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

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# 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

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| Identifying and definitional attributes |
| Metadata item type: | Indicator |
| Indicator type: | Indicator |
| Short name: | 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 |
| METEOR identifier: | 766752 |
| Registration status: | [Australian Commission on Safety and Quality in Health Care](https://meteor.aihw.gov.au/RegistrationAuthority/18), Standard 04/11/2022 |
| Description: | Proportion of stillbirths reviewed by the healthcare service for potential contributing factors and classified according to the Perinatal Society of Australia and New Zealand (PSANZ) classification system. |
| Indicator set: | [Stillbirth Clinical Care Standard](https://meteor.aihw.gov.au/content/766607) [Australian Commission on Safety and Quality in Health Care](https://meteor.aihw.gov.au/RegistrationAuthority/18), Standard 04/11/2022 |

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| Collection and usage attributes |
| Computation description: | Every stillbirth should be reviewed locally as part of a formal perinatal mortality audit process. The process should be carried out in line with the recommendations in the *Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death*.To be included in the numerator the review process must:* Use the PSANZ Classification System for Stillbirths and Neonatal Deaths to assign a cause of death, and any associated conditions and contributing factors related to care for all stillbirths, and
* Include an assessment of factors, including aspects of the woman’s clinical care, that may have contributed to the baby’s death using a relevant audit tool such as the Australian Perinatal Mortality Clinical Audit Tool.

Presented as a percentage. |
| Computation: | (Numerator ÷ Denominator) x 100 |
| Numerator: | The number of stillbirths reviewed by the health service to identify any potential contributing factors and classified using the PSANZ Perinatal Death Classification.  |
| Denominator: | The number of stillbirths. |
| Representational attributes |
| Representation class: | Percentage |
| Data type: | Real |
| Unit of measure: | Service event |
| Format: | N[NN] |
| Accountability attributes |
| Reporting requirements: | These indicators are for local quality improvement. 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). |
| Organisation responsible for providing data: | Not applicable |
| Accountability: | Not applicable |
| Other issues caveats: | Applicable settings: Hospitals where maternity care is provided. |
| Release date: | 01/11/2022 |
| 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.Flenady V, Oats J, Gardener G, Masson V, McCowan L, Kent A, et al. Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death. Brisbane: NHMRC Centre of Research Excellence in Stillbirth; 2020.Perinatal Society of Australia and New Zealand, Centre of Research Excellence in Stillbirth. Australian Perinatal Mortality Audit Tool. Brisbane: Centre of Research Excellence in Stillbirth; 2019. |