

National Stillbirth Action and Implementation Plan Annual Report 4, 2025¹

Stillbirth² is a significant public health issue that has lasting effects on parents, families and care providers. To address this, the Australian Government launched the National Stillbirth Action and Implementation Plan (the Action Plan)³ on 10 December 2020. The Action Plan includes short-, medium- and long-term actions. These actions help the Australian Government, jurisdictional governments and non-government organisations (NGOs) work together to reduce stillbirth rates and improve bereavement care.

The Action Plan has an **overarching goal** to:

SUPPORT A SUSTAINABLE REDUCTION⁴ 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.

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 foetal 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 foetal 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 are not comparable to other published data regarding stillbirths in Australia.

³ National Stillbirth Action and Implementation Plan. Australian Government Department of Health and Aged Care. 2020. Available at, <https://www.health.gov.au/resources/publications/national-stillbirth-action-and-implementation-plan?language=en>

⁴ The current stillbirth rate is inclusive of terminations unless otherwise stated. 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 terminations.

The *First Evaluation Report: National Stillbirth Action and Implementation Plan* (First Evaluation Report) was published in October 2023.⁵ The *Second Evaluation Report: National Stillbirth Action and Implementation Plan* will be published in 2026. As the Action Plan approaches its halfway point, the evaluation's second report will assess progress against both the short- and medium-term outcomes.

About this fourth Annual Report

Background to the Action Plan and Annual Reports

The Action Plan committed to providing Annual Reports to Health Ministers and the Australian public. These reports detail progress made against the Action Plan's goals and actions for the previous calendar year and act as tools for year-on-year comparisons. So far, there have been three *National Stillbirth Action and Implementation Plan Annual Reports* that covered periods from December 2020 to December 2023. This report, the *National Stillbirth Action and Implementation Plan Annual Report 4* covers the period from December 2023 to December 2024. This report examines and analyses progress against the 18 indicators in the Monitoring and Evaluation Plan.

This report uses the latest national data available from AIHW to 2022. Data availability within jurisdictions is variable, and available jurisdictional data sources to December 2024 have also been used for this report. The Action Plan indicates that the phase for short-term actions is ending, with medium-term actions beginning.

The Action Plan provides jurisdictions with the flexibility to implement actions tailored to local contexts. This means Annual Reports provide information 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.

The timeline for achieving the primary goal of a 20 per cent reduction in preventable, third trimester stillbirths (after 28 weeks) by 2025 is approaching, however the national stillbirth data for 2025 will not be available for another 12 to 24 months.

Methodology for development of this Annual Report

This report follows the methodology described in the Monitoring and Evaluation Framework, which includes the program logic, 18 indicators to track progress. For more details on the rationale, please refer to the Framework. This report is a monitoring tool, offering a snapshot of progress on key actions rather than detailed outcomes evaluation.

Data for this report came from desktop research, annual progress updates from implementers, publicly available datasets, and AIHW data. The analysis is consistent with the methodology in the Monitoring and Evaluation Framework and aligns with previous Annual Reports for continuity.

This report provides an overview of:

- **Annual implementation progress** against priority areas from December 2023 to December 2024.

⁵ First Evaluation Report | National Stillbirth Action and Implementation Plan. Australian Government Department of Health and Aged Care. 2023. Available at, <https://www.health.gov.au/sites/default/files/2023-09/national-stillbirth-action-and-implementation-plan---evaluation-report-2023.pdf>

- **The Annual Monitoring Report Card**, slightly adapted from the *Monitoring and Evaluation Framework 2022-2030* and previous Annual Reports. Figure 2 provides a snapshot of progress against actions in 2024, whilst Figure 5 provides a snapshot of progress against outcomes.
- The emerging **impact and outcomes** of the Action Plan from its launch in December 2020 to December 2024, assessed against indicators.
- **Next steps** in monitoring and evaluating the Action Plan.

What activities have progressed in the past year?

This section provides a snapshot of implementation from December 2023 to December 2024 grouped under the Action Plan's five priority areas.

Summary

Over the past year, implementers continued to deliver key packages of the Action Plan such as the Safer Baby Bundle (SBB) and *Improving Perinatal Mortality Review and Outcomes via Education* (IMPROVE) training. They have also focused more effort on developing resources and supports for target groups. Most implementers have effectively completed short-term actions and continue to work on medium-term and ongoing actions.

Implementers have remained 'on track' in their delivery against each priority within the plan.

Priority 1: Ensuring high quality stillbirth prevention and care

In the last year, most medium-term and ongoing actions were underway. Implementers focused on developing materials and services for target groups, particularly First Nations women. Progress varied among implementers, especially in delivering cultural safety work and co-designing culturally safe care models.

Priority 2: Raising awareness and strengthening education

Implementers have effectively progressed with capability uplift activities, including the rollout of IMPROVE training, noting variability across jurisdictions.

Priority 3: Improving holistic bereavement care and community support following stillbirth

In early 2024, updates to the *Care Around Stillbirth and Neonatal Death* (CAsaND) Clinical Practice Guideline was completed, addressing all Action Plan suggestions. Jurisdictions are updating their own guidelines to align with CAsaND guideline, with most implementers recently having done so. Some implementers have allocated funds to improve bereavement care.

Priority 4: Improving stillbirth reporting and data collection

Jurisdictions are working to improve stillbirth data and investigation efforts, though national reporting faces delays due to timing of jurisdictional data provision and jurisdictional system issues.

Priority 5: Prioritising stillbirth research

National stillbirth research priorities were published at the end of 2023, and current research projects are ongoing.

Annual implementation progress

The tables below summarise information from implementers' annual progress reports. Each year, stakeholders report their progress using a standard template. The reported information is then cross-checked against the Action Plan and other data sources including desktop research, interviews, other quantitative and qualitative data. This data helps characterise progress against each activity, as shown in the assessment in Figure 1.

Figure 1 | Implementation progress assessment

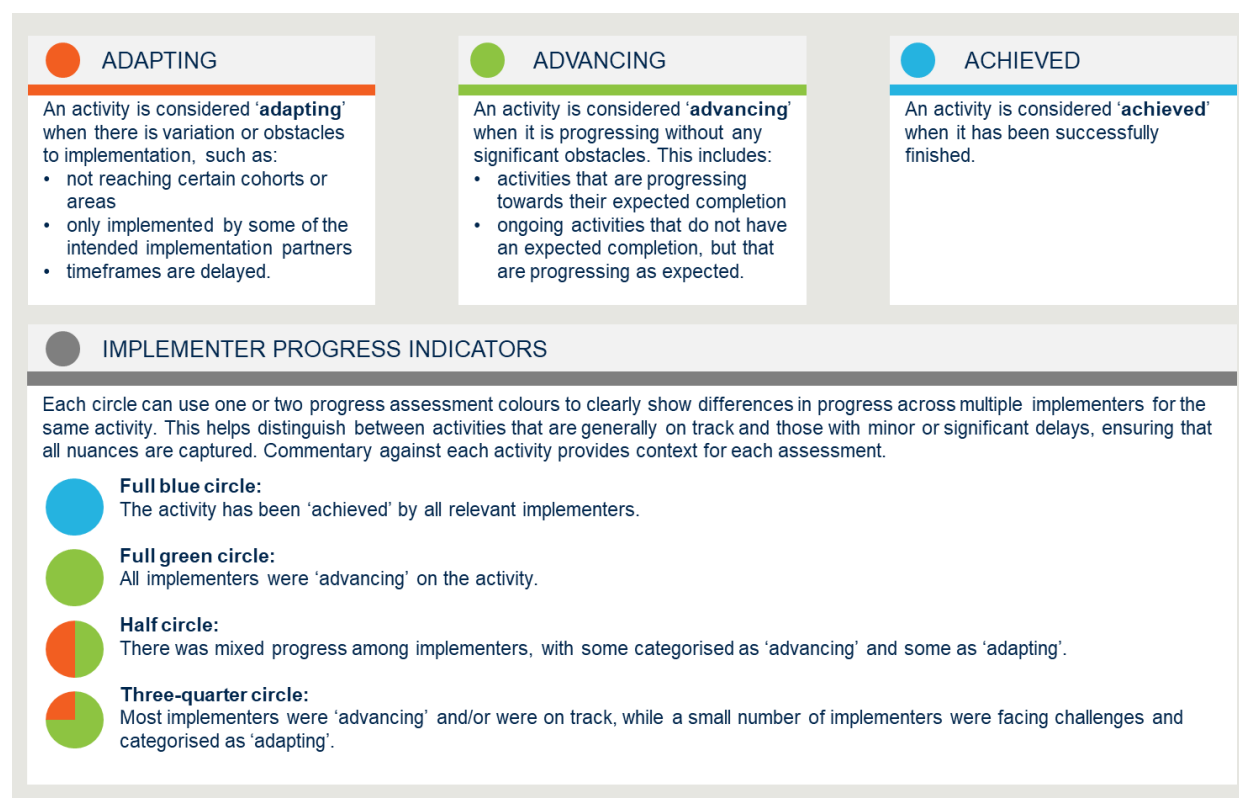


Table 1 (on the next page) summarises key activities progressed in each priority area. For detailed progress from previous years, please refer to earlier Annual Reports and the First Evaluation Report.

Table 1 | The Action Plan's implementation between December 2023 and December 2024

Action area	Activity	Implementer	Status at December 2024
Priority 1: Ensuring high quality stillbirth prevention and care			
1 Ongoing	SBB implementation Jurisdictions continued SBB implementation, including updating activities and promoting culturally adapted resources. One jurisdiction now considers SBB as a regular practice.	Stillbirth CRE in partnership with jurisdictions, funded by the Australian Government	
1 Ongoing	Smoking Cessation Updates to the SBB featured smoking cessation resources. These have been tailored for First Nations women, migrants and refugee groups however some jurisdictions note that further work is required in this area. NT Health is conducting ongoing discussions with iSISTAQUIT to explore culturally safe	- Royal Australian College of General Practitioners (RACGP) funded by the Australian Government - Jurisdictions	

Action area	Activity	Implementer	Status at December 2024
	smoking cessation advocacy and education for professionals and consumers. Jurisdictions have continued to use these resources and materials, as well as develop their own additional approaches. Notably, some jurisdictions have introduced Carbon Monoxide monitoring and Nicotine Replacement Therapy in antenatal care, and one jurisdiction has also developed Smoking and Vaping in Pregnancy Perinatal Practice Guidelines.	Australian Government	
1, 2 Medium term	Continuity of Care Initiatives were underway for improving access to continuity of midwifery care. This included enabling privately practicing midwives to provide care and implementing culturally appropriate maternity services, particularly for First Nations women. Efforts aimed to increase access to care models and reduce preterm births. This was done through strategic partnerships and targeted strategies. Key resources to prevent stillbirth and preterm birth have been distributed. These were tailored to diverse and First Nations communities.	- Jurisdictions - Australian Government	
2 Short term Ongoing	Collaborative/co-design of culturally safe care Most jurisdictions collaborated with local Aboriginal Community Controlled Health Organisations (ACCHOs) and other First Nations health organisations to support development and implementation of culturally safe continuity of care models, such as Birthing on Country.	- Jurisdictions - NGOs	
2, 3, 4 Medium term Ongoing	Culturally adapted resources for priority populations Jurisdictions continued distributing Jiba Pepeny (Star Baby) and Stronger Bubba Born for healthcare professionals and First Nations women. Resources for migrant and refugee women have been adapted and translated into five more languages and dialects. Other approaches are also being taken, for example one jurisdiction has established a Cultural Reference Group to guide the development of culturally appropriate resources. NGOs have been developing resources focused on bereavement care services. These are intended for professionals and communities.	- Stillbirth CRE in partnership with NGOs (e.g. Multicultural Centre for Women's Health) funded by the Australian Government - Jurisdictions	
2, 3, 4 Medium term	Cultural safety training for professionals Some organisations and jurisdictions have developed and implemented cultural safety education resources. These resources are for health professionals involved in maternity care, with a focus on stillbirth prevention and bereavement care.	- Jurisdictions - NGOs	
Priority 2: Raising awareness and strengthening education			

Action area	Activity	Implementer	Status at December 2024
6 Short term	Raising awareness in community SBB implementation and adaptation has continued to serve as a tool for raising community awareness about stillbirth, delivering consistent and mindful messaging. Other Stillbirth CRE initiatives have been progressed or completed such as the release and distribution of culturally adapted resources. Other NGO public awareness and education campaigns have either been progressed or completed. Among them are the Red Nose <i>Still Six Lives</i> campaign, Still Aware's <i>Working with Indigenous Nations to co-Design Stillbirth</i> (WINDS) awareness for prevention resources (released January 2025), and a series of <i>Stillbirth Prevention and Healthy Pregnancy Resources</i> from the Social Policy Group (SPG).	- 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	
7 Ongoing	Workforce capability uplift The IMPROVE eLearning module rollout continued with face-to-face workshops, inclusive of updated culturally adapted resources and modules. The SBB eLearning training implementation and uptake continued. Some jurisdictions have seen a lower uptake of IMPROVE since the initial roll out, one jurisdiction provides other local education and eLearning (without face-to-face IMPROVE workshops). There are implementation and workforce constraints for smaller jurisdictions especially where there is high staff turnover, which can impact capacity to provide best practice care.	- Stillbirth CRE in partnership with jurisdictions, funded by the Australian Government - Jurisdictions	
Priority 3: Improving holistic bereavement care and community support following stillbirth			
8, 9 Ongoing	Care and support for families Some jurisdictions published resources to inform and support bereaved families. One jurisdiction demonstrated support for families by hosting vigils to commemorate perinatal loss. Another jurisdiction has improved bereavement care by reducing the turnaround times for post-mortems through using refrigerated courier transport within the State. A third jurisdiction is considering culturally meaningful commemoration and healing spaces to support families and staff navigating loss. Partly supported by the Department's funding for perinatal mental health, NGOs also launched resources and programs. This included the <i>Living with Loss</i> (LWL) Online Support Program in August 2024 and Red Nose's national peer support and counselling service for parents and families experiencing distress after miscarriage or stillbirth.	- Jurisdictions - NGOs funded by jurisdictions, the Australian Government, and other NGOs	
9 Medium term	Funding to support improvement Some jurisdictions have developed or allocated funds for initiatives to enhance bereavement care services. This includes	Jurisdictions	

Action area	Activity	Implementer	Status at December 2024
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boosting training for cultural safety in bereavement care and setting up a clinic for women with subsequent pregnancies following pregnancy loss.

5, 8, 9, 10
Short term

CASaND
Updates to the CASaND Clinical Practice Guideline are now complete, featuring a dedicated chapter on maternity care for women with subsequent pregnancy following stillbirth.

- Stillbirth CRE



Priority 4: Improving stillbirth reporting and data collection⁶

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Medium term

Data collection
AIHW's reporting on national datasets is affected by varying levels of timely access to data from different jurisdictions. The 2022 data from the National Perinatal Mortality Data collection was published in May 2025.
Separately, all jurisdictions have been working to improve their data collection processes. However, a small number have experienced significant delays and issues with internal system changes impacting timeliness of complete national datasets.
Nous Group (Nous) continued to independently monitor and evaluate Action Plan activities.

- AIHW
- Jurisdictions
- Nous, funded by the Australian Government



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Medium term

Improving investigation
Jurisdictions have established roles like Perinatal Loss Coordinators and specialist perinatal pathologists to support stillbirth investigation and reporting efforts. Some smaller states do not have their own perinatal pathology services and so are reliant on services from other jurisdictions being available, impacting the timeliness of services.
Some jurisdictions have established committees and/or regularly hold meetings to review perinatal outcomes, encouraging a more collaborative approach across local health networks.
RCPA and RANZCR have developed training packages to increase capacity for conducting stillbirth autopsies, supported by Department funding.

- Jurisdictions, Australian Government (funder)



Priority 5: Prioritising stillbirth research⁷

13
Short term

Priorities for stillbirth research
The national priorities for stillbirth research were published in December 2023 and shared with the Department in early 2024.

- Stillbirth CRE



⁶ Action Area 12 (tracking progress to reduce inequity) has not been addressed separately as it reflective of the collective implementation effort across other action areas. Efforts to track and reduce inequity have been noted against those specific action areas.

⁷ In 2022 and 2023 Action Area 14 (broader access to stillbirth research) was marked as complete, and so this rating has been retained on the following figure. It is acknowledged that research will always be ongoing and can never be fully complete.

Action area	Activity	Implementer	Status at December 2024
	Applications for the Medical Research Future Fund's (MRFF) <i>Infertility, Pregnancy Loss and Menopause</i> Grant Opportunity closed in November 2024. The grant includes projects focused on stillbirth and pregnancy loss.		
13 Ongoing	Research projects Many stillbirth research projects are ongoing nationally and across jurisdictions, with new funding allocated annually to support these initiatives.	Australian Government (funder) and other organisations	

Annual Monitoring Report Card: December 2023 to December 2024

Figure 2 provides an overall snapshot of implementation progress from December 2023 to December 2024 with the previous two years' results provided for comparison.

Note: Many actions will never be fully 'achieved' as their focus is improvement rather than reaching a certain threshold.

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 2023 – December 2024			
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 No progress/unable to observe Grey Adapting Orange Advancing Green Achieved Blue			
PRIORITY AREA 1: ENSURING HIGH QUALITY STILLBIRTH PREVENTION & CARE	2022	2023	2024
ACTION AREA 1: Implementing best practice stillbirth prevention	Green	Green	Green
ACTION AREA 2: Ensuring culturally safe stillbirth prevention and care for Aboriginal and Torres Strait Islander women	Green	Green	Green
ACTION AREA 3: Ensuring culturally and linguistically appropriate models for stillbirth prevention and care for migrant and refugee women	Green	Green	Green
ACTION AREA 4: Ensuring equity in stillbirth prevention among other high-risk groups	Green	Grey	Green
ACTION AREA 5: Providing national guidelines on stillbirth prevention	Green	Green	Green
PRIORITY AREA 2: RAISING AWARENESS & STRENGTHENING EDUCATION			
ACTION AREA 6: Promoting community awareness and understanding of stillbirth	Green	Green	Green
ACTION AREA 7: Developing and implementing a national evidence-based, culturally safe stillbirth education program for health professionals	Green	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	Green
ACTION AREA 9: Improving care in subsequent pregnancies for women who have experienced stillbirth	Green	Green	Green
ACTION AREA 10: Providing national guidelines on bereavement care following stillbirth	Orange	Green	Blue
PRIORITY AREA 4: IMPROVING STILLBIRTH REPORTING & DATA COLLECTION			
ACTION AREA 11: Improving investigation and reporting of stillbirth	Green	Green	Green
ACTION AREA 12: Tracking progress to reduce inequity	Green	Green	Green
PRIORITY AREA 5: PRIORITISING STILLBIRTH RESEARCH			
ACTION AREA 13: Prioritising research into stillbirth prevention	Orange	Orange	Green
ACTION AREA 14: Providing broader access to stillbirth research	Blue	Blue	Blue

What impact has the Action Plan made to date?

This section provides a summary of the Action Plan's emerging impact and outcomes from December 2020 to December 2024. It is grouped under the Action Plan's five priority areas and related indicators. The findings presented below are based on evidence collected through both qualitative and quantitative methods.

While delivery is on track, there has been minimal change in key indicators over the last 12 months.

Most indicators have remained stable over the last 12 months, showing small increases or decreases. While this could be because the Action Plan's activities are not producing the intended results, because of a lag in key datasets, progress can be reported until 2022 only. For some indicators, further change may have occurred in practice but may not show in the data.

However, there has been notable progress in some areas, like the rise in Aboriginal and Torres Strait Islander maternity care professionals (Indicator 7) and completion of the CASaND Clinical Practice Guideline updates.

Table 2 below provides a summary of the data and findings based on the national evaluation indicators. Each indicator is then assessed according to the criteria shown in Figure 3:

Figure 3 | Status of national evaluation indicators

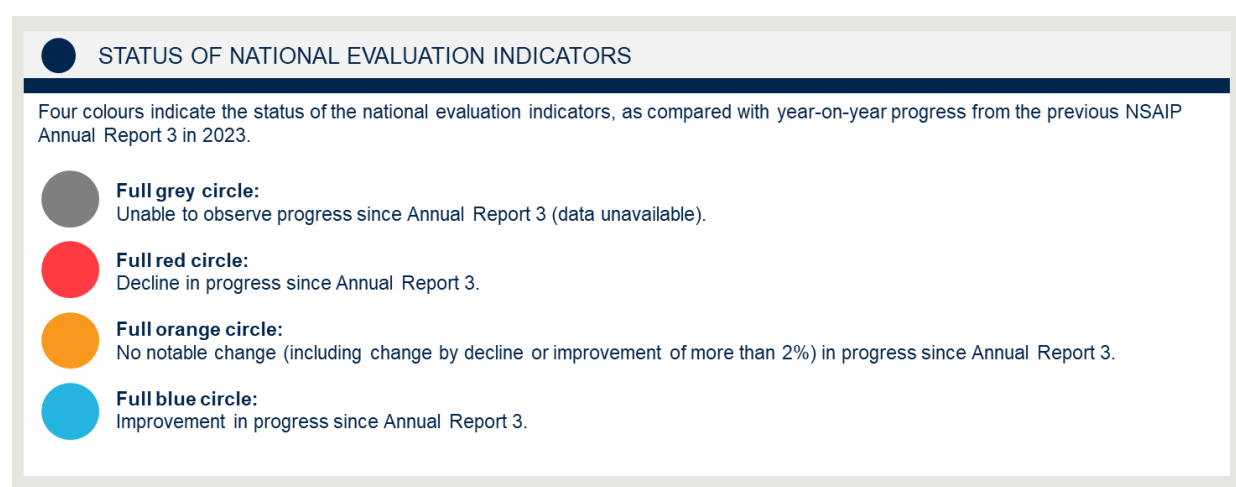


Table 2 | Update on national evaluation indicators

#	Indicator	Finding or data point	Status and 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 2021 and 2022, the rates increased from 7.1 to 7.9 stillbirths per 1,000 births at greater than or equal to 20 weeks' gestation and 2.4 to 2.7 stillbirths per 1,000 births at greater than or equal to 28 weeks' gestation. The AIHW was recently able to provide data for stillbirths adjusted to exclude terminations. This data showed that	

#	Indicator	Finding or data point	Status and commentary
		adjusted stillbirth rates were remaining stable. In 2022, the rate was 4.2 stillbirths per 1,000 births at greater than or equal to 20 weeks compared to 4.1 in 2021. In 2022, the rate was 2.2 stillbirths per 1,000 births at greater than or equal to 28 weeks gestation, compared to 2.0 in 2021. Adjusted stillbirths data will be used for all future Annual Reports.	
2	Increase in the proportion of women who receive care via continuity of care models.	In 2024, the proportion of available maternity models of care that involve midwifery continuity of care (includes midwifery group practice and private midwifery care) remained similar to previous years.⁸ In 2024, 16.3% of models of care involved midwifery care. The vast majority (14.5%) of these models were midwifery group practice care and the remainder were private midwifery care (1.8%) models. This 2024 total is similar to 2023 where 15.9% of models provided midwifery care.⁹	 This indicator reports on midwifery models of care (with continuity of carer) as a proxy for continuity of care models. Other models of care such as private obstetrician care may include continuity of care. It should be noted that this data measures numbers of models rather than number of women using midwifery models of care, so has been used as a proxy rather than an exact measure of this indicator.
3	Increase in the proportion of women who have had continuity of carer during antenatal, birth and postnatal care.	In 2024, 28.4% of models provided continuity of carer over the whole duration of the maternity period. This includes 14.5% with midwifery continuity of care over the whole duration of the maternity period and 13.9% of models with continuity from another carer over the whole duration. This proportion of models providing continuity of carer has remained largely consistent at around 30% since 2021.	 It should be noted that this data measures numbers of models rather than number of women with continuity of carer, so has been used as a proxy rather than an exact measure of this indicator.

#	Indicator	Finding or data point	Status and commentary
4	Increase in the proportion of women (overall and in target cohorts) attending 7 or more	In 2022, 55.8% of primiparous women (first pregnancy) attended 10 or more antenatal visits. ¹¹ This proportion is a slight decrease from the attendance rates in 2020 and 2021 of 58.5% and 58.0% respectively.	

⁸ Current data includes information about the different models of maternity care available in Australia. The data set classify these models against the Maternity Care Classification System (MaCCS). It does not currently contain data on the number of women accessing each model of care, it reports on continuity of an individual carer across the maternity period.

⁹ Continuity of care may be provided in other models of care such as private obstetrician specialist care. This indicator looks at midwifery continuity of carer for consistency with NSAIP Annual Reports 3,2 and 1.

¹¹ Care must be taken when comparing across jurisdictions due to differences in definitions and methods used for data collection. For some hospitals it is the date of the first comprehensive antenatal assessment and for other hospitals it is the first hospital antenatal clinic visit. In some cases, earlier antenatal care provided by the woman's general practitioner may not be reported.

#	Indicator	Finding or data point	Status and commentary
	and 10 or more antenatal care visits. ¹⁰	In 2022, 82.1% of multiparous women (one or more previous pregnancies) attended 7 or more antenatal visits. This proportion is a slight decrease from attendance rates in 2021 of 83.1% and 2020 of 83.2%.	
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 2022, 60% of women attended their first antenatal appointment within the first 10 weeks of pregnancy. This proportion has remained stable since 2020 where 59% of women attended antenatal care within the first 10 weeks of pregnancy but has seen an uptick since 2019 when it was 56%.	
6	Increase in available maternity services specific to target cohorts (as defined in the Action Plan).	In 2024 out of a total of 1,062 maternity models of care, 22.8% were specifically designed for target cohorts (11% for First Nations women, 5.3% for remote area women, 5.2% for young women and 1.3% for migrant or refugee women). Data is not yet available on the uptake of these different models. ¹² These proportions have remained relatively stable since 2023 at 23%, although since 2021 the total number of maternity models of care has grown from 828 to 1,062.	
7	Increase in the number of Aboriginal and Torres Strait Islander maternity care professionals.	In 2023 there was a total of 1,293 Aboriginal and Torres Strait Islander health professionals in maternity care. ¹³ This breakdown includes 240 maternity care nurses and midwives, 865 Aboriginal and Torres Strait Islander health practitioners, 175 General Practitioners, 5 paediatrics and child health and 8 in obstetrics and gynaecology. This total is a 7% increase of 1,209 total Aboriginal and Torres Strait Islander maternity health care professionals in 2022, which was a 10% increase from 1,105 total professionals in 2020.	 These indicators are proxy measures of the quality of maternity and bereavement care that Aboriginal and Torres Strait Islander women receive. The 7% increase is a positive indication that culturally safe care for Aboriginal and Torres Strait Islander mothers is becoming more available through greater representation in the workforce. An ongoing equity focus remains an important priority for services and implementers.
8	Increase in the availability of culturally safe maternity care.	Between 2020 and 2023, 78.7% of women surveyed indicated the maternity care they received made them feel safe. 2.7% of women reported the care they received made them	

¹⁰ The Australian Pregnancy Care Guidelines recommend that first-time mothers with an uncomplicated pregnancy have 10 antenatal care visits during pregnancy and 7 visits for subsequent uncomplicated pregnancies.

¹² Some models of care are targeted at groups of women with similar characteristics and a model of care may have more than one target group. A maternity service may have more than one model of care and be counted in more than one target group category.

¹³ An additional 53 Aboriginal and Torres Strait Islander professionals working in neonatal care in 2023 were not included in this total count, due to the focus of this Annual Report on stillbirth outcomes.

#	Indicator	Finding or data point	Status and commentary
		feel culturally unsafe. 70.6% of women said their medical care professional met their cultural needs. This data was drawn from a standalone research paper looking at Australian maternity services, and so cannot be directly compared to previous years.¹⁴ In this same survey from between 2020 and 2023, 98% of migrant and refugee women who had access to a cross-cultural worker indicated this resource was useful for receiving information and resources. 97% said they would recommend this cross-cultural worker service to friends and family. 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.¹⁵	2020-2023 data collection draws from a different source than 2019 data collection. In turn, rates of culturally safe maternity care have not necessarily decreased over this period. The high recommendation rate for cross-cultural workers may indicate that the service was considered valuable by women who accessed it.
9	Decrease in the proportion of women smoking tobacco during pregnancy.	In 2022, AIHW data shows 8.3% of all women reported smoking at any time during pregnancy. This is similar to 2021 data where 8.5% of all women reported smoking during pregnancy and 2020 data where 9.1% reported smoking during pregnancy. Among all women, smoking during pregnancy rates are disproportionately higher among First Nations women. In 2022, 39.7% of First Nations women reported smoking at any time during pregnancy. This is a slight decrease compared to 2021 data where 40.9% of First Nations women reported smoking during pregnancy, and 2020 data where 42.8% reported smoking during pregnancy.	
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 2022 post the rollout of the SBB in designated states, 72% of pregnant women surveyed as part of the SBB evaluation reported they had been provided with information through the Quit smoking brochure, 53.5% through the Growth Matters Matter brochure, and 81.8% through the Sleep-on-side brochure.¹⁶ In 2020, most pregnant women were provided information regarding stillbirth risk and prevention: 52% stillbirth risk, 62% side	 Almost 20% more women reported receiving information about side sleeping and more than 30% about monitoring baby movements since 2020. These increases suggest noticeable positive change

¹⁴ Medway, P., Hutchinson, A.M., Orellana L., Sweet L., Does maternity care in Australia align with the national maternity Strategy? Findings from a national survey of women's experiences, Women and Birth, Volume 37, Issue 6, 2024, 101664, ISSN 1871-5192, <https://doi.org/10.1016/j.wombi.2024.101664>.

¹⁵ Rogers, H.J., AO, C.S.E.H. & Henry, A. Perspectives of women and partners from migrant and refugee backgrounds accessing the Cross Cultural Worker Service in maternity and early childhood services—a survey study. BMC Health Serv Res 23, 1233 (2023). <https://doi.org/10.1186/s12913-023-10194-3>

¹⁶ Stillbirth CRE (2024), Experiences of antenatal care practices to reduce stillbirth: surveys of women and healthcare professionals pre-post implementation of the Safer Baby Bundle.

#	Indicator	Finding or data point	Status and commentary
		sleeping, 55% monitoring baby movements, 91% risks of smoking.	in raising awareness and strengthening education since the rollout of the SBB over this two-year period from 2020 to 2022.
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> .	The new edition of the Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death was released in early 2024. Nous notes that it incorporates all the changes that were outlined in the Action Plan. The Australian Pregnancy Care Guidelines are still being reviewed and updated progressively, in a live online version. Most guidelines in the sample set have sections that cover the relevant topics and have been reviewed and/or updated relatively recently.	 The development and update of guidelines is a core part of the Action Plan that relates to specific action areas. The complete incorporation of all recommendations suggests that positive progress is being made, as outcomes are known to improve when guidelines are implemented.
12	Increase in the proportion of health professionals completing the IMPROVE training program.	In 2024, Stillbirth CRE and PSANZ delivered 250 in person IMPROVE workshops reaching 690 healthcare professionals and 36 educators. A further 775 healthcare professionals completed the eLearning in the last year. This builds on the 8,311 professionals who have completed the training between 2020 and October 2023.	 While year on year IMPROVE training numbers have slowed since 2023, ongoing engagement by health professionals reflects positive continued progress in raising awareness and strengthening education under the Action Plan. Attendance is expected to decrease as more health professionals complete the program, but funded training updates including miscarriage may reverse this trend.
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 2023, 74% of respondents to Red Nose's bereaved parents survey sought support from family, 68% from friends, 76% from bereavement support organisations. In addition, 51% accessed support on the internet, 45% from the GP, 41% through peer support, 37% from a psychologist and 25% from a counsellor, 24% through brochures and 24% through activities. In 2023, 59% of those who completed the online survey said they did not receive the level of help and support they needed after their loss, 37% reported they did not know where to find support, 31% reported the support they needed was not available and 22% said it was too hard to access available	

#	Indicator	Finding or data point	Status and commentary
		support. In some jurisdictions Red Nose is not the primary provider of community bereavement support. In some jurisdictions low awareness of Red Nose was reported. For example, the Red Tree Foundation is the primary support provider in South Australia.¹⁷ Comparatively, 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. Under the Perinatal Mental Health and Wellbeing Program, Red Nose has supported 14,073 people through their National Support Line and 7,240 people via live chat or email from January 2021 to June 2024. In this same period, Perinatal Anxiety and Depression Australia (PANDA) supported 23,932 people through National Helpline service, online via email or SMS, with 94% of people identifying as female in 2023-24. Between 2023 to 2024 Karitane's ForWhen initiative saw a 40% increase in reaching regional and rural remote families. SMS4Dads deliver tailored messages for rural and remote fathers including young Indigenous fathers, fathers with partners with mental illness, and fathers experiencing grief following miscarriage, stillbirth or neonatal death. Since 30 June 2024, 24 grieving fathers have enrolled to receive messages. In the same period, 181 fathers with babies in NICU have enrolled to receive messages. Additionally, the commonwealth has funded Rural Health Connect to provide telehealth psychology services, which may see an improvement for women in families in rural and remote areas.	

Priority 4: Improving stillbirth reporting and data collection

14	Increase in the proportion of women and/or families who are offered stillbirth investigation(s).	Previous reports have used Red Nose Bereaved Parents Survey to measure against this indicator. The survey did not track this data in 2024.	
15	Increase in the proportion of women and/or families who consent to a stillbirth investigation.	In 2022, AIHW data shows, where autopsy status was known: 42.1% of stillbirths at greater than or equal to 20 weeks' had an autopsy performed. This proportion remains stable with 2021 data where 42.9% of stillbirths at greater than or equal to 20 weeks' had an autopsy performed. In 2022, 53.9% of stillbirths at greater than or equal to 28 weeks' had an autopsy performed.	

¹⁷ Inclusion of Red Tree Foundation data will be explored for future reporting.

#	Indicator	Finding or data point	Status and commentary
		This is an increase from 2021 where 48.9% of stillbirths at or from 28 weeks' gestation had an autopsy performed. AIHW was recently able to provide these results adjusted to exclude terminations. When terminations are excluded, the proportion of stillbirths where an autopsy was performed is higher. In 2022, autopsies were performed for 50.8% of adjusted stillbirths at or from 20 weeks' gestation, and 56.1% of adjusted stillbirths at or from 28 weeks' gestation. <i>Red Nose bereaved parents survey did not report on stillbirth investigations in 2024.</i>	
16	Decrease in the proportion of stillbirths that are unexplained.	In 2022, 14.3% of stillbirths at 20 weeks' gestation or more were unexplained, and 22.9% of stillbirths at 28 weeks' gestation or more were unexplained. This is a small variation from 2021 where 15.1% of stillbirths at 20 weeks' gestation or more were unexplained, and 23.5% of stillbirths at 28 weeks' or more gestation were unexplained.	
17	Increase in the timeliness of published stillbirth data.	Timelines for release of preliminary stillbirth data from the National Perinatal Data Collection (NPDC) – months from the end of the collection^ year shown in brackets: • Preliminary 2023 NPDC data released Dec 2024 (12 months)* • Final 2022 NPDC data released Sept 2024 (21 months) • Preliminary 2022 NPDC data released Dec 2023 (12 months)* • Final 2021 NPDC data released Jun 2023 (18 months) • Preliminary 2021 NPDC data released Dec 2022 (12 months)* • Final 2020 NPDC data released Jun 2022 (18 months) • Preliminary 2020 NPDC data released Dec 2021 (12 months)* *Note that December releases of preliminary NPDC data are yet to include all 8 jurisdictions (6 in 2020 and 2021; 5 in 2022 and 2023). Timelines for release of final stillbirth data from the National Perinatal Mortality Data Collection (NPMDC) – months from the end of the collection year^ shown in brackets: • 2022 NPMDC data released May 2025 (29 months) • 2021 NPMDC data release Nov 2023 (23 months) • 2020 NPMDC data released Nov 2022 (23 months). <i>^Note that 'collection year' reported here differs from 'collection period' reported by the</i>	 The AIHW has two data collections that can assist in monitoring stillbirth rates. The NPDC contains what are considered preliminary data on stillbirths while the NPMDC contains final data on stillbirths. The timeliness of AIHW's NPDC and NPMDC data is reliant on when states and territories provide and finalise their data. When the NSAIP was released, timelines for publishing preliminary stillbirth data from the NPDC were around 18 months from the end of the collection year, while final stillbirth data from the NPMDC were around 23-24 months. These timelines were maintained for the release of 2020 and 2021 data from both collections. However, significant delays with provision of 2022 data from some jurisdictions led to extended release timeframes: 2022 NPDC

#	Indicator	Finding or data point	Status and commentary
		AIHW. 'Collection year' refers to the calendar year, while 'collection period' for NPMDC begins 28 days after the end of the calendar year, to account for the occurrence of neonatal deaths (deaths up to 28 days after birth) among births that occurred in the previous year. Accordingly, for NPMDC data, the number of months between the end of the collection year and AIHW reporting presented here (29 months for 2022 data) is different to that reported by the AIHW regarding end of collection period (27 months for 2022 data).	data were released 21 months later (in Sept 2024) and NPMDC data were released 29 months later (in May 2025).

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.	In 2024, a total of \$38,046,702 was provided to fund research projects related to stillbirth across the NHMRC, MRFF and Stillbirth CRE. This breakdown includes 14 NHMRC projects totalling \$23,511,758, 6 MRFF projects totalling \$14,514,945, and 1 project funded by Stillbirth CRE totalling \$20,000. Comparatively, total project funding through the NHMRC and MRFF in previous years was • 19 projects totalling \$24,196,000 in 2022 • 19 projects totalling \$37,566,000 in 2021 • 20 projects totalling \$21,231,000 in 2020, and • 19 projects totalling \$29,625,000 in 2019.	 Funding for 2024 is the most significant in dollar value since the commencement of the NSAIP annual reporting documents. This may indicate that efforts to build the evidence base about stillbirth risks and prevention are strengthening, in line with NSAIP Action Area 5 about prioritising stillbirth research.
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Data sources

A full list of the sources used to conduct analysis against the 18 indicators is provided below.

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- AIHW, 'National Perinatal Data Collection, 2022', 'National Perinatal Mortality Data Collection, 2022', *Data request AIHW for the purposes of NSAIP monitoring and evaluation*, 2025 (unpublished)
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- National Health and Medical Research Council, 'Summary of the results of the NHMRC 2024 Grant Application Round', NHMRC, 2025, <https://www.nhmrc.gov.au/file/23121/download?token=mTVIMEam>
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- Stillbirth CRE, 'Annual Implementers' Progress Update 2024', *data request Stillbirth CRE*
- Stillbirth CRE, 'Research Grants', 2024, <https://stillbirthcre.org.au/researchers-clinicians/grants-and-opportunities/research-grants/>
- Still Six Lives, 'still six lives', 2025, <https://preventstillbirth.org.au/>

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 that report, and for Annual Report 5, will begin in November 2025.

Annual Monitoring Report Card: December 2024

Figure 4 provides a snapshot of early outcomes observed to December 2024. This report card assesses year-on-year changes in outcomes based on the previous Annual Report 3, which assessed outcomes 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 5 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 4 | Annual Monitoring Report Card – Status 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 2024			Stable (no or marginal change)		Yellow
			Decline		Red
			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 5 | National evaluation indicators mapped to Action Plan outcomes

