doi.org/10.1111/birt.12217

Peters MDJ, Lisy K, Riitano D, Jordan Z, Aromataris E. Providing meaningful care for families experiencing stillbirth: a meta-synthesis of qualitative evidence. *J Perinatol*. 2016;36(1):3-9. doi.org/10.1038/jp.2015.97



- Ellis A, Chebsey C, Storey C, et al. Systematic review to understand and improve care after stillbirth: a review of parents' and healthcare professionals' experiences. *BMC Pregnancy Childbirth*. 2016; 16(1):16. doi.org/10.1186/s12884-016-0806-2
- Burden C, Bradley S, Storey C, et al. From grief, guilt pain and stigma to hope and pride - a systematic review and meta-analysis of mixed-method research of the psychosocial impact of stillbirth. *BMC Pregnancy Childbirth*. 2016; 16:9. doi.org/10.1186/s12884-016-0800-8
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- Kingdon C, O'Donnell E, Givens J, Turner M. The Role of Healthcare Professionals in Encouraging Parents to See and Hold Their Stillborn Baby: A Meta-Synthesis of Qualitative Studies. *PLOS ONE*. 2015;10(7): e0130059. doi.org/10.1371/journal.pone.0130059
- Peters MDJ, Riitano D, Lisy K, Jordan Z, Aromataris E. Providing care for families who have experienced stillbirth: a comprehensive systematic review. The Stillbirth Foundation Australia [Internet]. 2014. Available: <http://stillbirthfoundation.org.au/caring-for-families-experiencing-stillbirth/>
- Peters MDJ. Caring for families experiencing stillbirth - Part 1 of 3: Diagnosis to birth. Adelaide: the Joanna Briggs Institute, University of Adelaide and the Stillbirth Foundation Australia, 2014.
- Peters MDJ. Caring for families experiencing stillbirth - Part 2 of 3: The birth. Adelaide: the Joanna Briggs Institute, University of Adelaide and the Stillbirth Foundation Australia, 2014.
- Peters MDJ. Caring for families who have experienced stillbirth - Part 3 of 3: Care following birth. Adelaide: the Joanna Briggs Institute, University of Adelaide and the Stillbirth Foundation Australia, 2014.

Priority Area 1 – Ensuring high quality stillbirth prevention and care

13. Are the action areas appropriate for PA 1? Yes

14. Are the goals appropriate for PA 1? Yes

15. Are the implementation tasks appropriate for PA 1? No



16. Please outline any changes you consider should be made to the existing action areas, goals or implementation tasks that would be relevant to PA 1. 200 words

It is pleasing to see midwifery continuity of care, and continuity of care with the provider of the woman's choice, are recognised as strategies for implementing high quality stillbirth prevention and care. Individualised, holistic maternity care is fundamental to improving health outcomes for women and families across multiple health domains and must not be lost in the endeavour to achieve improved stillbirth rates. Increasing access to continuity of care models is not only going to require a shift in the way maternity services are provided in Australia, but also discussions around funding to ensure equitable access for all women to the continuity of carer of their choice, including midwifery continuity of care.

Domestic violence and drug and alcohol use in pregnancy on stillbirth is not identified in this priority area. Consideration should be given to including these vulnerable minorities who are at increased risk for adverse outcomes in pregnancy and birth, including stillbirth, despite them not being a key focus of the Safer Baby Bundle of care.

17. Please identify any additional action areas, goals or implementation tasks that would be relevant to PA 1. 200 words

An array of organisations, existing strategies, guidelines and position statements are identified to address this priority area. Consistent and clear messages will be the key to the broader health community adopting and disseminating emerging evidence-based strategies to improve stillbirth rates and bereavement care. From a practitioner viewpoint, one guiding document or source of information aids access, interpretation and implementation of the recommended strategies. Ensuring consistency between guiding documents and a "one-stop-shop" for health practitioners and other health professionals to access the prevention and care strategies identified in action areas 1-5 will support this. Thus, an additional task should be considered to specifically identify how the new frameworks are going to be collated and disseminated.

Action area 2

An additional task to review and analyse existing services for Aboriginal and Torres Strait Islander communities should be included in action area 2. Some individual States and Territories have already implemented programs focused on improving pregnancy outcomes for Aboriginal and Torres Strait Islander communities. Integrating strategies to address stillbirth with existing services, is a better use of resources than designing and implementing standalone programs, as well as complements the two implementation tasks for action area 2.



Priority Area 2 – Raising awareness and strengthening education

18. *Are the action areas appropriate for PA 2? Yes*

19. *Are the goals appropriate for PA 2? Yes*

20. *Are the implementation tasks appropriate for PA 2? No*

21. *Please outline any changes you consider should be made to the existing action areas, goals or implementation tasks that would be relevant to PA 2. 200 words*

Action area 6

Task one should be separated to two tasks each identifying the target audience. The first, to “develop, deliver and evaluate a community awareness package”. This task is raising awareness of stillbirth in the broader community. The second, to “encourage public conversations about stillbirth as a public health issue”. Implementation would be aimed at policy makers, primary health care stakeholders, and funding providers.

The final task should read “Develop National clinical care standards for stillbirth prevention and clinical and bereavement care in maternity services”. A National standard will enable consistency in information provided to families, and aid accurate and reliable data collection.

Action area 7

Tasks three and four should more clearly define “all relevant health professionals” and extend the reach of stillbirth education packages to broader complementary fields of medicine.

Women, and their families, seek advice from a range of professionals not always included in mainstream maternity care frameworks, such as acupuncturists, naturopaths, doulas, and independent birth educators. To ensure a comprehensive awareness Plan, it is important these professionals are included in any stillbirth education programs enabling them to promote the same evidence-based information to their clients as other regulated health practitioners involved in maternity care.

22. *Please identify any additional action areas, goals or implementation tasks that would be relevant to PA 2. 200 words*

An additional task should be added to action area 7 to “develop National clinical care standards for bereavement care following stillbirth, beyond the immediate experience of stillbirth”. Additional standards targeting health practitioners, and other health professionals, who do not necessarily work across maternity



care services but provide supportive care that might be necessary many years later acknowledges the long-lasting impact of stillbirth. For example, whilst midwives provide expert care during pregnancy, birth and immediate postnatal period, nurses can also provide care in relation to stillbirth to women and their families following the experience of stillbirth, in the year following, and for some, decades after. Therefore, standards for guiding care should be extended to acknowledge this, providing frameworks for evidence-based care, and support research into the long-term sequelae of this experience.

The third goal of action area 7 identifies that health professionals involved in the care of parents who experience stillbirth should have support. This is not reflected in the implementation tasks. Thus, a task should be added to identify the importance of debriefing guidelines, and access to clinical supervision and mental health services for all health professionals, especially midwives, who are involved in the care of families who experience stillbirth.

Priority Area 3 – Improving holistic bereavement care and community support following stillbirth

23. Are the action areas appropriate for PA 3? Yes

24. Are the goals appropriate for PA 3? No

25. Are the implementation tasks appropriate for PA 3? No

26. Please outline any changes you consider should be made to the existing action areas, goals or implementation tasks that would be relevant to PA 3. 200 words

Action area 9

All women, regardless of risk for stillbirth, should be receiving individualised multidisciplinary pregnancy care from the first trimester to support their social, emotional and spiritual wellbeing. This is supported by the aims of *Woman-Centred Care: strategic directions for Australian maternity services* (August 2019). A framework underpinned by the implementation of holistic and individualised principles. Thus, the goal for action area 9 should be re-worded to identify the additional supports, beyond the expected holistic care for all, that women who have experienced stillbirth can receive specifically to address the risk of subsequent stillbirth.

The differences between the *Clinical practice guideline for care around stillbirth and neonatal death* identified in action area 10, and *Clinical care standards for stillbirth prevention and clinical and bereavement care in maternity services*, identified in action area 7 is poorly articulated. Having similar documents risks disseminating inconsistent information, requires additional resources to develop and maintain and is not supported by the aims of the Plan. The ANMF recommend one document be developed to avoid these pitfalls. If more than



one document is to inform the plan, clarification regarding the purpose of each document, and measures to ensure consistency between them needs to be considered.

27. Please identify any additional action areas, goals of implementation tasks that would be relevant to PA 3. 200 words

Action area 9

Whilst the ANMF agree it is important to provide specialist pregnancy care services for women who have previously experienced stillbirth, the value of fundamental maternity care, such as continuity of care models and midwifery care should not be overlooked. At times, specialist services can be fragmented and problem-focused, in this case on subsequent stillbirth prevention, and women and their families do not receive the holistic care that underpins optimal outcomes in other domains. For a woman's subsequent pregnancy, it is imperative they have access to fundamental maternity care, including midwifery continuity of care, alongside specialist services. Evidence shows better outcomes for mother and babies with continuity of midwifery care.

Action area 10 provides well-considered rationales for providing national guidelines on bereavement care following stillbirth specific to when the stillbirth has occurred. Stillbirth impacts women and their families for years, and sometimes decades. Thus, further information for bereavement care beyond the initial experience of stillbirth should be included in this action area. In doing so, this action area will provide information and support to health practitioners and professionals who would not encounter stillbirth as a regular component of their work, equipping them to provide safe and evidence-based care.

Priority Area 4 – Improving stillbirth reporting and data collection

28. Are the action areas appropriate for PA 4? Yes

29. Are the goals appropriate for PA 4? Yes

30. Are the implementation tasks appropriate for PA 4? No

31. Please outline any changes you consider should be made to the existing action areas, goals or implementation tasks that would be relevant to PA 4. 200 words

As previously mentioned, evaluation, monitoring and reporting is essential for informing best practice. It is understandable collecting accurate and timely data is a challenging area when needing to be balanced against the devastating experience of stillbirth for families. Developing partnerships with families is key. Midwives are not only highly skilled at developing therapeutic relationships, but also likely to be at the forefront of



undertaking this task. This role should be identified in the rationales of action area 11, and further work should consider strategies specifically designed to support midwives, particularly in areas where there may be less specialised support available and greater risk of data collection being missed.

32. Please identify any additional action areas, goals of implementation tasks that would be relevant to PA 4. 200 words

Action area 11

Midwives and nurses who care for families experiencing stillbirth including in the period beyond their hospital stay are ideally placed to have the difficult conversations around autopsies and other investigations, and, are largely responsible for pregnancy and birth data reporting. An additional task to implement targeted education and guidelines (as identified in the rationales) specifically for these professions would assist to achieve the goals of action area 11. This task would be relevant to action area 7 also.

Priority Area 5 – Prioritising stillbirth research

33. Are the action areas appropriate for PA 5? Yes

34. Are the goals appropriate for PA 5? No

35. Are the implementation tasks appropriate for PA 5? Yes

36. Please outline any changes you consider should be made to the existing action areas, goals or implementation tasks that would be relevant to PA 5. 200 words

Action area 14

Whilst engaging parents and the community as partners is essential to quality research, providing a platform that is designed to be accessed by both parents and researchers as described in the goal for action area 14 is problematic.

Researchers are skilled professionals highly trained in research synthesis, analysis and translation. A repository of stillbirth research should aim first and foremost to inform these professionals so that best practice principles can be communicated to health professionals, health promotion programs can be implemented, and further research can be designed and undertaken. With this intent, the information in the repository would be complex and utilise extensive medical jargon. To achieve the goal of equitable access for all parents to the repository, plain language statements would need to be utilised rendering information less useful to researchers.



The tasks for this action area identify developing a comprehensive, publicly accessible register of current research and guidelines relating to stillbirth. The ANMF recommend reviewing the goal to reflect the importance of the information being publicly accessible rather than specifically by parents.

37. Please identify any additional action areas, goals of implementation tasks that would be relevant to PA 5. 200 words

Action area 13

The tasks for action area 13 should include an additional task identifying continued consultation with key stakeholders – women, families, health care providers, policy makers, professional bodies, and researchers – to prioritise and co-design stillbirth research. Stillbirth researchers need to consult with updated, stored information from these key stakeholders in prioritising stillbirth research. These relevant stakeholders need to be acknowledged by researchers in their written research articles and literature. This is identified in the rationales and goals for this action area but not clearly articulated for implementation.