

National Stillbirth Action and Implementation Plan Annual Report 2, 2023¹

Stillbirth² is a significant public health issue that has long-lasting effects on parents, families and care providers. The Australian Government launched the National Stillbirth Action and Implementation Plan (the Action Plan) on 10 December 2020. The Action Plan includes short-, medium-, and long-term actions for the Australian Government, jurisdictional governments and non-government organisations (NGOs) to work together to reduce stillbirth rates and improve bereavement care. The Action Plan has an overarching goal to:

SUPPORT A SUSTAINABLE REDUCTION³ IN RATES OF PREVENTABLE STILLBIRTH AFTER 28 WEEKS, WITH A PRIMARY GOAL OF 20% OR MORE REDUCTION OVER FIVE YEARS.

IT ALSO AIMS TO ENSURE THAT, WHEN STILLBIRTH OCCURS, FAMILIES RECEIVE RESPECTFUL AND SUPPORTIVE BEREAVEMENT CARE.

The Action Plan has five priority areas for a holistic approach towards tackling stillbirth:

1. Ensuring high quality stillbirth prevention and care
2. Raising awareness and strengthening education
3. Improving holistic bereavement care and community support following stillbirth
4. Improving stillbirth reporting and data collection
5. Prioritising stillbirth research

Implementation, monitoring and evaluation of the Action Plan is a shared responsibility that requires the dedicated efforts of many stakeholders. This includes the Australian and jurisdictional governments, the Australian Institute of Health and Welfare (AIHW), the Centre of Research Excellence in Stillbirth (Stillbirth CRE), peak bodies, health professional bodies, NGOs and more. The National Stillbirth Implementation Oversight Group (IOG) provides advice and guidance on implementation and monitoring, and evaluation of the Plan.

¹ Note on language: The detailed definitions for the target cohorts of the Action Plan can be found in the First Evaluation Report: National Stillbirth Action and Implementation Plan.

² In Australia, stillbirth refers to foetal death prior to birth of baby of 20 or more weeks gestation. The Action Plan, however, focuses on stillbirth at 28 weeks or more gestation, which aligns with World Health Organisation's definition, as most preventive interventions are specific to the third trimester.

³ The current stillbirth rate is inclusive of late term terminations. Late term terminations of pregnancy can include babies who could have been stillborn in the absence of the termination. As such, it can be difficult to determine if changes in the stillbirth rate are due to changes in the number of stillbirths, or changes in the number of late term terminations. The AIHW are investigating whether termination data may be separated from other stillbirth reporting.

The *First Evaluation Report: National Stillbirth Action and Implementation Plan* (First Evaluation Report) was published in October 2023. It provides a detailed assessment on baseline data (prior to, and at the time the Action Plan was launched), the extent to which implementation is occurring as planned, emerging outcomes of the Action Plan up to December 2022, and opportunities to guide ongoing implementation efforts. It was informed by desktop research, stakeholder consultation, and program data analysis from a variety of sources, particularly the AIHW.

About this second Annual Report

The Action Plan committed to providing Annual Reports to Health Ministers and the Australian public. Annual Reports provide details of the progress made against the Action Plan's goals and actions for the previous calendar year, and acts as a tool for year-on-year comparisons. The *National Stillbirth Action and Implementation Plan Annual Report 1, 2022* (Annual Report 1) covers the period from December 2020 to December 2021, and this *National Stillbirth Action and Implementation Plan Annual Report 2, 2023* (Annual Report 2) covers December 2021 to December 2022. The Annual Report 2 was developed based on information in the First Evaluation Report. Please refer to the First Evaluation Report for extensive detail, analysis, and referencing.

The Action Plan provides jurisdictions with the flexibility to implement actions tailored to local contexts. This means Annual Reports report on the implementation of specific tasks in the Action Plan and other activities that, although not listed in the Action Plan, still contribute to its overall goal.

Annual Report 2 (this document) provides an overview of:

- **Implementation progress** against priority areas from December 2021 to December 2022.
- The emerging **impact and outcomes** of the Action Plan from its launch in December 2020 to December 2022 against national evaluation indicators.
- **Next steps** to be taken for the monitoring and evaluation of the Action Plan.
- **The Annual Monitoring Report Card**, adapted slightly from the *Monitoring and Evaluation Framework 2022-2030*.

What activities have been progressed in the past year?

This section provides a snapshot of implementation from December 2021 to December 2022, grouped under the Action Plan’s five priority areas.

The Australian Government, jurisdictional governments, and other key organisations made strong implementation progress throughout 2022.

Despite the complex maternity healthcare system and the challenging operating environment⁴ good progress has been made on short-term initiatives under the Plan. The implementation of Priority 1’s stillbirth prevention and care activities mainly centred around implementing the Safer Baby Bundle (SBB), smoking cessation, cultural safety and continuity of care initiatives, although there was a gap around activities for some high-risk groups. Implementation of Priority 2’s community awareness and education measures was strong, mainly enabled by Australian Government funding to NGOs. Implementation of Priority 3’s bereavement care activities was limited, partly because of inconsistency in jurisdictional coverage. Bereavement activities implemented by NGOs saw the most progress. There was strong progress made in improving investigations and reporting of stillbirth under priority 4, despite the fact that most activities under this priority are medium-term. Activities to set priorities for stillbirth research under Priority 5 had some delays, but activity is well underway.

From 2019-20 to 2025-26, the Australian Government has invested a total of \$44.5 million in measures to reduce stillbirths and support families affected by stillbirth under the Stillbirth Action Plan. There are a number of other indirect measures that contribute to stillbirth reduction, for example tobacco research and smoking cessation programs and these will contribute towards stillbirth reduction.

Implementation progress is characterised using the following indicators:

Figure 1 | Implementation traffic light system

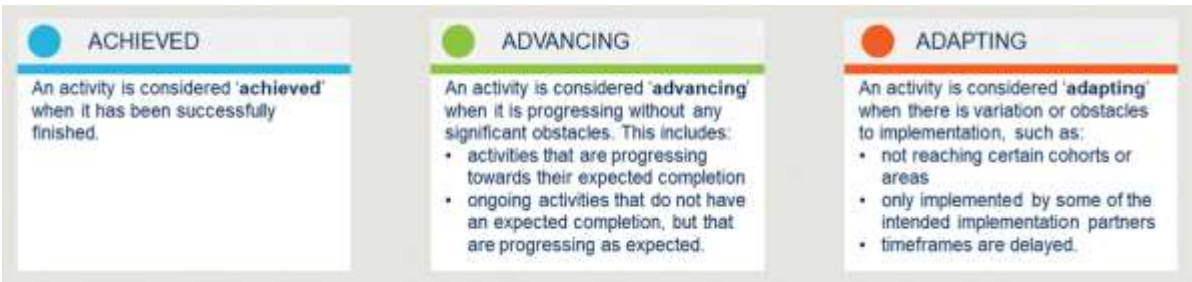


Table 1 summarises key activities that have been progressed under each priority area. Please refer to the previous Annual Report and the First Evaluation Report for more details.

⁴ For example, COVID-19 was still a factor, as well as widespread workforce shortages (within and beyond the health system), disruptions to global supply chains, drastically rising costs of living and other stressors brought in by unstable geopolitics.

Table 1 | The Action Plan's implementation between December 2021 and December 2022

Action area	Activity	Implementer	Status at December 2022
Priority 1: Ensuring high quality stillbirth prevention and care			
1	<p>Safer Baby Bundle implementation, evaluation, translation, and cultural adaptations are underway in all jurisdictions.</p>	<p>Stillbirth CRE in partnership with jurisdictions, funded by the Australian Government</p>	<p>● Adapting</p> <p>COVID-19 caused implementation delays in some jurisdictions, leading to variation across Australia.</p> <p>Implementation is now progressing everywhere.</p>
1	<p>Smoking cessation guidelines are being updated. Jurisdictions are undertaking activities to expand cessation supports.</p> <p>The Australian Government has progressed the new National Tobacco Strategy (subsequently released 2023).</p>	<p>Royal Australian College of General Practitioners (RACGP) funded by the Australian Government</p> <p>Jurisdictions</p> <p>Australian Government</p>	<p>● Advancing</p>
1, 2	<p>Some jurisdictions and implementers have begun mapping and reviewing their models of maternity care to increase continuity of care models, especially midwifery models.</p> <p>Some are focusing on continuity of midwifery care models for First Nations women.</p> <p>The Australian Government expanded funding for Birthing on Country models, including providing funding to build a Birthing on Country Centre of Excellence with Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation.</p> <p>The AIHW has continued work and publication of the <i>Model of Care National Best Endeavours</i> dataset.</p>	<p>Jurisdictions</p> <p>Australian Government</p>	<p>● Advancing</p> <p>Not all jurisdictions report progress regarding the implementation of continuity of care models. However, this is a medium-term task, so the jurisdictions that have reported progress are ahead of schedule.</p>
2	<p>Some organisations and jurisdictions have been developing and implementing cultural safety education programs for undergraduates and health professionals involved in maternity care, with particular reference to stillbirth prevention and bereavement care.</p>	<p>Jurisdictions</p> <p>NGOs (e.g. Congress of Aboriginal and Torres Strait Islander Nurses and Midwives [CATSINaM])</p>	<p>● Adapting</p> <p>This task has not yet been implemented consistently across Australia, although there are pockets of good practice.</p>
2	<p>The <i>Health Practitioner Regulation National Law 2009</i> has been amended to incorporate provisions for cultural safety in alignment with <i>Cultural Respect Framework for First Nations Health 2016-2026</i>.</p>	<p>Australian Government</p>	<p>● Achieved</p>
2, 3	<p>Translation of SBB resources has continued – now available in 23 languages.</p> <p>Cultural adaptation of the SBB has also been underway for First Nations women and for four language groups for migrant and refugee women.</p> <p>Other organisations and jurisdictions are also adapting/translating approaches and resources. Notably, one jurisdiction has developed stillbirth resources in six different languages and made these publicly available online.</p>	<p>Stillbirth CRE in partnership with NGOs (e.g. Multicultural Centre for Women's Health [MCWH]) funded by the Australian Government</p> <p>Jurisdictions</p>	<p>● Advancing</p>

Action area	Activity	Implementer	Status at December 2022
5	A tender to update the Pregnancy Care Guidelines (including stillbirth prevention content) was released, with work to start in early 2023.	Australian Government (funder)	● Advancing
Priority 2: Raising awareness and strengthening education			
6	The implementation and adaptation of the SBB continues to serve as a community awareness package that provides consistent and considered messaging about stillbirth. Other Stillbirth CRE initiatives have been progressed or completed. Other NGO awareness and education campaigns targeted at the general public have been progressed or completed. (e.g. Red Nose 'Still Six Lives' campaign)	Stillbirth CRE in partnership with jurisdictions, funded by the Australian Government NGOs (e.g. Red Nose and Centre of Perinatal Excellence [CoPE]), some funded by the Australian Government	● Advancing The SBB delays in some jurisdictions due to COVID-19 noted above also apply here. However, education and awareness raising activities have shown more overall progress, so this activity has been assessed as advancing.
7	The rollout and uptake of the SBB eLearning training has continued. The rollout and uptake of the Improving Perinatal Mortality Review and Outcomes Via Education (IMPROVE) eLearning module has continued, and face-to-face workshops launched March 2022. Two jurisdictions have developed and launched specific training programs/modules.	Stillbirth CRE in partnership with jurisdictions, funded by the Australian Government Jurisdictions	● Advancing
7	The Stillbirth Clinical Care Standard was launched in November 2022.	Australian Government	● Achieved
Priority 3: Improving holistic bereavement care and community support following stillbirth			
8	Some maternity facilities are able to provide quiet, private, appropriate spaces where bereaved parents can receive physical and emotional care (limited data). Some jurisdictions have been conducting planning/mapping work around the availability of local perinatal bereavement support services. Some jurisdictions have implemented or allocated funding to activities around perinatal mental health services, perinatal education loss coordinators, bereavement midwives, and the creation or update of resources.	Jurisdictions	● Adapting There is variation between jurisdictions in implementing this activity. While some jurisdictions have made progress, others report limited activity in the area.
8	Building on previous rounds, a new federal grant round for stillbirth and miscarriage support was released, with recipients announced early 2023.	Australian Government (funder)	● Advancing
8	Bereavement information has been included in community awareness and education packages. NGOs (Red Nose, Stillbirth Foundation, CoPE, Still Aware, Stillbirth CRE...) have continued to roll out resources and programs to support bereaved families.	NGOs funded by jurisdictions, the Australian Government and other NGOs	● Advancing
9	Stillbirth CRE has developed and commenced a national survey to map services that provide care in a subsequent pregnancy. Some jurisdictions have been conducting early planning or mapping work to understand and improve care for women who have experienced a previous stillbirth.	Stillbirth CRE Jurisdictions	● Advancing

Action area	Activity	Implementer	Status at December 2022
8, 9, 10	Updates to the CASAND (Care Around Stillbirth and Neonatal Death) guidelines are underway, due for completion in late 2023.	Stillbirth CRE	● Adapting There have been delays for this activity, but progress is underway.
Priority 4: Improving stillbirth reporting and data collection			
11	The AIHW are in the third stage of developing the <i>Perinatal Mortality National Best Endeavours Dataset</i> . Most jurisdictions have been undertaking data improvement activities. Nous have been undertaking monitoring and evaluation of the Action Plan.	AIHW Jurisdictions Nous, funded by the Australian Government	● Advancing
11	Jurisdictions were funded through two Federation Funding Agreements to improve stillbirth reporting and data collection. The first Federation Funding Agreement focused on capability, and the second, which was still under negotiation in December 2022, focused on capacity. Royal Australian and New Zealand College of Radiologists (RANZCR) and Royal College of Pathologists of Australasia (RCPA) received federal budget funding to increase their respective professions' capacity to conduct stillbirth investigations. Some jurisdictions have or are planning to establish centres of excellence for perinatal autopsy.	Jurisdictions in partnership with the Australian Government RANZCR and RCPA, funded by the Australian Government	● Advancing
11	Red Nose has been developing a survey and resources to assist parents in making decisions about autopsies and investigations options following stillbirth. Some jurisdictions have also been developing decision making resources.	Red Nose Jurisdictions	● Advancing
12	Stillbirth CRE is in the process of providing a report against the Global Scorecard produced by the International Stillbirth Alliance.	Stillbirth CRE	● Advancing
Priority 5: Prioritising stillbirth research			
13	Nationally agreed research priorities are under development and expected to be finalised in late 2023.	Stillbirth CRE	● Adapting Nationally agreed research priorities were originally planned for completion by early 2022.
13	Many stillbirth research funding and projects are ongoing and new funding has been allocated each year.	Australian Government (funder) and other organisations	● Advancing

Annual Monitoring Report Card: December 2021 to December 2022

Figure 2 provides a snapshot of implementation progress from December 2021 to December 2022. The Implementation Update has been filled out based on information and the implementation traffic light system from the First Evaluation Report.

Figure 2 | Annual Monitoring Report Card – Implementation update against action areas

ANNUAL MONITORING REPORT CARD OF NATIONAL STILLBIRTH ACTION AND IMPLEMENTATION PLAN		No progress/unable to observe	Grey
Annual Report period: December 2021 – December 2022		Adapting	Orange
		Advancing	Green
		Achieved	Blue
DECREASE IN THE RATES OF STILLBIRTH AT GREATER THAN OR EQUAL TO 28 WEEKS BASED ON 2020 RATES			Unable to observe
IMPLEMENTATION PROGRESS OF PLAN ACTION AREAS			
PRIORITY AREA 1: ENSURING HIGH QUALITY STILLBIRTH PREVENTION & CARE			
ACTION AREA 1: Implementing best practice stillbirth prevention			Green
ACTION AREA 2: Ensuring culturally safe stillbirth prevention and care for Aboriginal and Torres Strait Islander women			Green
ACTION AREA 3: Ensuring culturally and linguistically appropriate models for stillbirth prevention and care for migrant and refugee women			Green
ACTION AREA 4: Ensuring equity in stillbirth prevention among other high-risk groups			Grey
ACTION AREA 5: Providing national guidelines on stillbirth prevention			Green
PRIORITY AREA 2: RAISING AWARENESS & STRENGTHENING EDUCATION			
ACTION AREA 6: Promoting community awareness and understanding of stillbirth			Green
ACTION AREA 7: Developing and implementing a national evidence-based, culturally safe stillbirth education program for health professionals			Green
PRIORITY AREA 3: IMPROVING BEREAVEMENT CARE & SUPPORT FOLLOWING STILLBIRTH			
ACTION AREA 8: Implementing best practice care for parents and families who experience stillbirth			Orange
ACTION AREA 9: Improving care in subsequent pregnancies for women who have experienced stillbirth			Green
ACTION AREA 10: Providing national guidelines on bereavement care following stillbirth			Orange
PRIORITY AREA 4: IMPROVING STILLBIRTH REPORTING & DATA COLLECTION			
ACTION AREA 11: Improving investigation and reporting of stillbirth			Green
ACTION AREA 12: Tracking progress to reduce inequity			Green
PRIORITY AREA 5: PRIORITISING STILLBIRTH RESEARCH			
ACTION AREA 13: Prioritising research into stillbirth prevention			Orange
ACTION AREA 14: Providing broader access to stillbirth research			Blue

What has been the Action Plan’s impact to date?

This section provides an overview of the Action Plan’s emerging impact and outcomes from its launch in December 2020 to December 2022, grouped under the Action Plan’s five priority areas.

Overall, the Action Plan is having a positive impact.

Findings presented below are based on qualitative and quantitative evidence gathered to evaluate the Action Plan. Evidence is presented in detail in the First Evaluation Report.

The evaluation found that the Action Plan has contributed to a shared focus, language and goals for stillbirth and bereavement care. It adds value by raising the profile of stillbirth and bereavement care, and providing a vehicle for corralling efforts and supporting sustainable activities.

There are tangible changes being observed relating to stillbirth prevention and bereavement support – but this is not necessarily reaching target cohorts to the extent required. There is evidence that reaching target cohort women has been challenging to date and may require greater attention moving forward.

Table 2 below provides a summary of data points and findings based on the national evaluation indicators.

Table 2 | Update on national evaluation indicators

#	Indicator	Finding or data point	Commentary
Priority 1: Ensuring high quality stillbirth prevention and care			
1	Decrease in the rates of stillbirth at greater than or equal to 28 weeks (disaggregated by target cohorts, data also reported for greater than or equal to 20 weeks).	In 2020, the stillbirth rate was 2.4 stillbirths per 1000 births (at greater than or equal to 28 weeks gestation) and 7.7 stillbirths per 1000 births (at greater than or equal to 20 weeks gestation). Final national 2021 data will be available late 2023.	It will take time for the change expected from the Action Plan’s combined activities to take effect. Because of this, a marked reduction in the rates of stillbirth is unlikely during the first years of the Action Plan
2	Increase in the proportion of women who receive care via continuity of care models .	In 2021, 17% of available maternity models of care (private midwifery and midwifery group practice) involve midwifery continuity of care (includes midwifery group practice and private midwifery care). Data on the proportion of women who receive continuity of care models is not available. No change in 2022, still 17%.	Continuity of care and carer models remain available only to a minority of women, however more work in this space is planned as a ‘medium-term’ focus of the Action Plan.
3	Increase in the proportion of women who have had continuity of carer during antenatal, birth and postnatal care.	In 2021, 30% of maternity models of care involve continuity of carer. Data on the proportion of women who receive continuity of carer is not available.	

#	Indicator	Finding or data point	Commentary
		Slight increase in 2022, 31%.	
4	Increase in the proportion of women (overall and in target cohorts) attending 7 or more and 10 or more antenatal care visits .	In 2020, 86% of women attended at least 7 antenatal appointments across their pregnancy and 55% attended 10 or more. Final national 2021 data will be available late 2023.	Anecdotal evidence suggests that women's attendance at antenatal appointments may have temporarily declined from 2020 to 2022.
5	Increase in the proportion of women (overall and in target cohorts) attending their first antenatal visit within the first 10 weeks of pregnancy.	In 2020, 59% of women attended their first antenatal appointment within the first 10 weeks of gestation. Final national 2021 data will be available late 2023.	
6	Increase in available maternity services specific to target cohorts (as defined in the Action Plan).	In 2021, out of 828 maternity models of care, 23% were specifically designed for target cohorts (11% for First Nations women, 6% for young maternal age women, 4% for remote area women, and 2% for migrant and refugee women). No data is available about uptake of these different models. No change in 2022 aside from slight decrease for migrant women (1%).	
7	Increase in the number of Aboriginal and Torres Strait Islander maternity care professionals .	In 2020, 1,105 health professionals related to maternity care identified as First Nations peoples. This included 255 Midwives or Nurses in maternity care, 86 General Practitioners, 760 Aboriginal and/or Torres Strait Islander Health Practitioners, and 4 Obstetricians or Gynaecologists. In 2021, the total number of health professionals increased to 1,171, with increases observed in all profession categories except Midwives or Nurses. The profession breakdown included 238 Midwives or Nurses in maternity care, 134 General Practitioners, 792 Aboriginal and/or Torres Strait Islander Practitioners and 7 Obstetricians or Gynaecologists.	Maternity services for First Nations women have shown some improvements. There is no evidence of improvement around availability of services developed specifically for other target cohorts.
8	Increase in the availability of culturally safe maternity care .	In 2019, 87% of First Nations women (6% lower than the rest of the population) and 91% of those who spoke a language other than English at home (3% lower than the rest of the population) felt their cultural and religious beliefs were respected during maternity care. 78% of women who spoke a language other than English at home always accessed an interpreter when needed during an antenatal appointment.	

#	Indicator	Finding or data point	Commentary
		Comparable data post 2019 will likely be available for future monitoring and evaluation activities.	
9	Decrease in the proportion of women smoking tobacco during pregnancy.	9% of women reported smoking during pregnancy in 2020. Final national 2021 data expected to be available later in 2023.	The risks of smoking during pregnancy are being communicated to women more routinely than at baseline, which should contribute to reductions in smoking rates in coming years.
Priority 2: Raising awareness and strengthening education			
10	Increase in the number and reach of publicly funded programs promoting awareness of stillbirth , risk factors and prevention strategies.	In 2020, most pregnant women were provided information regarding stillbirth risk and prevention: 52% stillbirth risk, 62% side sleeping, 55% monitoring baby movements, 91% risks of smoking. Comparable data post 2020 will likely be available for future monitoring and evaluation activities.	Some awareness raising campaigns targeted to women are gaining traction, in line with expectations.
11	Increase in alignment of hospital, organisation and professional body guidelines with the Perinatal Society of Australia and New Zealand (PSANZ) <i>Clinical practice guideline for care around stillbirth and neonatal death</i> and the national <i>Clinical Practice Guidelines – Pregnancy Care</i> .	Planned updates to the national guidelines are scheduled but have not yet occurred. Jurisdictional alignment with current national guidelines varies by jurisdiction and can be improved.	Updates to national guidelines are still in progress, but the Stillbirth Clinical Care Standard has been released with strong support from stakeholders.
12	Increase in the proportion of health professionals completing the IMPROVE training program.	In 2020, 823 professionals had completed the IMPROVE training. By November 2022, 7,319 professionals had completed the IMPROVE training. Some jurisdictions have developed similar accredited training for their context.	Uptake of clinical training is on track and is delivering early results.
Priority 3: Improving holistic bereavement care and community support following stillbirth			
13	Increase in awareness and ability for bereaved women and families to access bereavement care (overall and in target cohorts).	In 2020, 46% of survey respondents received counselling, 45% accessed online resources, 33% participated in online support groups, 24% received peer support (face-to-face), 20% attended an event, 15% accessed phone support and 8% accessed other forms of care. 20% of survey respondents didn't access any bereavement supports.	Improvements around access and quality of bereavement care appear to be limited, and the challenges in defining and measuring bereavement care have persisted.

#	Indicator	Finding or data point	Commentary
		<p>No comparable data available post 2020.</p> <p>From March 2021 to April 2022, Red Nose reported 22,147 support sessions delivered to families whose baby or young child died – up 8% on previous year; and 3,417 Treasured Babies items delivered to families whose babies had died – up 9% on previous year.</p>	
Priority 4: Improving stillbirth reporting and data collection			
14	Increase in the proportion of women and/or families who are offered stillbirth investigation(s) .	<p>2020 data for this indicator not available.</p> <p>In 2022, a Red Nose survey found 85% of bereaved parents said their health professional discussed stillbirth investigations with them.</p>	Efforts are being made to increase the availability of investigations and ensure options are discussed with all parents.
15	Increase in the proportion of women and/or families who consent to a stillbirth investigation .	<p>AIHW data show 48% of stillbirths had an Autopsy performed in 2020. National data for 2021 will be available late 2023.</p> <p>In 2022, a Red Nose survey found 60% of bereaved parents agreed to an autopsy.</p>	Efforts to increase the availability of investigations are showing promising early outcomes.
16	Decrease in the proportion of stillbirths that are unexplained .	<p>In 2020, 18% of stillbirths at 28 weeks or more gestation were unexplained, 12.7% of stillbirths at 20 weeks gestation or more were unexplained.</p> <p>National data for 2021 will be available late 2023.</p>	
17	Increase in the timeliness of published stillbirth data .	<p>In 2020, the timelines for publishing final national stillbirth data were approximately 23 -24 months end-to-end, in 2020; the most up-to-date national data available in 2020 were for stillbirths in 2018.</p> <p>Timelines for publishing final stillbirth rates in 2022 were comparable to 2020. However, preliminary national stillbirth data is now being published within 12 months.</p>	The AIHW began publishing preliminary stillbirth data in December 2021, Data quality improvement activities are also underway.
Priority 5: Prioritising stillbirth research			
18	Increase in the number of research projects in, and amount of funding granted to, the stillbirth priority research areas.	<p>The Australian Government funded:</p> <p>In 2019, there were 19 projects related to stillbirth and bereavement support totalling \$29,625,000. This included funding for the Safer Baby Bundle roll out.</p>	<p>While national stillbirth research priorities have yet to be set, funding injected into stillbirth research has continued.</p> <p>The overall proportion of research funding allocated to projects related to target</p>

#	Indicator	Finding or data point	Commentary
		<p>In 2020, there were 20 projects related to stillbirth and bereavement support totalling \$21,231,000.</p> <p>In 2021, there were 19 projects related to stillbirth and bereavement support totalling \$37,566,000.</p> <p>Complete project data not available for 2022 at time of extraction.</p>	<p>cohort has increased since 2020.</p> <p>Stakeholders report that Stillbirth CRE's existing research priorities do aid in the coordination of stillbirth research.</p>

Data sources

Data against the 18 indicators has been drawn from the following sources:

- AIHW, 'Aboriginal and Torres Strait Islander specific primary health care: Results from the OSR and nKPI collections (supplementary OSR data tables – organizational profile), 2023.
- AIHW, 'National Perinatal Data Collection, 2020', 'National Perinatal Mortality Data Collection, 2020' *Data request AIHW, 2023*
- AIHW, 'Australian mothers and babies – Stillbirths and neonatal deaths', *AIHW, 2023*, <https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/stillbirths-and-neonatal-deaths-1>
- AIHW, 'Australian mothers and babies – Antenatal care', *AIHW, 2023*, <https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/antenatal-period/antenatal-care>
- Department of Health and Aged Care, 'National Health Dataset – data tool', 2023, <https://hwd.health.gov.au/datatool/>
- NSW Bureau of Health Information, 'The Insights Series – Aboriginal people's experience of hospital care: Dataset NSW maternity care survey 2019', *Bureau of Health Information NSW, 2021*, p.26
- Red Nose, 'Survey of bereaved parents', *data request Red Nose, 2022*
- Stillbirth CRE, 'The Safer Baby Bundle Initiative: Survey of women, pre-implementation Queensland & New South Wales', *data request Stillbirth CRE, 2021*
- UNICEF for every child, Stillbirth data - Build your own dataset [Analysis of country specific stillbirth rate data], 2023, <https://data.unicef.org/resources/dataset/stillbirths>
- AIHW, 'National drug strategy household survey 2019', *AIHW, 2019*, <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/summary>
- AIHW, 'Australia's mothers and babies: Smoking during pregnancy', *AIHW, 2020*, <https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/antenatal-period/smoking-during-pregnancy>

What are the next steps for monitoring and evaluation of the Action Plan?

This section provides a look ahead to future monitoring and evaluation activities.

Data collection for Annual Report 3 will begin November 2023.

As outlined in the *Monitoring and Evaluation Framework 2022-2030*, data collection activities for Action Plan monitoring, in preparation for Annual Report 3, will occur in November 2023. This will involve reporting from and consultations with Action Plan implementers and other

stakeholders, similar to previous Annual Reporting. Updates on national evaluation indicators will also be reported.

The next Evaluation Report is planned for 2026. Data collection for this report will begin in November 2025.

Annual Monitoring Report Card: December 2021 to December 2022

Figure 3 provides a snapshot of early outcomes observed up from December 2020 to December 2022. The Outcomes Update has been filled out based on information and the outcomes traffic light system from the First Evaluation Report. Based on the sequencing of activities under the Action Plan, some indicators are not expected to see improvements at this early stage of implementation (please refer to the First Evaluation Report for further details).

Figure 3 | Annual Monitoring Report Card – Outcomes update against national evaluation indicators

