

National Stillbirth Action and Implementation Plan Annual Report 3, 2024¹

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 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

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 a foetal death prior to birth of a baby born at 20 weeks' gestation or more, and/or weighing 400 grams or more. For the purposes of international comparison, the World Health Organization defines stillbirths as third trimester fetal deaths (born after 28 weeks gestation, or weighing 1000g or more). The Action Plan, however, focuses on stillbirth at 28 weeks or more gestation, as most preventive interventions are specific to the third trimester. Data in this report refer to a fetal death prior to birth of a baby born at either 20 weeks' gestation or more, or 28 weeks' gestation or more, and does not include babies born before those gestational ages who may meet the birthweight requirements of the Australian and WHO definitions of a stillbirth. Therefore, data used in this report is not comparable to other published data regarding stillbirths in Australia.

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.

implementation and monitoring, and evaluation of the Plan. The *First Evaluation Report: National Stillbirth Action and Implementation Plan* (First Evaluation Report) was published in October 2023.

About this third 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; the *National Stillbirth Action and Implementation Plan Annual Report 2, 2023* (Annual Report 2) covers December 2021 to December 2022; and this report, the *National Stillbirth Action and Implementation Plan Annual Report 3, 2024* (Annual Report 3) covers December 2022 to December 2023.

The Action Plan is now over three years into its ten-year timeframe, meaning the time for short-term actions is coming to an end and that of the medium-term actions is beginning. 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 3 (this document) provides an overview of:

- **Implementation progress** against priority areas from December 2022 to December 2023.
- The emerging **impact and outcomes** of the Action Plan from its launch in December 2020 to December 2023 against 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 2022 to December 2023, grouped under the Action Plan's five priority areas.

The Australian Government, jurisdictional governments, and other key organisations made strong implementation progress throughout 2023.

Over the past year, there has been an increased focus towards funding and implementing initiatives for First Nations families, an area previously identified as requiring more attention and effort. Overall, all short-term and almost all ongoing tasks under the Action Plan are underway or complete. Implementation progress has accelerated for some tasks that were reported as 'adapting' in previous Annual Reports, although variation and inconsistency across jurisdictions remain. Many implementers have begun preparations or progressed work for some medium-term tasks, in line with the overall timeframes and goals of the Action Plan.

The implementation of Priority 1's stillbirth prevention and care activities mainly centred around smoking cessation, the Safer Baby Bundle (SBB), and its newly launched cultural adaptations for First Nations and migrant and refugee communities. Many jurisdictions also reported increasing their focus on the preparation, rollout or expansion of continuity of care models, a medium-term goal. However, gaps remain around activities specifically directed towards target cohorts (First Nations women, young maternal age women, remote area women and migrant and refugee women). Priority 2's community awareness and education measures progressed well, mainly enabled by ongoing Australian Government funding to NGOs as well as jurisdictional promotion of education and training. There is still inconsistency in jurisdictional coverage for Priority 3's bereavement care activities although implementation has progressed. Bereavement activities implemented by NGOs saw the most progress, and the Australian Government awarded grants to three organisations for projects to improve bereavement care for target cohorts. The ongoing momentum in improving investigations and reporting of stillbirth under Priority 4 continued through 2023. Stillbirth research priority setting under Priority 5 progressed almost to completion in 2023.

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

Implementation progress is characterised using the following indicators:

Figure 1 | Implementation traffic light system

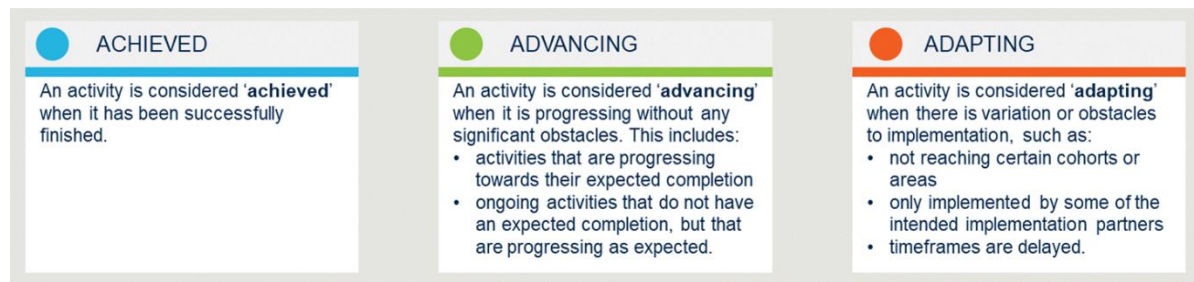


Table 1 summarises key activities that have been progressed under each priority area. Please refer to the previous Annual Reports and the First Evaluation Report for more details.

Table 1 | The Action Plan's implementation between December 2022 and December 2023

Action area	Activity	Implementer	Status at December 2023
Priority 1: Ensuring high quality stillbirth prevention and care			
1 Ongoing	The Safer Baby Bundle (SBB) is being implemented in all jurisdictions, although there is still some variation across Australia. Evaluation is underway and due for completion in 2024 in some jurisdictions, with early insights indicating positive impacts for women and clinicians.	Stillbirth CRE in partnership with jurisdictions, funded by the Australian Government	● Adapting Progress has accelerated over the past year, but there are implementation delays across Australia, including COVID-19 delays.
1 Ongoing	Smoking cessation guidelines are being updated. The Australian Government released the National Tobacco Strategy 2023-2030 in May 2023 and implementation is underway. Jurisdictions are undertaking activities to expand cessation supports.	Royal Australian College of General Practitioners (RACGP) funded by the Australian Government Australian Government Jurisdictions	● Advancing
1, 2 Medium term	Most jurisdictions have developed and/or are implementing improved protocols around parent-centred care and shared decision-making. Most jurisdictions have initiatives underway to increase access to continuity of care models, particularly in the antenatal period, especially midwifery continuity of care models, with some already reporting promising uptake and early outcomes. Some are focusing on continuity of midwifery care models for First Nations women. Limited implementation progress has been reported for other target cohorts. Research, funding and implementation of Birthing on Country models have progressed, especially the Centre of Excellence in Nowra NSW. The AIHW has continued work and publication of the <i>Maternity Model of Care National Best Practice Data Set</i> .	Jurisdictions Australian Government	● Advancing Not all jurisdictions report progress regarding continuity of care models and parent-centred approaches. However, progress has accelerated in the past year, and these are medium-term tasks, so the jurisdictions that have reported progress are ahead of schedule.
2 Ongoing Short term	All jurisdictions are developing, updating and/or implementing cultural safety frameworks, strategies, and service improvements. Most jurisdictions are implementing cultural safety education programs for health professionals involved in maternity care, some with particular	Jurisdictions Australian Government	● Adapting These ongoing and short-term tasks have not yet been implemented consistently across

Action area	Activity	Implementer	Status at December 2023
	<p>reference to stillbirth prevention and bereavement care.</p> <p>No implementers reported cultural safety training initiatives targeted towards university students.</p> <p>Most jurisdictions referenced the launch and rollout of the cultural adaptations of the SBB (see row below) as a key initiative in this area.</p>		Australia, although there are pockets of good practice.
2, 3 Ongoing Medium term	<p>The culturally adapted SBB resources were launched in October 2023: 'Stronger Bubba Born' for First Nations communities, and 'Growing a healthy baby' for Arabic, Dari, Dinka, and Karen speaking communities.</p> <p>SBB resources have now also been translated into 25 languages, up from 23 in December 2022.</p> <p>Stillbirth CRE is also developing resources for interpreters, clinicians and clinical support workers caring for First Nations and migrant and refugee women.</p> <p>Other organisations and jurisdictions are also adapting/translating stillbirth resources and approaches. Notably this year, one jurisdiction reports that some remote communities are leading work to translate SBB resources into local Indigenous language groups.</p>	Stillbirth CRE in partnership with NGOs funded by the Australian Government Jurisdictions	<p>● Advancing</p> <p>Most of these adaptation and translation activities are medium-term tasks, so progress is well ahead of schedule in this area.</p>
2, 3, 4 Medium term	Strategies and tools to reduce stillbirth in other target cohorts (women living in rural and remote areas, socially disadvantaged areas, and women under 20) exist, but are relatively limited across Australia.	Governments in partnership with NGOs	<p>● Advancing</p> <p>This is a medium-term task so has been assessed as advancing, but implementers should already have substantial preparation and planning activities underway to ensure a path to success.</p>
5 Medium term	Monash University was awarded a federal contract to update the Pregnancy Care Guidelines and develop new Postnatal Care Guidelines. This will include incorporating stillbirth prevention and bereavement care following pregnancy loss. Work is underway.	Australian Government (funder)	<p>● Advancing</p>
Priority 2: Raising awareness and strengthening education			
6 Short term	<p>The SBB and its adaptations and translations have continued to serve as a community awareness package that provides consistent messaging about stillbirth.</p> <p>Other NGO awareness and education campaigns targeted at the general public have been progressed or completed.</p> <p>Some jurisdictional governments have also run successful awareness campaigns based on the SBB and other resources.</p>	Stillbirth CRE in partnership with jurisdictions, funded by the Australian Government NGOs, especially Red Nose, some funded by the Australian Government Jurisdictions	<p>● Advancing</p>

Action area	Activity	Implementer	Status at December 2023
7 Ongoing Long term	<p>The SBB education and eLearning for health professionals has seen continued uptake, promoted by jurisdictions.⁴</p> <p>The Improving Perinatal Mortality Review and Outcomes Via Education (IMPROVE) eLearning, face-to-face workshops and train-the-trainer workshops have also seen continued uptake, promoted by jurisdictions.⁵</p> <p>Updates and enhancements to the existing IMPROVE program are underway, with a focus on addressing care inequities in maternity settings. Separate education programs for clinicians caring for First Nations and migrant and refugee women have also progressed.</p> <p>Some jurisdictions ran additional workshops and training days on relevant topics for their maternity workforce.</p> <p>There has been continued uptake of training bereavement care trainings developed by two jurisdictions in previous years one of which also includes education around cultural considerations.</p> <p>Only one jurisdiction reported running training specifically for university students in health/maternity courses (long term task).</p>	Stillbirth CRE in partnership with jurisdictions, funded by the Australian Government Jurisdictions	● Advancing
7 Short term	<p>The Stillbirth Clinical Care Standard was launched in November 2022.</p> <p>One jurisdiction developed an audit tool for LHNs to self-assess against the Standard. This enabled them to identify service gaps.</p>	Australian Government	● Achieved
Priority 3: Improving holistic bereavement care and community support following stillbirth			
8 Ongoing Medium term	<p>Most jurisdictions have conducted work to improve bereavement care, sometimes as part of more general perinatal mental health initiatives.</p> <p>Some maternity facilities are able to provide quiet, private, appropriate spaces where bereaved parents can receive physical and emotional care (ongoing task) (limited data).</p> <p>The degree to which jurisdictional bereavement initiatives and services cater to target cohorts is unknown.</p>	Jurisdictions	● Adapting Progress has accelerated over the past year, but there is still variation between jurisdictions in improving bereavement supports.
8, 11 Medium term	The 2023 federal Stillbirth and Miscarriage Support grant round funded three projects, all aimed at expanding supports for target cohorts: Red Nose's Healing Through Community project; Stillbirth CRE's enhancement of the IMPROVE program; and Rural Health Connect's delivery of telehealth services to bereaved families in rural and remote areas.	NGOs funded by the Australian Government	● Advancing
8, 11 Short term	Bereavement information has been included in community awareness and education packages.	NGOs funded by jurisdictions, the	● Advancing

⁴ From November 2022 to October 2023, 1,998 health professionals completed the SBB e-learning.

⁵ IMPROVE completion rates provided under Indicator 12.

Action area	Activity	Implementer	Status at December 2023
	<p>NGOs (Red Nose, Stillbirth Foundation, CoPE, Still Aware, Stillbirth CRE) have continued to roll out resources and programs to support bereaved families, including the medium-term task around resources to support decision-making around investigations.</p> <p>One notable example is the launch of <i>Jiba Pepeny – the Star Baby Booklet</i>, a resource written by and for First Nations families experiencing the loss of a baby.</p>	Australian Government and other NGOs	
9 Medium term	<p>Stillbirth CRE has continued research into care in subsequent pregnancies through a survey of bereaved parents (complete) and a survey of maternity services (underway at time of writing in December 2023).</p> <p>Some jurisdictions have been conducting early planning or mapping work to understand and improve care for women who have experienced a previous stillbirth.</p>	Stillbirth CRE Jurisdictions	<p>● Advancing</p> <p>This is a medium-term task so has been assessed as advancing, but implementers should already have substantial preparation and planning activities underway to ensure a path to success.</p>
8, 9, 10, 11 Short term	The 2024 version of the <i>Care Around Stillbirth and Neonatal Death</i> (CAsaND) Clinical Practice Guideline has been completed and approved by the National Health and Medical Research Council (NHMRC). Publication is planned in early 2024.	Stillbirth CRE	<p>● Advancing</p> <p>Almost achieved, albeit behind schedule.</p>
Priority 4: Improving stillbirth reporting and data collection			
11 Medium term	<p>The AIHW have continued work on the <i>Perinatal Mortality National Best Endeavours Dataset</i> and the <i>National Maternity Data Development Project</i>.</p> <p>All jurisdictions have been undertaking data improvement activities at various degrees of intensity. This has notably been the case for perinatal mental health screening data as part of activities under Bilateral Schedules to the National Mental Health and Suicide Prevention Agreements.</p> <p>Nous have continued to monitor and evaluate the Action Plan. The First Evaluation Report and Annual Reports 1 and 2 have been published on the Department's website.</p>	AIHW Jurisdictions Nous, funded by the Australian Government	<p>● Advancing</p>
11 Medium term	<p>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 commenced in June 2023, focused on capacity.</p> <p>Royal Australian and New Zealand College of Radiologists (RANZCR) and Royal College of Pathologists of Australasia (RCPA) continued work to increase their respective professions' capacity to conduct stillbirth investigations.</p>	Jurisdictions in partnership with the Australian Government RANZCR and RCPA, funded by the Australian Government	<p>● Advancing</p>
11 Medium term	<p>Red Nose (together with Stillbirth CRE and the Stillbirth Foundation) has led the development and evaluation of a range of accessible and culturally safe parent decision making resources around stillbirth investigations.</p> <p>Some jurisdictions have also developed and rolled out decision making resources.</p>	Red Nose and other NGOs, partly funded by governments Jurisdictions	<p>● Advancing</p>

Action area	Activity	Implementer	Status at December 2023
12 Short term	The <i>Ending Preventable Stillbirths Scorecard for High- and Upper Middle-Income Countries</i> was published in BMC Pregnancy Childbirth in June 2023.	Stillbirth CRE	● Advancing
Priority 5: Prioritising stillbirth research			
13 Short term	Work to establish national priorities for stillbirth research continued in 2023, with the final list due for publication in early 2024.	Stillbirth CRE	● Adapting Nationally agreed research priorities were originally planned for completion by early 2022.
13 Ongoing	Many stillbirth research projects are ongoing and new funding has been allocated each year.	Australian Government (funder) and other organisations	● Advancing

Annual Monitoring Report Card: December 2022 to December 2023

Figure 2 provides an overall snapshot of implementation progress from December 2022 to December 2023, with the previous year's results provided for comparison.

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

ANNUAL MONITORING REPORT CARD OF NATIONAL STILLBIRTH ACTION AND IMPLEMENTATION PLAN		
Annual Report period: December 2022 – December 2023		
No progress/unable to observe Grey 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	2022	2023
ACTION AREA 1: Implementing best practice stillbirth prevention	Green	Green
ACTION AREA 2: Ensuring culturally safe stillbirth prevention and care for Aboriginal and Torres Strait Islander women	Green	Green
ACTION AREA 3: Ensuring culturally and linguistically appropriate models for stillbirth prevention and care for migrant and refugee women	Green	Green
ACTION AREA 4: Ensuring equity in stillbirth prevention among other high-risk groups	Grey	Grey
ACTION AREA 5: Providing national guidelines on stillbirth prevention	Green	Green
PRIORITY AREA 2: RAISING AWARENESS & STRENGTHENING EDUCATION		
ACTION AREA 6: Promoting community awareness and understanding of stillbirth	Green	Green
ACTION AREA 7: Developing and implementing a national evidence-based, culturally safe stillbirth education program for health professionals	Green	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	Orange
ACTION AREA 9: Improving care in subsequent pregnancies for women who have experienced stillbirth	Green	Green
ACTION AREA 10: Providing national guidelines on bereavement care following stillbirth	Orange	Green
PRIORITY AREA 4: IMPROVING STILLBIRTH REPORTING & DATA COLLECTION		
ACTION AREA 11: Improving investigation and reporting of stillbirth	Green	Green
ACTION AREA 12: Tracking progress to reduce inequity	Green	Green
PRIORITY AREA 5: PRIORITISING STILLBIRTH RESEARCH		
ACTION AREA 13: Prioritising research into stillbirth prevention	Orange	Orange
ACTION AREA 14: Providing broader access to stillbirth research	Blue	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 2023, grouped under the Action Plan's five priority areas. Findings presented below are based on qualitative and quantitative evidence collected against the Indicators.

Overall, the Action Plan continues to have a positive impact.

Findings show there has been consistent progress in Priority 2: Raising awareness and strengthening education and Priority 3: Improving holistic bereavement care and community support following stillbirth. Indicators within these priority areas show the positive impact of awareness campaigns, training of health professionals and support following stillbirth.

Other priority areas show mixed progress, likely due to the time required to see significant change, broader workforce challenges within the health sector and the potential impact of COVID-19 on the reporting period of some data. Positively, the number of Aboriginal and Torres Strait Islander maternity care professionals continues to increase, as well as the proportion of women and/or families who consent to a stillbirth investigation.

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).	Between 2020 and 2021, the rate remained unchanged at 2.4 stillbirths per 1000 births at greater than or equal to 28 weeks' gestation, and improved from 7.7 to 7.1 stillbirths per 1000 births at greater than or equal to 20 weeks' gestation.	A marked reduction in the rates of stillbirth is unlikely to be observed during the first years of the Action Plan.
2	Increase in the proportion of women who receive care via continuity of care models .	Between 2021 and 2023, the proportion of available maternity models of care (private midwifery and midwifery group practice) that involve midwifery continuity of care (includes midwifery group practice and private midwifery care) remained similar from 17.3% to 15.9%. In 2021, 19.2% of women received care via midwifery continuity of care.	The reduction at the national level disguises progress in some jurisdictions in the availability of continuity of care and/or carer models. Nation-wide continuity of care and carer models remain available to a minority of women.
3	Increase in the proportion of women who have had continuity of carer during antenatal, birth and postnatal care.	Between 2021 and 2023, the proportion of available maternity models of care that had continuity of carer across the whole maternity period was similar (30.3% compared to 29.4%).	Increased access to continuity of care models for all women, including midwifery continuity of care and/or carer, is identified as a medium-term task in the Action Plan.

#	Indicator	Finding or data point	Commentary
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 and 2021, the proportion of women who attended at least 7 antenatal appointments across their pregnancy remained stable at 85.8% of women where the number of antenatal visits was known. The proportion of women who attended 10 or more antenatal visits remained similar (from 55.0% to 54.3%).	Stakeholders had reported consumer hesitance in attending antenatal appointments due to COVID-19, but this was not seen at the national level.
5	Increase in the proportion of women (overall and in target cohorts) attending their first antenatal visit within the first 10 weeks of pregnancy.	Between 2020 and 2021, for women where information on gestational age and antenatal care was available, the proportion who attended their first antenatal appointment within the first 10 weeks of gestation remained similar (59.4% to 60.8%). ⁶	
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. These percentages have remained stable in 2023 with the only changes being a slight reduction for migrant women (to 1%) in 2022, and a slight increase for remote area women (to 5%).	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.
7	Increase in the number of Aboriginal and Torres Strait Islander maternity care professionals .	Between 2020 and 2022, there was an approximate 10% increase (from 1,105 to 1,209) health professionals related to maternity care who identified as First Nations peoples. In 2022, the profession breakdown included 271 Midwives or Nurses in maternity care, 135 General Practitioners, 810 Aboriginal and/or Torres Strait Islander Practitioners and 7 Obstetricians or Gynaecologists.	
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	

⁶ It is unlikely this figure will ever reach 100% due to jurisdictional differences in how antenatal care is structured. For example, in the ACT early antenatal care is often provided by a GP and not reported to the NPDC, meaning women appear to receive fewer antenatal care visits that being at a later gestation.

#	Indicator	Finding or data point	Commentary
		<p>cultural and religious beliefs were respected during maternity care.</p> <p>78% of women who spoke a language other than English at home always accessed an interpreter when needed during an antenatal appointment.</p> <p>Comparable data is not yet available.</p>	
9	Decrease in the proportion of women smoking tobacco during pregnancy.	Where information was available on whether a women smoked in pregnancy, 9.2% of women reported smoking during pregnancy in 2020, 8.7% in 2021, and preliminary data (from 5 jurisdictions) indicates 8.5% in 2022. ⁷	Rates of smoking during pregnancy are declining.
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.	<p>In 2021, the national Still Six Lives campaign gained significant reach, with 2,974,375 completed video views and 910,000 impressions via social media influencers.</p> <p>In 2022, the South Australian Stillbirth Prevention Campaign delivered over 2 million impressions across paid and organic social media posts, which resulted in 12-fold increase in safer baby website visits.</p> <p>Reach with target cohorts is unclear in mass campaigns.</p>	Campaigns increase awareness of stillbirth, risk factors and prevention strategies.
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> .	<p>Updates to the two national guidelines progressed in 2023, but neither were available publicly at the time of review to be able to assess alignment of jurisdictional guidelines.</p> <p>Most jurisdictional guidelines have sections that cover the relevant topics and have had recent reviews and/or updates.</p>	
12	Increase in the proportion of health professionals completing the IMPROVE training program.	In 2020, 823 professionals had completed the IMPROVE training, 7,319 had completed the training by November 2022, and 8,311 by October 2023.	Uptake of clinical training is on track.

⁷ Pregnancy smoking rates reported by AIHW do not explicitly include vaping and e-cigarette use, unless those who vape self-report it as smoking. Totals exclude records where status was not known / not stated. Preliminary data for 2022 excluded South Australia, the Australian Capital Territory and the Northern Territory.

#	Indicator	Finding or data point	Commentary
		Some jurisdictions have developed similar accredited training for their context.	
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).	<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> <p>From April 2022 to March 2023, Red Nose reported 23,605 support sessions to families whose baby or young child died – up 15% on previous year; and 3,617 Treasured Babies items delivered to families whose babies had died – up 15% on previous year.</p> <p>From April 2023 to October 2023, 15,152 support sessions were delivered.</p>	The challenges in defining and measuring bereavement care have persisted, especially in measuring awareness and access to bereavement care provided outside of NGO services.
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 investigation options.</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, where autopsy status was known, 47.9% of stillbirths in 2020 and 48.9% in 2021 had an autopsy performed.</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, 18.4% of stillbirths at 28 weeks or more gestation were unexplained, 12.7% of stillbirths at 20 weeks gestation or more were unexplained.</p> <p>In 2021, 23.5% of stillbirths at 28 weeks or more gestation were unexplained, 15.1% of stillbirths at 20 weeks gestation or more were unexplained.</p>	The drivers of the increase in unexplained stillbirths are unclear based on current information.
17	Increase in the timeliness of published stillbirth data .	Preliminary national stillbirth data is now being published within 12 months.	The AIHW began publishing preliminary stillbirth data in December 2021. Data quality improvement activities continue.

#	Indicator	Finding or data point	Commentary
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>In 2019, the Australian Government (through the NHMRC and MRFF⁸) funded 19 projects related to stillbirth and bereavement support totalling \$29,625,000. This included funding for the Safer Baby Bundle roll out.</p> <p>In 2020, they funded 20 projects totalling \$21,231,000. In 2021, they funded 19 projects totalling \$37,566,000; in 2022, they funded 19 projects totalling \$24,196,000.</p> <p>Complete project data not available for 2023 at time of extraction.</p>	A systemic analysis published in the Lancet found that the NHMRC was among the top five funders of global research funding for newborn health and stillbirths research worldwide in 2019-2020.

Data sources

Data for the implementation section was collected from implementers using the Annual Implementers' Progress Updates, a standard template which is being used throughout this evaluation.

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

- 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>
- AIHW, 'Australia's mothers and babies: Smoking during pregnancy', *AIHW*, 2024, <https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/antenatal-period/smoking>
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⁸ Stillbirth research funding is calculated based on publicly available grants data from the National Health and Medical Research Council (NHMRC) and the Medical Research Future Fund (MRFF). Nous used the year the grant opportunity was announced as the basis for this analysis.

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

As outlined in the *Monitoring and Evaluation Framework 2022-2030*, the next Evaluation Report is planned for 2026. Data collection for this report will begin in November 2025.

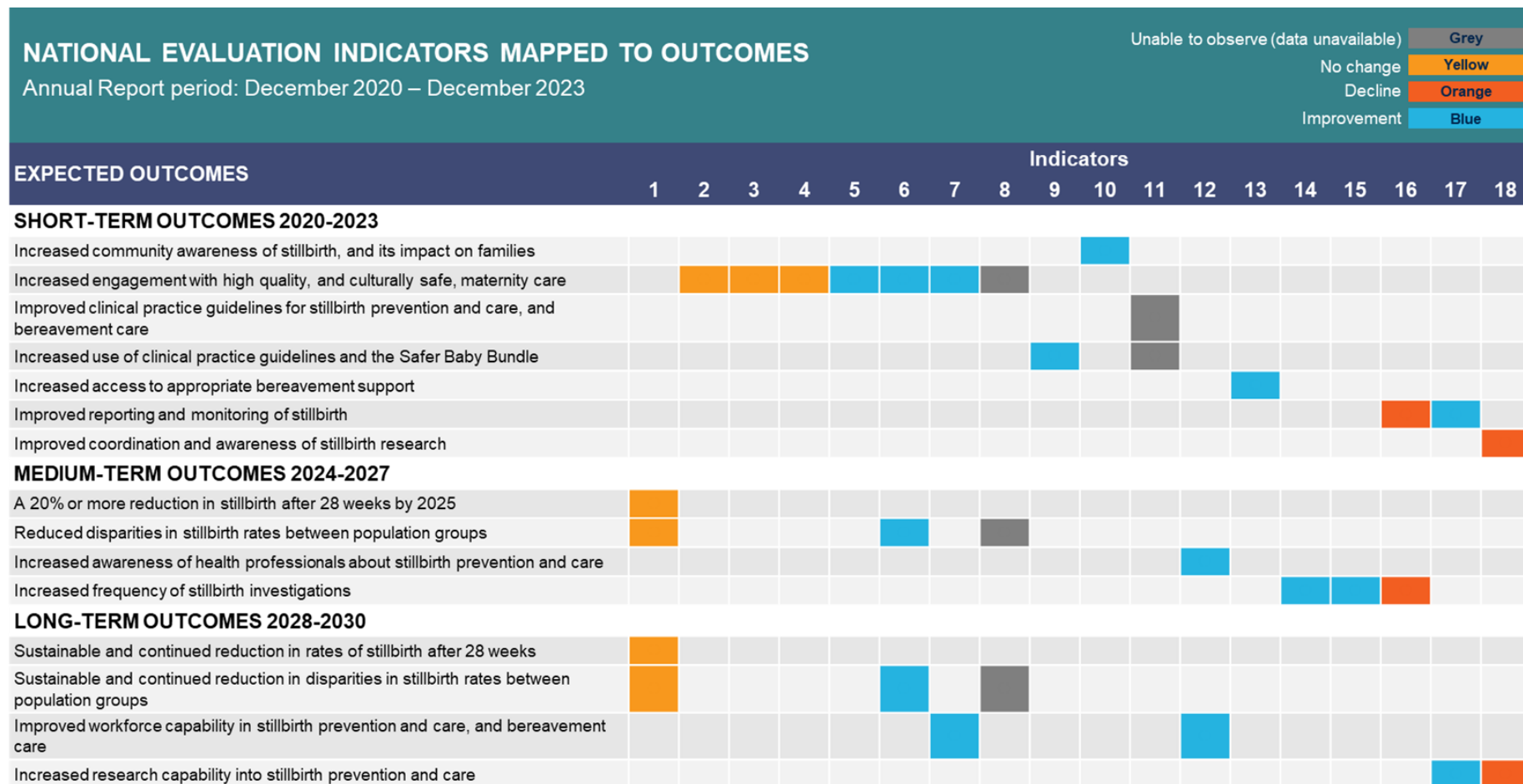
Annual Monitoring Report Card: December 2020 to December 2023

Figure 3 provides a snapshot of early outcomes observed from December 2020 to December 2023. Based on the sequencing and timing of activities under the Action Plan, some indicators are not expected to see improvements at this stage of implementation. Figure 4 provides an overview of the status of the national evaluation indicators mapped to the expected short-, medium-, and long-term outcomes outlined in the Action Plan.

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

ANNUAL MONITORING REPORT CARD OF NATIONAL STILLBIRTH ACTION AND IMPLEMENTATION PLAN			Unable to observe (data unavailable)		Grey
Annual Report period: December 2020 – December 2023			No change		Yellow
			Decline		Orange
			Improvement		Blue
MONITORING OF NATIONAL EVALUATION INDICATORS					
1. Decrease in the rates of stillbirth at greater than or equal to 28 weeks.		7. Increase in Aboriginal and Torres Strait Islander maternity care professionals.		13. Increase in awareness and ability for bereaved women and families to access bereavement care (overall and in target cohorts).	
2. Increase in the proportion of women with access to continuity of care models.		8. Increase in the availability of culturally safe maternity care.		14. Increase in the proportion of women and/or families who are offered stillbirth investigation(s).	
3. Increase in the proportion of women with access to continuity of carer during antenatal, delivery and postnatal care.		9. Decrease in the proportion of women smoking tobacco during pregnancy.		15. Increase in the proportion of women and/or families who consent to a stillbirth investigation.	
4. Increase in the proportion of women attending 7 or more and 10 or more antenatal care visits.		10. Increase in the number and reach of publicly funded programs promoting awareness of stillbirth, risk factors and prevention strategies.		16. Decrease in the proportion of stillbirths that are unexplained.	
5. Increase in the proportion of women attending their first antenatal visit within the first 10 weeks of pregnancy.		11. Increase in alignment of hospital, organisation and professional body guidelines with PSANZ guidelines and the national Clinical Practice Guidelines – Pregnancy Care.		17. Increase in the timeliness of published stillbirth data.	
6. Increase in availability of targeted cohort services for stillbirth prevention.		12. Increase in the number of health professionals completing the IMPROVE training program.		18. Increase in the number of research projects and amount of funding in the stillbirth priority research areas.	

Figure 4 | National evaluation indicators mapped to Action Plan outcomes



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All information in this publication is correct as at January 2024



Australian Government

Department of Health and Aged Care