

Ending preventable stillbirths and improving bereavement care: Australia's performance on the scorecard for high- and upper-middle income countries, 2025

Publication details

Publication title: Ending preventable stillbirths and improving bereavement care: Australia's performance on the scorecard for high- and upper-middle income countries, 2025.

Published: 2025

Publisher: NHMRC Centre of Research Excellence in Stillbirth

Suggested citation: NHMRC Centre of Research Excellence in Stillbirth. Ending preventable stillbirths and improving bereavement care: Australia's performance on the scorecard for high- and upper-middle income countries, 2025. June 2025. Brisbane: NHMRC Centre of Research Excellence in Stillbirth.

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Background

The Lancet's series on Ending Preventable Stillbirths brought global attention to stillbirth as a long-neglected issue affecting 2.6 million families each year.¹⁻⁶ The series emphasised that most stillbirths are preventable with quality care and highlighted the emotional, social, and economic impact on women, parents, and communities. Published in 2016, the series comprised five data papers culminating in a comprehensive "Call to Action" aimed at reducing the global burden of stillbirths.⁷

Responding to the Call to Action

In 2018, the International Stillbirth Alliance Stillbirth Advocacy Working Group (ISA-SAWG), developed a global scorecard to track progress against the above-mentioned Call to Action. The aim of this scorecard was to provide a tool for the national governments, United Nations bodies, bilateral organisations, parent organisations, donors and non-government organisations to track progress in efforts to reduce stillbirth rates and improve bereavement care. In particular, the scorecard highlights areas where insufficient progress is being made and where further investments and actions are needed.⁸ Following this work, the Centre of Research Excellence in Stillbirth (Stillbirth CRE) led the adaptation of the scorecard for use in high- and upper-middle income countries, to enable tracking of performance in resource-rich settings. Indicators for use in high- and upper-middle income countries scorecard were identified from sources such as the indicator list for the United States Healthy People 2020 national health objectives. A draft version of the adapted scorecard was trialled the USA, the UK, and Australia. The scorecard for use in high- and upper-middle income countries was originally published in BMC Pregnancy and Childbirth in 2023.⁹ In this report, we describe the evaluation of Australia's performance as at 2025 across the scorecard indicators.

Methods

Data extraction and compilation

Data were extracted in May and June of 2025. A scorecard template was developed in Microsoft Excel, comprising each of the 23 indicators organised into four indicator categories: (1) *Stillbirth rates* (two indicators); (2) *Other pregnancy outcomes* (six indicators); (3) *Equity* (four indicators); and (4) *Quality* (11 indicators). The template includes space for the associated data for Australia for each indicator, including any definitions, contextual information, and data sources (Appendix A). Quantitative data were largely sourced from Australia's Mothers and Babies reports of the Australian Institute of Health and Welfare. Where required, data in the form of proportions were transformed into rates (e.g. *Rate of early and adequate antenatal care*). Equity ratios (e.g. *Stillbirth Equity Ratio*) were calculated by dividing the summary statistic among the most disadvantaged group by that of the least disadvantaged group (see Appendix A for details).

Summary scorecard template

The summary scorecard template was developed “stoplight” approach. The template aims to provide at-a-glance data on the 23 indicators, highlighting performance relative to global targets. In addition, for quantitative data, the summary template aimed to provide a crude assessment of Australia’s performance on each indicator relative to that in scorecard year 2019, giving a sense of Australia’s performance trajectory in the absence of global targets.

Findings

Data availability

Data and/or verifiable information were available for 21 of the 23 indicators. No reliable national data were available indicators 2.5 and 2.6; *Rate of adolescent pregnancies* and *Rate of planned pregnancies*, and there is no global set target for either.

Australia’s scorecard summary for 2025 is shown in Appendix B. More detailed, contextual information should be sought from the full data extraction spreadsheet in Appendix A.

Stillbirth rates

Using the global definition (stillbirths at 28 weeks’ gestation or greater), with its stillbirth rate of 2.9 per 1,000, Australia had achieved the global stillbirth rate target (12 or fewer stillbirths per 1,000 births) for scorecard year 2025. However, this rate indicated an increase from the rate of 2.1 per 1,000 births in scorecard year 2019. Australia’s stillbirth rate also increased according to national definition (20 weeks’ gestation or more, and/or weighing 400 grams or more), from 7 per 1,000 births in scorecard year 2019 to 8 per 1,000 births in 2025.

Other pregnancy outcomes

No global targets have been set for the indicators in this category. The early neonatal death rate decreased from 2 to 1.86 per 1,000 births in scorecard years 2019 and 2025, respectively, while the late neonatal mortality rate increased from 0.30 to 0.44 per 1,000 births. Both the preterm birth rate and maternal mortality rate declined, from 86 to 83 per 1,000 births and from 6 to 4.8 per 100,000 women, respectively.

Equity

The rate of early and adequate antenatal care increased between scorecard years, from 740 to 780 per 1,000 women, as did the rate of early and adequate antenatal care among First Nations women specifically (from 650 to 705 per 1,000 women). The stillbirth rate equity ratio showed little or no progress, having worsened from 1.3 in scorecard year 2019 to 1.6 in scorecard year 2025 (representing the most

disadvantaged relative to least disadvantaged groups). The early and adequate antenatal care equity ratio also showed no progress (0.9 in both scorecard years; again, representing the most disadvantaged relative to least disadvantaged groups).

Quality

For scorecard year 2025, Australia had achieved 9 of the 11 quality indicators, an increase from 6 of 11 indicators in 2019. Areas of progress were in mechanisms for stillbirth-related stigma reduction, establishing a (national) stillbirth rate target, and a stillbirth equity target. Australia continues to lack an adequate perinatal pathology workforce, as evidenced by continued lags in the completion of perinatal pathology reports.

Conclusions

Australia has shown clear improvement in quality indicators and some improvement in equity indicators. Among pregnancy outcomes, while Australia has made progress in rates of preterm birth and maternal mortality, rates of stillbirth and late neonatal death have increased. Given the stillbirth and neonatal death data were taken from the year 2022, it is likely that the Covid-19 pandemic has influenced these rates, as evidenced by increased risk of stillbirth during the this time.¹⁰⁻¹² Focused evaluation of the Stillbirth CRE's stillbirth prevention efforts is published elsewhere. This includes the Victoria evaluation of the Safer Baby Bundle, which showed a reduction in the stillbirth rate by 21%.¹³ The full national evaluation of the Safer Baby Bundle is expected in late 2025. Importantly, the lag in stillbirth rate data highlights that timeliness of data availability remains a significant barrier to effective monitoring and evaluation.

Next steps

The Stillbirth CRE is now working to refine the scorecard indicators following a consensus process. A key aim of the revision is to identify better indicators to monitor family planning efforts and to quantify any growth, or lack thereof, the perinatal pathology workforce. The Stillbirth CRE has consulted the Royal Australian College of Pathologists to ascertain data on the number of perinatal pathologists, and their employment status (full-time, part-time), across Australia's states and territories. With this, we intend to model the required workforce growth to ensure universal and timely access to stillbirth examinations and reporting by a skilled perinatal pathologist. Additional indicators relating to stillbirth examinations may also be considered, including quantifiable assessment of Australia's radiography and radiology workforce.

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Appendix A: Completed data extraction template

Indicator category	Indicator	Description	Raw data/information column	Data transformation/calculation (where applicable)	Time period	Definitions	Data sources	Contextualising, qualifying, or additional information, if needed
1. STILLBIRTH RATES	1.1 Stillbirth rate using global 28 weeks or more definition	What is your country's current stillbirth rate using 28+ weeks as the definition?	2.9 per 1000 births		2022 data	WHO stillbirth definition (for international comparisons): Stillbirth born at 28 weeks' gestation or more, or 1000 grams birthweight or more	Australia's mothers and babies report 2025. Australian Institute of Health and Welfare https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/stillbirths-neonatal-deaths/stillbirths-and-neonatal-deaths-in-australia-2022	"Using the WHO definition of stillbirth excludes the smaller and less mature babies who are included when the standard definition applied in Australia is used. Australian perinatal mortality rates reported using the WHO definitions are therefore lower than those reported using the Australian definitions."
	1.2 Stillbirth rate using national definition, if any	What is your country's current stillbirth rate using the national definition? If no national definition, provide a national stillbirth rate with the definition you used <i>*Please state whether the figure you have provided includes or excludes terminations of pregnancy. If both sets of data are available, please include both in the cell</i>	8.0 per 1000 births "Stillbirths may include termination of pregnancy after 20 weeks... South Australian data may not include all terminations of pregnancy for psychosocial reasons after 20 weeks' gestation where birthweight was not recorded."		2022 data	Stillbirth definition: fetal death prior to birth of a baby born at 20 weeks' gestation or more, and/or weighing 400 grams or more	Australia's mothers and babies report 2025. Australian Institute of Health and Welfare https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/stillbirths-neonatal-deaths/stillbirths-and-neonatal-deaths-in-australia-2022	
2. OTHER PREGNANCY OUTCOMES	2.1 Early neonatal death rate	Please provide rate of early neonatal deaths (<7 days after birth)	1.86 per 1000 births		2022 data	Early NND definition: Neonatal death 1–7 days following birth (inc. deaths within first 24 hours)	Australia's mothers and babies report 2025. Australian Institute of Health and Welfare https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/stillbirths-neonatal-deaths/stillbirths-and-neonatal-deaths-in-australia-2022	Rates were calculated by dividing the frequency of (combined early and very early) NND by the total number of births (x1000). See "Calculations" tab. Births data from https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/stillbirths-neonatal-deaths/stillbirths-and-neonatal-deaths-in-australia-2022 . NND data taken from Table 8 of the supplementary data tables (Data tables: National Perinatal Mortality Data Collection annual update 2022; https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/data). Note. limits of viability are shifting with advances in perinatal and neonatal care, and the grey zone of viability might continue to decrease. This should be considered when evaluating changes in NND rates over time.
	2.2 Late neonatal death rate	Please provide rate of late neonatal deaths (days 8–28 after birth)	0.44 per 1000 births		2022 data	Late NND definition: Neonatal death 8–28 days following birth	Australia's mothers and babies report 2025. Australian Institute of Health and Welfare https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/stillbirths-neonatal-deaths/stillbirths-and-neonatal-deaths-in-australia-2022	Rates were calculated by dividing the frequency of late NND by the total number of births (x1000). See "Calculations" tab. Births data from https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/stillbirths-neonatal-deaths/stillbirths-and-neonatal-deaths-in-australia-2022 . NND data taken from Table 8 of the supplementary data tables (Data tables: National Perinatal Mortality Data Collection annual update 2022; https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/data). Note. limits of viability are shifting with advances in perinatal and neonatal care, and the grey zone of viability might continue to decrease. This should be considered when evaluating changes in NND rates over time.
	2.3 Preterm birth rate	Preterm birth rate (total live births at <37 weeks) per 1000 births	8.3% of total births	83 per 1000 births	2022 data	Preterm birth definition: Birth at less than 37 weeks' gestation	Australia's mothers and babies report 2025. Australian Institute of Health and Welfare https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/baby-outcomes/gestational-age	–

Indicator category	Indicator	Description	Raw data/information column	Data transformation/calculation (where applicable)	Time period	Definitions	Data sources	Contextualising, qualifying, or additional information, if needed
	2.4 Maternal mortality rate	What is the maternal mortality rate in your country? Use the most recent data	4.8 per 100,000 birthing women		2022 data	Maternal death definition: Death of a woman while pregnant or within 42 days of the end of pregnancy, irrespective of the duration and outcome of the pregnancy, from any cause related to or aggravated by the pregnancy or the associated care received but not from accidental or incidental causes.	Australia's mothers and babies report 2025. Australian Institute of Health and Welfare https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/maternal-deaths	There were 14 maternal deaths in 2022 (one additional death has yet to be classified). Of these, 64% were indirectly related to pregnancy and 36% were directly related to pregnancy.
	2.5 Rate of adolescent pregnancies	What proportion of pregnancies were to adolescent females in your country (use most recent data) <i>*Please use the definitions cell to describe how adolescent was defined in your data source</i>	1.6% of all birthing women (proportion of pregnancies not available)	16 per 1000 birthing women (proportion of pregnancies not available)	2022 data	Adolescent females defined here as women who gave birth when they were aged under 20 years	Australia's mothers and babies report 2025. Australian Institute of Health and Welfare https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/focus-population-groups/younger-mothers	In 2022, women who gave birth aged under 20 accounted for 1.6% (4,649) of all mothers. The number of teenage mothers giving birth has more than halved since 2011 (11,370) and the proportion has fallen from 3.2%.
	2.6 Rate of planned pregnancies	What is the proportion of pregnancies in your country that were planned (use most recent data)	No data					No reliable national data on this identified. The report: "The Impact of Unintended Pregnancies in Australia" was produced by Organon, a private healthcare company. It suggested 40% of all pregnancies in 2020 in Australia were unintended. It is not clear what data sources and methods were used. https://www.organon.com/australia/news/unintended-pregnancy-report/
3. EQUITY	3.1 Stillbirth Equity Ratio	Please provide the best possible estimate of the stillbirth rate in your county among the 20% wealthiest and 20% poorest <i>*This may encompass equity as defined by socioeconomic status, ethnicity, or other equity measures. Please provide all that are available and relevant in your country</i>	6.0 per 1000 birthing women in Quintile 5 (least disadvantaged) 9.6 per 1000 birthing women in Quintile 1 (most disadvantaged)	Ratio = 1.6 (9.6/6; most over least)	2022 data	Quintiles represent categories of socioeconomic conditions, each representing approximately 20% of the population.	Australia's mothers and babies report 2025. Australian Institute of Health and Welfare https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/stillbirths-neonatal-deaths/stillbirths-and-neonatal-deaths-in-australia-2022	Quintiles data were derived by applying the Australian Bureau of Statistics ABS 2016 Socioeconomic Indexes for Areas Index of Relative Socioeconomic Disadvantage (SEIFA IRSR) to Statistical Areas Level 2 (SA2) of mother's area of usual residence
	3.2 Rate of early and adequate antenatal care	Please provide the best possible estimate of the proportion of pregnant women who received early and adequate prenatal/antenatal care in your country	78% of birthing women attended antenatal care within the first 14 weeks of pregnancy	780 per 1000 women	2022 data	Antenatal care defined as "a planned visit between a pregnant woman and a midwife or doctor to assess and improve the wellbeing of the mother and baby throughout pregnancy."	Australia's mothers and babies report 2025. Australian Institute of Health and Welfare https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/antenatal-period/antenatal-visits	The Australian Pregnancy Care Guidelines recommend that a woman has her first antenatal visit within the first 10 weeks of pregnancy (data not provided). The figure given is for attendance only; there is no measure of quality.

Indicator category	Indicator	Description	Raw data/information column	Data transformation/calculation (where applicable)	Time period	Definitions	Data sources	Contextualising, qualifying, or additional information, if needed
	3.3 Rate of early and adequate antenatal care among disadvantaged subgroup	Please provide the best possible estimate of the proportion of pregnant women who are members of a stated disadvantaged group (e.g. Indigenous/First Nations women) who received early and adequate prenatal/antenatal care in your country	70.5% of birthing First Nations women attended antenatal care within the first 14 weeks of pregnancy	705 per 1000 women	2022 data	Antenatal care defined as "a planned visit between a pregnant woman and a midwife or doctor to assess and improve the wellbeing of the mother and baby throughout pregnancy."	Australia's mothers and babies report 2025. Australian Institute of Health and Welfare https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/antenatal-period/antenatal-visits	Data reported are for Indigenous status of the mother (crude, not age-standardised)
	3.4 Early and adequate antenatal care equity ratio	Please provide the best possible estimate of the proportion of women who received early and adequate prenatal/antenatal care in your country among the 20% wealthiest and 20% poorest <i>*This may encompass equity as defined by socioeconomic status, ethnicity, or other equity measures. Please provide all that are available and relevant in your country</i>	80.5% attended antenatal care within the first 14 weeks of pregnancy among birthing women in Quintile 5 (least disadvantaged) 74.9% attended antenatal care within the first 14 weeks of pregnancy among birthing women in Quintile 1 (most disadvantaged)	Ratio = 0.9 (74.9/80.5; most over least)	2022 data	Quintiles represent categories of socioeconomic conditions, each representing approximately 20% of the population. Antenatal care defined as "a planned visit between a pregnant woman and a midwife or doctor to assess and improve the wellbeing of the mother and baby throughout pregnancy."	Australia's mothers and babies report 2025. Australian Institute of Health and Welfare https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/antenatal-period/antenatal-visits	Quintiles data were derived by applying the Australian Bureau of Statistics ABS 2016 Socioeconomic Indexes for Areas Index of Relative Socioeconomic Disadvantage (SEIFA IRSD) to Statistical Areas Level 2 (SA2) of mother's area of usual residence
4.1 QUALITY	4.1 Universal maternity care	Does your country have universal healthcare?	Yes via Medicare					–
	4.2 National perinatal audit program	Does your country have a national perinatal audit program? Please provide link if relevant	No National guidelines have been developed but there remains no national, systematic approach to implementation				PSANZ perinatal audit and classification guidance https://learn.stillbirthcre.org.au/learn/casand/perinatal-mortality-audit-and-classification/	–
	4.3 Adequate perinatal pathologists	Does your country have an adequate workforce of perinatal pathologists? Please explain	No There are few skilled perinatal pathologists in the country and generally only in large tertiary centres, as evidenced by continued lags in perinatal pathology reports. This shortage was flagged in the Stillbirth CRE submission to the national Senate Inquiry into stillbirth research and education. In Australia's National Stillbirth Action and Implementation Plan (2020), the Federal Government set a task to "Identify strategies to increase the number of perinatal pathologists and radiologists available to undertake stillbirth investigations in Australia, in particular in areas of need (for example, in rural areas)"				National Stillbirth Action and Implementation Plan https://www.health.gov.au/resources/publications/national-stillbirth-action-and-implementation-plan	–
	4.4 Mechanisms for national collection of stillbirth data	Does your country have a mechanism for collection of stillbirth data at a national level? Please provide link if so	Yes Australian Institute of Health and Welfare				https://www.aihw.gov.au/reports-data/population-groups/mothers-babies/overview	–
	4.5 Government-funded stillbirth research program	Does your country have a government-funded program of research on stillbirth prevention/support? Please explain and provide link if relevant. Please describe any program, whether it is formal or informal	Yes The Centre of Research Excellence in Stillbirth (Stillbirth CRE) is funded by the National Health and Medical Research Council of Australia and aims to reduce late-gestation stillbirth rates and improve care for families whose baby is stillborn				https://stillbirthcre.org.au/	Established in 2017
	4.6 Classification system for causes of stillbirth	Does your country use a classification system for categorizing causes of stillbirth and neonatal deaths? If so, name the system(s).	Yes Perinatal Society of Australia and New Zealand (PSANZ)				PSANZ classification system for stillbirths and neonatal deaths Version 4 https://learn.stillbirthcre.org.au/wp-content/uploads/2024/01/Appendix-7D-PSANZ-Classification-System-for-Stillbirths-and-Neonatal-Deaths-v4.pdf	First developed in 2003, subsequently revised in 2004, 2009 and 2018. The current version for use is version 4. Version 5 has been finalised and is intended for use across Australia and New Zealand for perinatal deaths occurring for births from 1 January 2025

Indicator category	Indicator	Description	Raw data/information column	Data transformation/calculation (where applicable)	Time period	Definitions	Data sources	Contextualising, qualifying, or additional information, if needed
	4.7 National guidelines for bereavement care	Does your country have national perinatal bereavement care guidelines for provision of care after stillbirth? Please provide link if so	Yes Care Around Stillbirth and Neonatal Death (CASAAND) Clinical Practice Guideline and Sands Australian Principles of Bereavement Care				CASAAND guideline https://learn.stillbirthcre.org.au/learn/casand/ Sands Australian Principles of Bereavement Care https://www.sands.org.au/bereavement-care	Developed by the Stillbirth CRE and PSANZ, latest edition 2024. There is also a Stillbirth Clinical Care Standard that addresses bereavement care and support after perinatal loss. It proposes the following indicator for monitoring: "Evidence of local arrangements to support the provision of bereavement care in line with the Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death and Sands Australian Principles of Bereavement Care". See: https://www.safetyandquality.gov.au/publications-and-resources/resource-library/stillbirth-clinical-care-standard-2022
	4.8 Identified mechanisms for stillbirth-related stigma reduction	Has your country identified one or more mechanisms for the reduction of stigma associated with stillbirth? Please describe. <i>*These mechanisms may encompass different strategies at different levels. Please outline anything broadly relevant, including structural, policy, or other approaches.</i>	Yes Following a national Senate Inquiry into stillbirth research and education, the Federal Government accepted a recommendation that it "develops and implements a national stillbirth public awareness campaign to demystify stillbirth, educate parents and the general public about the risks of stillbirth, and encourage public conversations about stillbirth as a public health issue". It then funded the Still Six Lives campaign in 2019				Still Six Lives https://preventstillbirth.org.au/ Project information https://stillbirthcre.org.au/projects/together-we-can-stop-stillbirth-evaluation-of-the-public-awareness-campaign-around-stillbirth/	Campaign presented by a consortium made up of Red Nose, Sands Australia, Stillbirth Foundation Australia and the Stillbirth CRE
	4.9 Stillbirth rate target	Does your country have a current public health plan that includes a national stillbirth rate target?	Yes Reduction in stillbirths (>28 weeks) by 20% over five years				National Stillbirth Action and Implementation Plan (2020) https://www.health.gov.au/resources/publications/national-stillbirth-action-and-implementation-plan	"The Plan supports a sustainable reduction 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" (p.5).
	4.10 Stillbirth equity target	Does your country have a current public health plan that includes a target or targets for reducing differences in stillbirth rates between population groups? If so, name all these groups (e.g., blacks, whites, Hispanics)	Yes Rates of stillbirth among <u>women who live in rural and remote or socially disadvantaged areas</u> or are <u>younger than 20 years</u> no greater than those among the general population				National Stillbirth Action and Implementation Plan (2020) https://www.health.gov.au/resources/publications/national-stillbirth-action-and-implementation-plan	Also, the National Women's Health Strategy 2020–2030 includes a key measure of success of "Increased early access to antenatal services by Aboriginal and Torres Strait Islander women and culturally and linguistically diverse women"
	4.11 Antenatal care quality target	Does your country have a health care plan that includes one or more aims to ensure or improve quality of prenatal/antenatal care? If so, please list them.	Yes The National Women's Health Strategy 2020–2030 includes the below key priority areas in relation to <i>Priority area 1 – Maternal, sexual and reproductive health</i> : (1) Increase access to sexual and reproductive health care information, diagnosis, treatment and services; (2) Increase health promotion activity to enhance and support preconception and perinatal health; and (3) Support enhanced access to maternal and perinatal health care services. Plus, the Commonwealth Government funded the Living Evidence for Australian Pregnancy and Postnatal Care (LEAPP) guidelines to ensure availability of evidence-based clinical guidelines with the latest pregnancy care research.				National Women's Health Strategy 2020–2030 https://www.health.gov.au/resources/publications/national-womens-health-strategy-2020-2030 LEAPP guidelines https://livingevidence.org.au/living-guidelines/leapp/	National Women's Health Strategy report published April 2019 and last updated October 2023

Appendix B: Summary scorecard

Ending Preventable Stillbirths Scorecard for high- and upper-middle income countries				Australia 2025		
Indicator	Data	Status	↑↓	Indicator	Data	Status
Stillbirth rates				Quality		
Stillbirth rate using global definition (≥28 wks)	2.9 per 1,000 births	●	↑	Universal maternity care	Yes	●
Stillbirth rate using national definition	8.0 per 1,000 births	●	↑	National perinatal audit program	No	●
Other pregnancy outcomes				Adequate perinatal pathologists	No	○
Early neonatal death rate	1.86 per 1,000 births	●	↓	Mechanisms for national collection of stillbirth data	Yes	●
Late neonatal death rate	0.44 per 1,000 births	●	↑	Government-funded stillbirth research program	Yes	●
Preterm birth rate	83 per 1,000 births	●	↓	Classification system for causes of stillbirth	Yes	●
Maternal mortality rate	4.8 per 100,000 women	●	↓	National guidelines for bereavement care	Yes	●
Rate of adolescent pregnancies	No data. 16 per 1,000 <u>births</u>	●	○	Identified mechanisms for stillbirth-related stigma reduction	Yes	●
Rate of planned pregnancies	No data	●	○	Stillbirth rate target	Yes	●
Equity				Stillbirth equity target	Yes	●
Stillbirth rate equity ratio (most relative to least disadvantaged)	1.6 (9.6 / 6.0)	●	↓	Antenatal care quality target	Yes	●
Rate of early and adequate antenatal care (within 14 weeks)	780 per 1,000 women	●	↑	<div> <div>● Achieved</div> <div>● On track</div> <div>● Making progress</div> <div>● Slow/no progress</div> <div>● No target set</div> <div>○ No data</div> <div>↑↓ Improvement</div> <div>↑↓ Backtrack</div> <div>= No change</div> </div> <p>For left-hand panel, status represents performance in 2025 relative to targets. Arrows represent crude direction of progress relative to Australia's performance in 2019 (no tests for statistical significance). Most and least disadvantaged relates to socioeconomic conditions. See data spreadsheet for further detail and data sources</p>		
Rate of early and adequate antenatal care (within 14 weeks) among First Nations women	705 per 1,000 women	●	↑			
Early and adequate antenatal care equity ratio (most relative to least disadvantaged)	0.9 (74.9% / 80.5%)	●	=			

The indicators in this scorecard were developed by the International Stillbirth Alliance Stillbirth Advocacy Working Group. Source: de Graaff EC, et al. BMC Pregnancy and Childbirth. 2023, 30;23(1):480

