AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Clinical Care Standards

INFORMATION
for consumers

Reducing risk of stillbirth

Preparing for a healthy pregnancy and birth

This information sheet is for women who are planning a pregnancy or are already pregnant. It discusses the risk of stillbirth and ways to support a healthy pregnancy and birth.

What is stillbirth?

Stillbirth is when a baby dies before birth. In Australia, it is defined as the death of a baby after 20 weeks of pregnancy, or that weighs 400 grams or more.

Six babies are stillborn in Australia every day, meaning that one in every 140 pregnancies ends with stillbirth.

Some of the common causes of stillbirth in Australia include abnormalities with the developing baby, premature birth and health conditions of the mother. While not all stillbirths can be prevented, there are ways to reduce the risk before and during pregnancy.

Stillbirth has a tragic and profound impact on those who experience it. Being aware of stillbirth, and what can be done to help reduce the risk, is important if you are pregnant or planning to become pregnant.

Planning a pregnancy

There are some ways to improve the chance of a healthy baby, even before becoming pregnant.

Sometimes, pregnancy can happen unexpectedly. However, if you are thinking about becoming pregnant in the near future, it is a good idea to speak with a clinician who can provide you with information and advice, and support you to prepare for a healthy pregnancy. This may be a general practitioner (GP), obstetrician, nurse or midwife.

To help understand factors that may cause problems during your pregnancy or increase the risk of stillbirth, you and your clinician should discuss:

- Your pregnancy and birth history
- Any complications during a previous pregnancy, or a previous stillbirth (and the results of any investigations undertaken such as an autopsy)
- Your medical history, including conditions such as diabetes or high blood pressure (hypertension)
- Tests for genetic conditions that could affect your baby, and whether these tests are appropriate for you and/or your partner
- Whether you, your partner or other household members are currently smoking, and if so, ways to quit smoking
- Your current alcohol intake and/or use of recreational drugs
- Your body weight, and ways to support you to achieve a healthy weight, especially if you are currently overweight or obese.

Your clinician will provide you with information about any risks identified, and recommendations for managing these risks, including what you can do to reduce your risk.

For some women, pregnancy can be a time of change not only for their physical health, but also their mental health. Because of this, your clinician may also ask you about your mental health and discuss ways to support your mental wellbeing before pregnancy.

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During pregnancy

Your clinician should discuss the different types of pregnancy care that are available to you (sometimes called *models of care*) and ask you about your preferences, including your cultural and language needs.

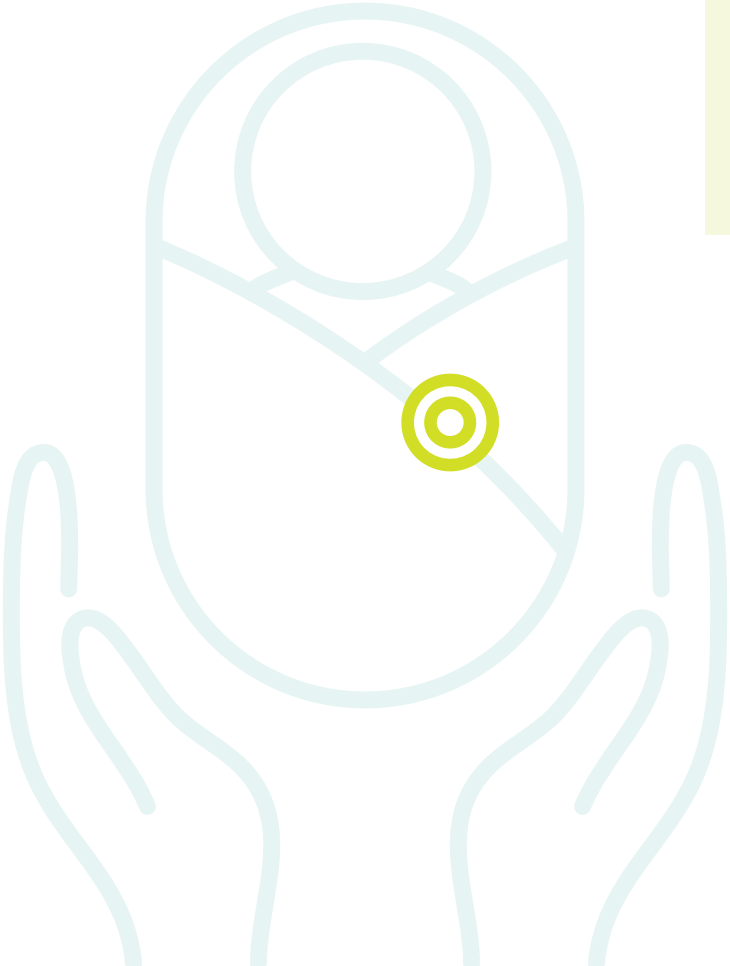
If you would prefer to have the same care providers throughout your pregnancy and birth, discuss this with your clinician.

Having regular check-ups during pregnancy is important for preventing stillbirth.

This can be difficult for some women. For example, some women may not feel comfortable in healthcare services because of previous experiences, language or cultural differences, or other concerns. Also, in rural and remote areas, it may be hard for women to access care.

Talk to your clinician to find a way to have regular check-ups during pregnancy that best suits your needs and preferences.

It is important to let your clinician know if you have concerns about your health and wellbeing during pregnancy.



Types of pregnancy care

In Australia, pregnancy care can be provided in different ways (sometimes called *models of care*). The main differences are in:

- Who provides your pregnancy care – this may be a GP, a midwife or group of midwives, an obstetrician or GP obstetrician (a GP with specialised training in obstetrics), or in some cases a combination of these clinicians
- Whether you usually see the same clinician or group of clinicians throughout your pregnancy (sometimes called *continuity of carer*) or a different person at each visit
- Whether your care is through the public or private healthcare system.

Some GPs have a particular interest in pregnancy care, and provide this care to women in partnership with a local hospital or maternity service – this is called *shared care*. You can ask your GP if they offer shared care, and for further information about what this model of care involves.

Some models of care have been developed specifically for Aboriginal and Torres Strait Islander women to ensure that pregnancy care is delivered in a culturally safe environment – this often involves an Aboriginal and Torres Strait Islander clinician, or a clinician who has received training to deliver care that is culturally safe. These models of care may be delivered through an Aboriginal Medical Service (AMS) or an Aboriginal Community Controlled Health Organisation (ACCHO).

Ultrasounds and other tests

Ultrasounds can be useful for many reasons during pregnancy, including assessing and managing the risk of stillbirth. They can be used to identify whether you are pregnant with more than one baby, whether your baby may have a genetic condition and check your baby's growth and development.

This information can help your clinician assess whether you have a higher risk of stillbirth, and how to best plan your ongoing care with you.

Ultrasound should be offered at certain times during pregnancy. Your clinician will explain the reasons for these ultrasounds, what they may reveal about your baby's health, and the recommended timing for the scans.

Your clinician should support you to make informed decisions about any ultrasound that is offered to you, by answering your questions and giving you information in a way that you can understand. You can choose whether to have the ultrasounds that are suggested to you. Your decisions should be respected by those involved in your care.

Ultrasound should be performed by clinicians who are appropriately trained and qualified in pregnancy ultrasound. Ask your clinician to recommend where you should have your ultrasound.

If you are concerned that you cannot pay for an ultrasound, it is a good idea to let your clinician know, as they may be able to help you access services that provide ultrasounds at a reduced cost.

If you live in a rural or remote area with limited access to ultrasound services, you and your clinician will need to discuss suitable options so you can access the care you need.

Other tests

Your clinician will also talk with you about other tests that can be considered. This includes tests that can help determine a baby's likelihood of genetic conditions which may increase the risk of stillbirth.

Risk factors for stillbirth

Early in pregnancy, your clinician will work with you to identify any factors that may increase your risk of experiencing complications during pregnancy or birth. The possibility of stillbirth is one of the risks they will discuss with you.

Although for many women the risk is small, your clinician will discuss any risk factors that may be relevant to you, and ways to reduce your risk.

Factors that may increase stillbirth risk for pregnant women include:

- A history of a stillbirth, or complications during a previous pregnancy
- Medical conditions such as diabetes or hypertension
- Being pregnant with more than one baby
- Being under 20 years of age or over 35 years of age
- Smoking, or living with household members who smoke
- Consuming alcohol, or using other drugs
- Being overweight or obese.

Other factors that may increase stillbirth risk include experiencing family violence, and having limited access to health care (such as women living in rural and remote areas).

Your clinician will work with you to identify and discuss any risks during your pregnancy, and ways to manage them. They may recommend:

- Further tests or investigations
- Treatments or supports to manage your health
- Referrals to other clinicians or services.

Your clinician will also discuss how your health can be monitored during your pregnancy, including things you can do to support your own health and wellbeing.

What you can do to help reduce the risk

Unfortunately, not every stillbirth can be prevented, and for approximately 20% of all stillbirths, a reason for the loss is not identified.

However, there are some things you can do that may reduce your risk. Your clinician will discuss these with you, according to your specific risks, needs and preferences.

Quitting smoking

Smoking during pregnancy is a significant contributor to stillbirth.

Quitting smoking at any time during your pregnancy reduces the risk of harm to your baby. However, the earlier you quit smoking during pregnancy, the better for your baby's health.

Your clinician will ask if you, your partner or other members of your household smoke, and provide advice and support to stop smoking. They should offer to refer you or your partner to support services that can help you quit smoking, such as Quitline. This is a free telephone counselling service staffed by counsellors who are specifically trained in supporting people to quit smoking, including pregnant women.

Going to sleep on your side from 28 weeks

After 28 weeks of pregnancy, going to sleep on your back can increase your risk of stillbirth.

Going to sleep on your side (whether right or left) from 28 weeks of pregnancy can halve your risk of stillbirth, compared with going to sleep on your back. Lie on your side any time you go to sleep, including day time naps, at night, or when going back to sleep during the night.

If you wake up on your back, do not worry – just settle back to sleep on your side.

Getting to know your baby's movements

Your baby's movements during pregnancy are one sign of their wellbeing. Women often describe these movements as a kick, flutter, swish or roll.

Most women will start to feel their baby move between 16 and 24 weeks of pregnancy, and will continue to feel these movements until the baby is born, including during birth. However, there is no set number or pattern of normal movements – this differs between women, and between pregnancies.

Your clinician will encourage you to get to know your baby's movements, and understand what movements are normal and healthy for your baby. They should ask you about your baby's movements at every appointment and keep this information in your healthcare record.

What to do if you notice a change in your baby's movements

A change in your baby's normal pattern of movement could be a sign that they are unwell – especially a decrease in movement.

If you are concerned about a change in your baby's movements, contact your clinician immediately – you are not wasting their time. Your clinician will take your concerns seriously and may ask you to visit them, or your nearest hospital or maternity health service as soon as possible for assessment.

You should not delay visiting your clinician, nearest hospital or maternity health service if advised to do so, or if you can't contact them by phone. You should not wait until the next day to seek assistance if you have concerns about changes in your baby's movements, even if these changes have occurred at night time.

Often there is no problem, but you are doing the right thing by checking.

Advice to stimulate your baby's movements by having something to eat or drink is **not correct** – it is best to check with a clinician about any concerns.

Timing of birth

The ideal time for most babies to be born is as close to 40 weeks of pregnancy as possible. For most women, this means waiting for labour to begin on its own. However, if there are concerns about the health of a woman or her baby, including the risk of stillbirth, a planned birth is sometimes considered. This means timing the birth on a specific date, through induction of labour or caesarean section.

Even when a planned birth is recommended, there are benefits in continuing the pregnancy for as long as it is safe and possible to do so.

Early in pregnancy, your clinician will have a discussion with you about timing of birth. They will explain the benefits of your pregnancy continuing for as long as it is safe for you and your baby, and they will discuss your preferred preliminary birth plan with you.

Towards the end of your pregnancy (closer to 36 weeks of pregnancy), your clinician will have another discussion with you about timing of birth. This discussion may happen sooner if your clinician has any concerns about your or your baby's wellbeing. The discussion should consider any changes to your level of risk during the pregnancy, and your personal preferences about timing of birth.

Early planned birth

Unless there is a clinical reason to do so, birth should not be planned before 39 weeks of pregnancy – this is called an *early planned birth*.

This is because research shows that for every week that a baby can remain safely inside their mother's womb towards 40 weeks of pregnancy, the better the health and developmental outcomes for the baby, in the short and long term.

For some women, the risk of stillbirth may be greater than the risks associated with an early planned birth. Your clinician should support you to understand any risks for your pregnancy, and provide you with verbal and written information about the potential benefits and harms for you and your baby.

Prolonged pregnancy

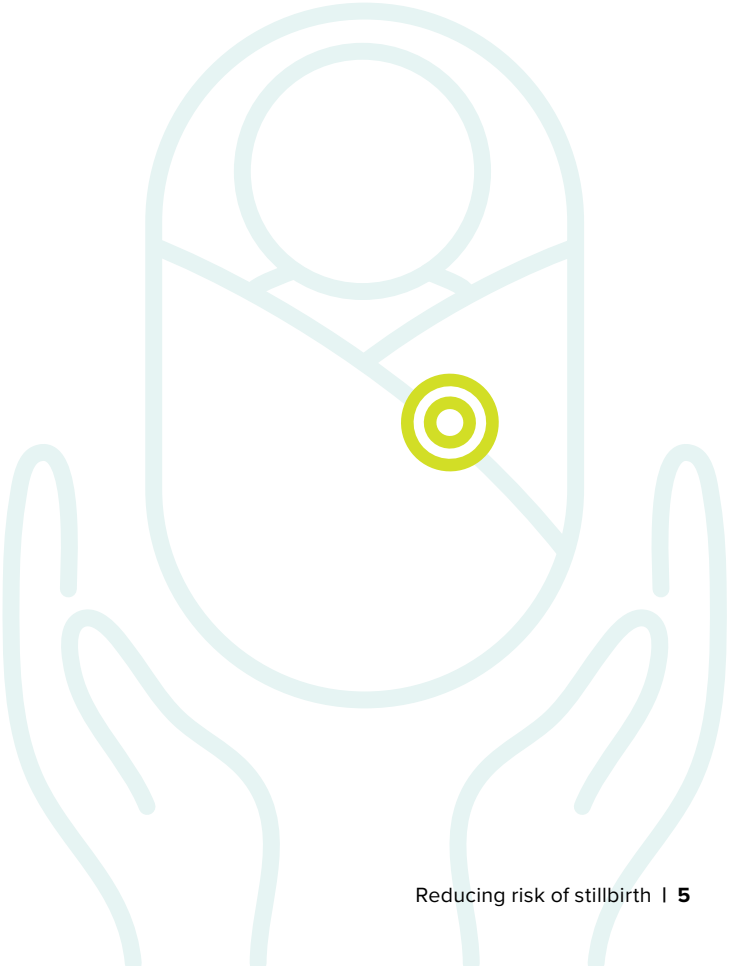
The risk of stillbirth also increases for pregnancies that continue for 42 weeks or more – this is called a *prolonged* or *post-term pregnancy*. If labour has not started on its own by 41 weeks of pregnancy, a planned birth may be recommended to help reduce the risk of stillbirth.

What is the Stillbirth Clinical Care Standard?

The *Stillbirth Clinical Care Standard* describes the health care that should be provided to women who are pregnant or planning a pregnancy, from before pregnancy to after a stillbirth occurs.

It also addresses bereavement care for parents (and their support people) who have experienced any perinatal loss, including stillbirth, miscarriage, termination of pregnancy and neonatal death.

For more information, or to read the full clinical care standard visit: **safetyandquality.gov.au/stillbirth-ccs**



Where to get more information

Planning a pregnancy

- Australian Government Department of Health – **Preparing for your healthy pregnancy**
- New South Wales Health – **Thinking of having a baby**
- Pregnancy, Birth and Baby – **Planning for pregnancy**
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists – **Planning for pregnancy**

Ultrasounds and other tests

- Pregnancy, Birth and Baby:
  - **Ultrasound scans during pregnancy**
  - **Dating scan**
  - **Nuchal translucency scan**
  - **Morphology scan**
  - **Non-invasive prenatal testing (NIPT)**

Quitting smoking

- Australian Government Department of Health – **Quitline**
- Centre for Research Excellence in Stillbirth – **Quit smoking**
- Red Nose – **Quit smoking to help prevent stillbirth**

Going to sleep on your side from 28 weeks

- Centre for Research Excellence in Stillbirth – **Going to sleep on your side from 28 weeks**
- Red Nose – **Sleep on your side during pregnancy**
- Still Aware – **Safe sleep in pregnancy**

Getting to know your baby's movements

- Centre for Research Excellence in Stillbirth – **Movements matter**
- Red Nose – **Baby movements during pregnancy**
- Still Aware – **Getting to know your baby**
- Still Aware – **Why do baby's movements matter?**

Timing of birth

- Australian Preterm Birth Prevention Alliance – **Every week counts**
- Centre for Research Excellence in Stillbirth – **Timing of birth**
- Red Nose – **Timing of birth**
- Women and Babies Research – **Every week counts**

Questions?

Find out more about the *Stillbirth Clinical Care Standard* and other resources. Scan the QR code or use the link **safetyandquality.gov.au/stillbirth-ccs**

The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professional about the applicability of the clinical care standard to their individual condition.