

# Stillbirth Clinical Care Standard

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# Stillbirth Clinical Care Standard

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator Set
<b>Indicator set type:</b>	Other
<b>METEOR identifier:</b>	766607
<b>Registration status:</b>	<a href="#">Australian Commission on Safety and Quality in Health Care, Standard 04/11/2022</a>
<b>Description:</b>	<p>The Australian Commission on Safety and Quality in Health Care has developed these indicators to support health service organisations to monitor implementation of the care described in the Stillbirth Clinical Care Standard (ACSQHC, 2022). The indicators included in this specification are a tool to support local clinical quality improvement and may be used to support other quality assurance and peer review activities.</p> <p>The goal of the standard is to:</p> <ul style="list-style-type: none"><li>• Reduce unwarranted clinical variation in the prevention and investigation of stillbirth, and to reduce the number of women experiencing stillbirth, especially after 28 weeks gestation.</li><li>• Support best practice in bereavement care for parents (and their families and support people) following any perinatal loss, and in the care provided to women when planning for, and during, subsequent pregnancies.</li></ul> <p>This clinical care standard applies to the care provided to women who are pregnant or planning a pregnancy, from pre-conception to after a stillbirth occurs.</p> <p>Elements of this clinical care standard that address bereavement care and care for future pregnancies apply to women (and their families and support people) who have experienced any form of perinatal loss, regardless of gestational age or the reasons for the loss.</p> <p>This standard relates to care provided in the following care settings:</p> <ul style="list-style-type: none"><li>• Public hospital maternity and high-risk maternity care, including midwifery continuity of care</li><li>• Rural and remote area maternity care</li><li>• Private obstetric care</li><li>• Private midwifery care</li><li>• General practice, including care provided by GP obstetricians</li><li>• Other primary healthcare settings, such as Aboriginal Community Controlled Health Organisations (ACCHOs)</li><li>• Community and home-based care.</li></ul> <p>This clinical care standard does not specifically address:</p> <ul style="list-style-type: none"><li>• Prevention or investigation of miscarriage</li><li>• Prevention of preterm birth</li><li>• Prevention or investigation related to terminations of pregnancy for medical reasons that occur before 20 weeks gestation</li><li>• Prevention or investigation of neonatal death.</li></ul> <p>However, the Commission acknowledges the tragedy of every perinatal loss, regardless of the nature of the loss or the gestational age at which the loss occurs. The Commission anticipates that care for women and families experiencing such losses may also be improved through implementation of the principles outlined in this clinical care standard.</p> <p>A clinical care standard contains a small number of quality statements that describe the clinical care expected for a specific clinical condition or procedure. Indicators are included for some quality statements to help health service organisations monitor how well they are implementing the care recommended in the clinical care standard.</p> <p>The quality statements that are included in the Stillbirth Clinical Care Standard are as follows:</p>

1. **Stillbirth risk assessment before pregnancy.** A woman intending pregnancy is offered pre-conception care that supports her to identify and manage stillbirth risks and improve her chance of giving birth to a healthy live-born baby.
2. **Stillbirth risk assessment during pregnancy.** A woman's risk factors for stillbirth are identified early, monitored and managed with evidence-based care throughout her pregnancy. She is offered the most appropriate available model of maternity care for her clinical, personal and cultural needs.
3. **Stillbirth awareness and strategies to reduce risk.** Early in pregnancy, a woman is informed about stillbirth as a potential outcome. Throughout the pregnancy, she is supported to adopt strategies that may reduce her risk of stillbirth, including smoking cessation, using a side going-to-sleep position from 28 weeks gestation and being aware of fetal movements
4. **Ultrasound during pregnancy.** A woman is offered high-quality ultrasound during pregnancy to assess fetal growth and morphology, and identify stillbirth risks. Ultrasound performance and reporting, and communication of outcomes to the woman, are in line with current best-practice guidelines.
5. **Change in fetal movements.** A woman who contacts her clinician or health service with concerns about a change in the frequency, strength or pattern of her baby's movements is offered timely assessment and care according to the Decreased Fetal Movement Care Pathway developed by the Centre of Research Excellence in Stillbirth and the Perinatal Society of Australia and New Zealand, or a locally approved alternative.
6. **Informed decision-making about timing of birth.** A woman is provided with information that enables her to make informed decisions about timing of birth, in line with her individual risks and preferences. Whenever a planned birth is being considered, including when there are concerns about maternal or fetal health, the potential benefits and harms are discussed with the woman and documented appropriately.
7. **Discussing investigations for stillbirth.** When a stillbirth is diagnosed, the availability, timing and anticipated value of clinical investigations, including autopsy, are discussed with the parents. The parents are supported to share their views about factors they perceive may have contributed to the stillbirth, including aspects of the woman's clinical care. This information is documented and considered alongside the agreed clinical investigations, and as part of local perinatal mortality audit or incident investigation processes.
8. **Reporting, documenting and communicating stillbirth investigation results.** The results of stillbirth investigations are reported in a timely manner, documented appropriately and discussed with the parents, along with any information they have provided about perceived contributing factors. The stillbirth is reviewed as part of a local perinatal mortality audit process, classified according to the Perinatal Society of Australia and New Zealand classification system, and outcomes are used to inform local improvements in care.
9. **Bereavement care and support after perinatal loss.** After a perinatal loss, parents and their support people are provided with compassionate, respectful and culturally safe bereavement care that recognises their specific needs and preferences, and ensures that follow-up support is available after discharge.
10. **Subsequent pregnancy care after perinatal loss.** During a subsequent pregnancy after a perinatal loss, a woman receives antenatal care that recognises factors that may have contributed to the previous loss, and ensures that she has access to appropriate clinical expertise and psychosocial support, as required.

## Relational attributes

Indicators linked to this  
Indicator set:

[Stillbirth Clinical Care Standard: 2a-Proportion of women assessed for clinical risk factors for fetal growth restriction at their first antenatal appointment at the hospital and the outcomes of the risk assessment documented in their medical record](#)

[Australian Commission on Safety and Quality in Health Care, Standard 04/11/2022](#)

[Stillbirth Clinical Care Standard: 3a-Proportion of pregnant women who reported smoking who were provided with advice on smoking cessation, offered a referral to](#)

[a smoking cessation service, and/or nicotine replacement therapy if clinically indicated](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard  
04/11/2022

[Stillbirth Clinical Care Standard: 3b- Proportion of women who gave birth who demonstrated their understanding of safe maternal going-to-sleep position at an antenatal visit from 28 weeks gestation](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard  
04/11/2022

[Stillbirth Clinical Care Standard: 3c- Proportion of women who gave birth who reported from 28 weeks gestation that they knew how to monitor their fetal movements and what to do if they were concerned about a change in their fetal movements](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard  
04/11/2022

[Stillbirth Clinical Care Standard: 5a- Evidence of local arrangements to enable timely assessment and appropriate care for women presenting with concerns about changes in fetal movements](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard  
04/11/2022

[Stillbirth Clinical Care Standard: 5b-Median time from when women report that they first noticed a change in fetal movements to when they contacted a clinician or healthcare service](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard  
04/11/2022

[Stillbirth Clinical Care Standard: 6a-Proportion of women who had a planned birth who received written and verbal information on the potential benefits and harms of planned birth, including the timing of intervention](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard  
04/11/2022

[Stillbirth Clinical Care Standard: 6b-Proportion of women who had a planned birth before 39 weeks gestation whose medical record documents the reason\(s\) for intervention](#)

[Australian Commission on Safety and Quality in Health Care](#), Qualified  
04/11/2022

[Stillbirth Clinical Care Standard: 6c-Proportion of women with singleton pregnancies who had a planned birth before 39 weeks gestation](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard  
04/11/2022

[Stillbirth Clinical Care Standard: 7a-Proportion of clinicians who provide bereavement care to parents who have experienced a stillbirth who have completed an evidence-based bereavement care professional development program](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard  
04/11/2022

[Stillbirth Clinical Care Standard: 8a-Proportion of stillbirths reviewed by the healthcare service for potential contributing factors and classified according to the Perinatal Society of Australia and New Zealand classification system](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard  
04/11/2022

[Stillbirth Clinical Care Standard: 9a-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](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard  
04/11/2022

## Collection and usage attributes

### National reporting arrangement:

Clinicians and health service organisations may choose to prioritise some of the suggested indicators based on the focus of quality improvement activities at the health service. No benchmarks are set for the indicators.

**Comments:** Monitoring the implementation of the Stillbirth Clinical Care Standard (ACSQHC, 2022) will assist in meeting some of the requirements of the National Safety and Quality Health Service Standards (ACSQHC, 2021).

Some data required to support computation of the indicators can be sourced from existing routine collections including local administrative data collections. Other data will need to be collected through prospective collections or retrospective medical record audits. It is important that collection of these indicators is undertaken as part of a quality improvement cycle and results are shared with all healthcare professionals involved in patient care.

## Source and reference attributes

**Submitting organisation:** Australian Commission on Safety and Quality in Health Care

**Reference documents:** Australian Commission on Safety and Quality in Health Care. Stillbirth Clinical Care Standard. Sydney: ACSQHC; 2022.

Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. – version 2. Sydney: ACSQHC; 2021.