

Evidence sources

Stillbirth Clinical Care Standard

November 2022

Introduction

The quality statements for the *Stillbirth Clinical Care Standard* were developed in consultation with the Stillbirth Clinical Care Standard Topic Working Group and are based on best available evidence and guideline recommendations at the time of development.

Literature searches are conducted by the Australian Commission on Safety and Quality in Health Care to identify the evidence base for each potential quality statement and include searching for current and relevant:

- Australian clinical practice guidelines, standards and policies
- International clinical practice guidelines
- Other high-level evidence, such as systematic reviews and meta-analyses.

Where limited evidence is available, the Commission consults with a range of stakeholders to explore issues and develop possible solutions.

An overview of the key evidence sources underpinning the Stillbirth Clinical Care Standard is presented in Table 1. A full list of the evidence sources for each of the quality statements is also included.

Table 1: Overview of the key evidence sources for the Stillbirth Clinical Care Standard*

Evidence sources for the Stillbirth Clinical Care Standard	Relevance to the Quality Statements (QS)									
	QS1. Stillbirth risk assessment before pregnancy	QS2. Stillbirth risk assessment during pregnancy	QS3. Stillbirth awareness and strategies to reduce risk	QS4. Ultrasound during pregnancy	QS5. Change in fetal movements	QS6. Informed decision making about timing of birth	QS7. Discussing investigations for stillbirth	QS8. Reporting, documenting and communicating stillbirth investigation results	QS9. Bereavement care and support after perinatal loss	QS10. Subsequent pregnancy care after perinatal loss
Australian clinical practice guidelines										
Department of Health. Clinical Practice Guidelines: Pregnancy Care (2020) ¹		✓	✓	✓	✓	✓				
Perinatal Society of Australia and New Zealand and Centre of Research Excellence in Stillbirth. Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death (2020) ²							✓	✓	✓	✓
Perinatal Society of Australia and New Zealand and Centre of Research Excellence in Stillbirth. Clinical Practice Guideline for the Care of Women with Decreased Fetal Movements for Women with a Singleton Pregnancy from 28 Weeks' Gestation (2019) ³			✓		✓					
The Royal Australian College of General Practitioners. Guidelines for Preventive Activities in General Practice (2016) ⁴	✓									

Evidence sources for the Stillbirth Clinical Care Standard	Relevance to the Quality Statements (QS)									
	QS1. Stillbirth risk assessment before pregnancy	QS2. Stillbirth risk assessment during pregnancy	QS3. Stillbirth awareness and strategies to reduce risk	QS4. Ultrasound during pregnancy	QS5. Change in fetal movements	QS6. Informed decision making about timing of birth	QS7. Discussing investigations for stillbirth	QS8. Reporting, documenting and communicating stillbirth investigation results	QS9. Bereavement care and support after perinatal loss	QS10. Subsequent pregnancy care after perinatal loss
International clinical practice guidelines										
National Institute for Health and Care Excellence (NICE) Guideline. Antenatal Care (2021) ⁵	✓	✓	✓	✓	✓					
National Institute for Health and Care Excellence (NICE) Guideline. Weight Management Before, During and After Pregnancy (2010) ⁶	✓	✓								
National Institute for Health and Care Excellence (NICE) Guideline. Hypertension in Pregnancy: Diagnosis and Management (2019) ⁷		✓								
Royal College of Obstetricians and Gynaecologists. Care of Women with Obesity in Pregnancy: Green-top Guideline No. 72 (2019) ⁸		✓								
Royal College of Obstetricians and Gynaecologists. Late Intrauterine Fetal Death and Stillbirth: Green-top Guideline No. 55 (2010) ⁹							✓	✓	✓	✓
Royal College Obstetricians and Gynaecologists. Reduced Fetal Movements: Green top guideline No. 57 (2011) ¹⁰			✓		✓					
Royal College Obstetricians and Gynaecologists. The Investigation and Management of the Small-For Gestational Age Fetus: Green-Top Guideline No. 31 (2014) ¹¹		✓								

Evidence sources for the Stillbirth Clinical Care Standard	Relevance to the Quality Statements (QS)									
	QS1. Stillbirth risk assessment before pregnancy	QS2. Stillbirth risk assessment during pregnancy	QS3. Stillbirth awareness and strategies to reduce risk	QS4. Ultrasound during pregnancy	QS5. Change in fetal movements	QS6. Informed decision making about timing of birth	QS7. Discussing investigations for stillbirth	QS8. Reporting, documenting and communicating stillbirth investigation results	QS9. Bereavement care and support after perinatal loss	QS10. Subsequent pregnancy care after perinatal loss
Other Australian guidance										
Centre of Research Excellence in Stillbirth. Safer Baby Bundle Handbook and Resource Guide (2019) ¹²	✓	✓	✓		✓	✓	✓	✓	✓	
Queensland Health. Maternity and Neonatal Clinical Guideline: Stillbirth Care (2018) ¹³	✓	✓	✓	✓	✓		✓	✓	✓	✓
Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Management of Obesity in Pregnancy (2017) ¹⁴		✓								
Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Pre-pregnancy Counselling (2017) ¹⁵	✓									
Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Routine Antenatal Assessment in the Absence of Pregnancy Complications (2019) ¹⁶		✓	✓	✓		✓				
The Royal Australian College of General Practitioners. Supporting Smoking Cessation: A Guide for Health Professionals (2021) ¹⁷	✓	✓	✓							

Evidence sources for the Stillbirth Clinical Care Standard	Relevance to the Quality Statements (QS)									
	QS1. Stillbirth risk assessment before pregnancy	QS2. Stillbirth risk assessment during pregnancy	QS3. Stillbirth awareness and strategies to reduce risk	QS4. Ultrasound during pregnancy	QS5. Change in fetal movements	QS6. Informed decision making about timing of birth	QS7. Discussing investigations for stillbirth	QS8. Reporting, documenting and communicating stillbirth investigation results	QS9. Bereavement care and support after perinatal loss	QS10. Subsequent pregnancy care after perinatal loss
Other international guidance										
American College of Obstetricians and Gynecologists and Society for Maternal-Fetal Medicine. Obstetric Care Consensus: Management of Stillbirth (2020) ¹⁸						✓	✓	✓	✓	✓
Health Service Executive. National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death (2019) ¹⁹							✓	✓	✓	
National Health Service (NHS) England. Saving Babies' Lives Care Bundle Version Two: A Care Bundle for Reducing Perinatal Mortality (2019) ²⁰	✓	✓	✓		✓	✓				
Stillbirth and Neonatal Death Society (Sands). National Bereavement Care Pathway (2021) ²¹									✓	✓
World Health Organization. Recommendations on Antenatal Care for a Positive Pregnancy Experience (2016) ²²		✓	✓	✓	✓					

*Only the key Australian and international guidelines are included in this table. Other evidence sources are listed in the following tables for each quality statement.

EVIDENCE SOURCES FOR EACH QUALITY STATEMENT

Quality Statement 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.
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EVIDENCE SOURCES

Australian guidance
Royal Australian College of General Practitioners. Guidelines for preventive activities in general practice. 9th edn. East Melbourne: RACGP, 2016. ⁴
Centre of Research Excellence in Stillbirth. Safer Baby Bundle Handbook and Resource Guide: Working together to reduce stillbirth. Brisbane: Centre of Research Excellence in Stillbirth, 2019. ¹²
Queensland Health. Maternity and Neonatal Clinical Guideline: Stillbirth Care. Brisbane: Queensland Health, 2018. ¹³
Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Pre-pregnancy counselling. RANZCOG, 2017. ¹⁵
The Royal Australian College of General Practitioners. Supporting smoking cessation: A guide for health professionals. 2nd edn. East Melbourne: RACGP, 2021. ¹⁷
International guidance
National Institute for Health and Care Excellence (NICE). Antenatal care. United Kingdom: 2021. ⁵
National Institute for Health and Care Excellence (NICE). Weight management before, during and after pregnancy. United Kingdom: 2010. ⁶
National Health Service (NHS) England. Saving Babies' Lives Care Bundle Version Two: A care bundle for reducing perinatal mortality. Leeds: 2019. ²⁰

Quality Statement 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.
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EVIDENCE SOURCES

Australian guidance
Department of Health. Clinical Practice Guidelines: Pregnancy Care. Canberra: Department of Health, 2020. ¹
Centre of Research Excellence in Stillbirth. Safer Baby Bundle Handbook and Resource Guide: Working together to reduce stillbirth. Brisbane: Centre of Research Excellence in Stillbirth, 2019. ¹²
Centre of Research Excellence in Stillbirth. Statement from the Stillbirth Centre of Research Excellence: The advantages of continuity of carer. Brisbane, Australia: Centre of Research Excellence in Stillbirth, 2019. ²³
Perinatal Society of Australia and New Zealand, Centre of Research Excellence in Stillbirth. Position statement: Detection and management of fetal growth restriction in singleton pregnancies. Brisbane, Australia: Centre of Research Excellence in Stillbirth, 2019. ²⁴
Perinatal Society of Australia and New Zealand, Centre of Research Excellence in Stillbirth. Position statement: Improving decision-making about the timing of birth for women with risk factors for stillbirth. Brisbane, Australia: Centre of Research Excellence in Stillbirth, 2019. ²⁵
Queensland Health. Maternity and Neonatal Clinical Guideline: Stillbirth Care. Brisbane: Queensland Health, 2019. ¹³
Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Management of Obesity in Pregnancy. RANZCOG, 2017. ¹⁴
Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Routine antenatal assessment in the absence of pregnancy complications. RANZCOG, 2019. ¹⁶
The Royal Australian College of General Practitioners. Supporting smoking cessation: A guide for health professionals. 2nd edn. East Melbourne: RACGP, 2021. ¹⁷

Quality Statement 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.
International guidance	
National Institute for Health and Care Excellence (NICE). Antenatal care. United Kingdom: 2021. ⁵	
National Institute for Health and Care Excellence (NICE). Weight management before, during and after pregnancy. United Kingdom: 2010. ⁶	
National Institute for Health and Care Excellence (NICE). Hypertension in pregnancy: Diagnosis and management. United Kingdom: 2019. ⁷	
Royal College of Obstetricians and Gynaecologists. Care of Women with Obesity in Pregnancy: Green-top Guideline No. 72. UK: RCOG, 2019. ⁸	
Royal College of Obstetricians and Gynaecologists. The Investigation and Management of the Small-for-Gestational-Age Fetus: Green-top Guideline No. 31. UK: RCOG, 2014. ¹¹	
National Health Service (NHS) England. Saving Babies' Lives Care Bundle Version Two: A care bundle for reducing perinatal mortality. Leeds: 2019. ²⁰	
World Health Organization. WHO recommendations on antenatal care for a positive pregnancy experience. Geneva, Switzerland: World Health Organization, 2016. ²²	
Other sources	
Cheong-See F, Schuit E, Arroyo-Manzano D, Khalil A, Barrett J, Joseph KS, et al. Prospective risk of stillbirth and neonatal complications in twin pregnancies: systematic review and meta-analysis. BMJ. 2016 Sep 6;354:i4353. ²⁶	
Flenady V, Koopmans L, Middleton P, Frøen JF, Smith GC, Gibbons K, et al. Major risk factors for stillbirth in high-income countries: a systematic review and meta-analysis. Lancet. 2011 Apr 16;377(9774):1331-1340. ²⁷	
Rogers HJ, Hogan L, Coates D, Homer CSE, Henry A. Responding to the health needs of women from migrant and refugee backgrounds-Models of maternity and postpartum care in high-income countries: A systematic scoping review. Health Soc Care Community. 2020 Sep;28(5):1343-1365. ²⁸	

Quality Statement 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.
Sandall J, Soltani H, Gates S, Shennan A, Devane D. Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database Syst Rev. 2016 Apr 28;4:Cd004667. ²⁹	
Shah PS, Zao J, Al-Wassia H, Shah V. Pregnancy and neonatal outcomes of Aboriginal women: A systematic review and meta-analysis. Women's Health Issues. 2011 Jan-Feb;21(1):28-39. ³⁰	

Quality Statement 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.
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EVIDENCE SOURCES

Australian guidance	
Department of Health. Clinical Practice Guidelines: Pregnancy Care. Canberra: Department of Health, 2020. ¹	
Perinatal Society of Australia and New Zealand, Centre of Research Excellence in Stillbirth. Clinical practice guideline for the care of women with decreased fetal movements for women with a singleton pregnancy from 28 weeks' gestation. Brisbane, Australia: 2019. ³	
Centre of Research Excellence in Stillbirth. Safer Baby Bundle Handbook and Resource Guide: Working together to reduce stillbirth. Brisbane: Centre of Research Excellence in Stillbirth, 2019. ¹²	
Perinatal Society of Australia and New Zealand, Centre of Research Excellence in Stillbirth. Position statement: Mothers' going-to-sleep position in late pregnancy. Brisbane, Australia: Centre of Research Excellence in Stillbirth, 2019. ³¹	
Perinatal Society of Australia and New Zealand, Centre of Research Excellence in Stillbirth. Position statement: Smoking - one of the most important things to prevent in pregnancy and beyond. Brisbane, Australia: Centre of Research Excellence in Stillbirth, 2019. ³²	
Queensland Health. Maternity and Neonatal Clinical Guideline: Stillbirth Care. Brisbane: Queensland Health, 2019. ¹³	
Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Routine antenatal assessment in the absence of pregnancy complications. RANZCOG, 2019. ¹⁶	
The Royal Australian College of General Practitioners. Supporting smoking cessation: A guide for health professionals. 2nd edn. East Melbourne: RACGP, 2021. ⁴	
International guidance	
National Institute for Health and Care Excellence (NICE). Antenatal care. United Kingdom: 2021. ⁵	
Royal College of Obstetricians and Gynaecologists. Reduced Fetal Movements: Green-top Guideline No. 57. UK: RCOG, 2011. ¹⁰	

Quality Statement 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.
	National Health Service (NHS) England. Saving Babies' Lives Care Bundle Version Two: A care bundle for reducing perinatal mortality. Leeds: 2019. ²⁰
	World Health Organization. WHO recommendations on antenatal care for a positive pregnancy experience. Geneva, Switzerland: World Health Organization, 2016. ²²
Other sources	
	Mangesi L, Hofmeyr GJ, Smith V, Smyth RM. Fetal movement counting for assessment of fetal wellbeing. Cochrane Database Syst Rev. 2015 Oct 15(10):Cd004909. ³³

Quality Statement 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.
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EVIDENCE SOURCES

Australian guidance
Department of Health. Clinical Practice Guidelines: Pregnancy Care. Canberra: Department of Health, 2020. ¹
Australasian Society for Ultrasound in Medicine. Guidelines for the Performance of First Trimester Ultrasound. Sydney: ASUM, 2021. ³⁴
Australasian Society for Ultrasound in Medicine. Guidelines for the Performance of Second (Mid) Trimester Ultrasound. Sydney: ASUM, 2018. ³⁵
Australasian Society for Ultrasound in Medicine. Guidelines for the Performance of Third Trimester Ultrasound. Sydney: ASUM, 2014. ³⁶
Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Prenatal screening and diagnostic testing for fetal chromosomal and genetic conditions. RANZCOG, 2018. ³⁷
Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Routine antenatal assessment in the absence of pregnancy complications. RANZCOG, 2019. ¹⁶
International guidance
National Institute for Health and Care Excellence (NICE). Antenatal care. United Kingdom: 2021. ⁵
World Health Organization. WHO recommendations on antenatal care for a positive pregnancy experience. Geneva, Switzerland: World Health Organization, 2016. ²²

Quality Statement 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.
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EVIDENCE SOURCES

Australian guidance
Department of Health. Clinical Practice Guidelines: Pregnancy Care. Canberra: Department of Health, 2020. ¹
Perinatal Society of Australia and New Zealand, Centre of Research Excellence in Stillbirth. Clinical practice guideline for the care of women with decreased fetal movements for women with a singleton pregnancy from 28 weeks' gestation. Brisbane, Australia: 2019. ³
Centre of Research Excellence in Stillbirth. Safer Baby Bundle Handbook and Resource Guide: Working together to reduce stillbirth. Brisbane: Centre of Research Excellence in Stillbirth, 2019. ¹²
Queensland Health. Maternity and Neonatal Clinical Guideline: Stillbirth Care. Brisbane: Queensland Health, 2019. ¹³
International guidance
National Institute for Health and Care Excellence (NICE). Antenatal care. United Kingdom: 2021. ⁵
Royal College of Obstetricians and Gynaecologists. Reduced Fetal Movements: Green-top Guideline No. 57. UK: RCOG, 2011. ¹⁰
National Health Service (NHS) England. Saving Babies' Lives Care Bundle Version Two: A care bundle for reducing perinatal mortality. Leeds: 2019. ²⁰
World Health Organization. WHO recommendations on antenatal care for a positive pregnancy experience. Geneva, Switzerland: World Health Organization, 2016. ²²
Other sources

Quality Statement 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.
Thompson JMD, Wilson J, Bradford BF, Li M, Cronin RS, Gordon A, et al. A better understanding of the association between maternal perception of foetal movements and late stillbirth-findings from an individual participant data meta-analysis. BMC Med. 2021 Nov 15;19(1):267. ³⁸	

Quality Statement 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.
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EVIDENCE SOURCES

Australian guidance
Department of Health. Clinical Practice Guidelines: Pregnancy Care. Canberra: Department of Health, 2020. ¹
Centre of Research Excellence in Stillbirth. Safer Baby Bundle Handbook and Resource Guide: Working together to reduce stillbirth. Brisbane: Centre of Research Excellence in Stillbirth, 2019. ¹²
Perinatal Society of Australia and New Zealand, Centre of Research Excellence in Stillbirth. Position statement: Improving decision-making about the timing of birth for women with risk factors for stillbirth. Brisbane, Australia: Centre of Research Excellence in Stillbirth, 2019. ²⁵
Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Routine antenatal assessment in the absence of pregnancy complications. RANZCOG, 2019. ¹⁶
International guidance
Metz TD, Berry RS, Fretts RC, Reddy UM, Turrentine MA. Obstetric Care Consensus #10: Management of Stillbirth: (Replaces Practice Bulletin Number 102, March 2009). Am J Obstet Gynecol. 2020 Mar;222(3):B2-b20. ³⁹
National Health Service (NHS) England. Saving Babies' Lives Care Bundle Version Two: A care bundle for reducing perinatal mortality. Leeds: 2019. ²⁰
Other sources
Women and Babies Research Kolling Institute. Every week counts. [Internet] St Leonards, NSW: The University of Sydney; 2020. ⁴⁰

Quality Statement 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.
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EVIDENCE SOURCES

Australian guidance	
Flenady V, Oats J, Gardener G, Masson V, McCowan L, Kent A, et al. Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death. Version 3.4. Brisbane, Australia: Centre of Research Excellence in Stillbirth, 2020. ²	
Centre of Research Excellence in Stillbirth. Safer Baby Bundle Handbook and Resource Guide: Working together to reduce stillbirth. Brisbane: Centre of Research Excellence in Stillbirth, 2019. ¹²	
Queensland Health. Maternity and Neonatal Clinical Guideline: Stillbirth Care. Brisbane: Queensland Health, 2019. ¹³	
International guidance	
Health Service Executive. National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death. Ireland: 2019. ¹⁹	
Metz TD, Berry RS, Fretts RC, Reddy UM, Turrentine MA. Obstetric Care Consensus #10: Management of Stillbirth: (Replaces Practice Bulletin Number 102, March 2009). Am J Obstet Gynecol. 2020 Mar;222(3):B2-b20. ³⁹	
Royal College of Obstetricians and Gynaecologists. Late Intrauterine Fetal Death and Stillbirth: Green-top Guideline No. 55. UK: RCOG, 2010. ⁹	
World Health Organization. Making Every Baby Count: Audit and review of stillbirths and neonatal deaths. Geneva, Switzerland: World Health Organization, 2016. ⁴¹	

Quality Statement 7: Discussing investigations for stillbirth	<p>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.</p>
Other sources	
<p>Horey D, Flenady V, Heazell AE, Khong TY. Interventions for supporting parents' decisions about autopsy after stillbirth. Cochrane Database Syst Rev. 2013 Feb 28(2):Cd009932.⁴²</p>	

Quality Statement 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.
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EVIDENCE SOURCES

Australian guidance
Flenady V, Oats J, Gardener G, Masson V, McCowan L, Kent A, et al. Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death. Version 3.4. Brisbane, Australia: Centre of Research Excellence in Stillbirth, 2020. ²
Centre of Research Excellence in Stillbirth. Safer Baby Bundle Handbook and Resource Guide: Working together to reduce stillbirth. Brisbane: Centre of Research Excellence in Stillbirth, 2019. ¹²
Queensland Health. Maternity and Neonatal Clinical Guideline: Stillbirth Care. Brisbane: Queensland Health, 2019. ¹³
International guidance
Health Service Executive. National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death. Ireland: 2019. ¹⁹
Metz TD, Berry RS, Fretts RC, Reddy UM, Turrentine MA. Obstetric Care Consensus #10: Management of Stillbirth: (Replaces Practice Bulletin Number 102, March 2009). Am J Obstet Gynecol. 2020 Mar;222(3):B2-b20. ³⁹
Royal College of Obstetricians and Gynaecologists. Late Intrauterine Fetal Death and Stillbirth: Green-top Guideline No. 55. UK: RCOG, 2010. ⁹
World Health Organization. Making Every Baby Count: Audit and review of stillbirths and neonatal deaths. Geneva, Switzerland: World Health Organization, 2016. ⁴¹
Other sources
Australian Commission on Safety and Quality in Health Care. Australian Open Disclosure Framework. Sydney: ACSQHC, 2013. ⁴³

Quality Statement 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.
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EVIDENCE SOURCES

Australian guidance
Flenady V, Oats J, Gardener G, Masson V, McCowan L, Kent A, et al. Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death. Version 3.4. Brisbane, Australia: Centre of Research Excellence in Stillbirth, 2020. ²
Centre of Research Excellence in Stillbirth. Safer Baby Bundle Handbook and Resource Guide: Working together to reduce stillbirth. Brisbane: Centre of Research Excellence in Stillbirth, 2019. ¹²
Queensland Health. Maternity and Neonatal Clinical Guideline: Stillbirth Care. Brisbane: Queensland Health, 2019. ¹³
International guidance
Health Service Executive. National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death. Ireland: 2019. ¹⁹
Metz TD, Berry RS, Fretts RC, Reddy UM, Turrentine MA. Obstetric Care Consensus #10: Management of Stillbirth: (Replaces Practice Bulletin Number 102, March 2009). Am J Obstet Gynecol. 2020 Mar;222(3):B2-b20. ³⁹
Royal College of Obstetricians and Gynaecologists. Late Intrauterine Fetal Death and Stillbirth: Green-top Guideline No. 55. UK: RCOG, 2010. ⁹
Stillbirth and Neonatal Death Society (Sands). National Bereavement Care Pathway. London: Sands, 2020. ²¹

Quality Statement 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.
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EVIDENCE SOURCES

Australian guidance
Flenady V, Oats J, Gardener G, Masson V, McCowan L, Kent A, et al. Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death. Version 3.4. Brisbane, Australia: Centre of Research Excellence in Stillbirth, 2020. ²
Queensland Health. Maternity and Neonatal Clinical Guideline: Stillbirth Care. Brisbane: Queensland Health, 2019. ¹³
International guidance
Ladhani NNN, Fockler ME, Stephens L, Barrett JFR, Heazell AEP. No. 369-Management of Pregnancy Subsequent to Stillbirth. J Obstet Gynaecol Can. 2018 Dec;40(12):1669-1683. ⁴⁴
Metz TD, Berry RS, Fretts RC, Reddy UM, Turrentine MA. Obstetric Care Consensus #10: Management of Stillbirth: (Replaces Practice Bulletin Number 102, March 2009). Am J Obstet Gynecol. 2020 Mar;222(3):B2-b20. ³⁹
Stillbirth and Neonatal Death Society (Sands). National Bereavement Care Pathway. London: Sands, 2020. ²¹
Other sources
Mills TA, Ricklesford C, Cooke A, Heazell AE, Whitworth M, Lavender T. Parents' experiences and expectations of care in pregnancy after stillbirth or neonatal death: a metasynthesis. Bjog. 2014 Jul;121(8):943-950. ⁴⁵
Wojcieszek AM, Shepherd E, Middleton P, Lassi ZS, Wilson T, Murphy MM, et al. Care prior to and during subsequent pregnancies following stillbirth for improving outcomes. Cochrane Database Syst Rev. 2018 Dec 17;12(12):Cd012203. ⁴⁶

References

1. Department of Health. Clinical Practice Guidelines: pregnancy care. Canberra: Department of Health, 2020.
2. 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.
3. Perinatal Society of Australia and New Zealand, Centre of Research Excellence in Stillbirth. Clinical practice guideline for the care of women with decreased fetal movements for women with a singleton pregnancy from 28 weeks' gestation. Brisbane: Centre of Research Excellence in Stillbirth, 2019.
4. Royal Australian College of General Practitioners. Guidelines for preventive activities in general practice (ninth edition). Melbourne: RACGP, 2016.
5. National Institute for Health and Care Excellence. Antenatal care. United Kingdom: NICE, 2021.
6. National Institute for Health and Care Excellence. Weight management before, during and after pregnancy. United Kingdom: 2010.
7. National Institute for Health and Care Excellence. Hypertension in pregnancy: Diagnosis and management. United Kingdom: NICE, 2019.
8. Denison FC, Aedla NR, Keag O, Hor K, Reynolds RM, Milne A, et al. Care of Women with Obesity in Pregnancy: Green-top Guideline No. 72. BJOG. 2019 Feb;126(3):e62-e106.
9. Royal College of Obstetricians and Gynaecologists. Late Intrauterine Fetal Death and Stillbirth: Green-top Guideline No. 55. UK: RCOG, 2010.
10. Royal College of Obstetricians and Gynaecologists. Reduced Fetal Movements: Green-top Guideline No. 57. UK: RCOG, 2011.
11. Royal College of Obstetricians and Gynaecologists. The Investigation and Management of the Small-for-Gestational-Age Fetus: Green-top Guideline No. 31. UK: RCOG, 2014.
12. Centre of Research Excellence in Stillbirth. Safer Baby Bundle handbook and resource guide: working together to reduce stillbirth. Australia: Centre of Research Excellence in Stillbirth, 2019.
13. Queensland Health. Maternity and Neonatal Clinical Guideline: Stillbirth Care. Brisbane: Queensland Health, 2019.
14. Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Management of obesity in pregnancy. Melbourne: RANZCOG, 2017.
15. Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Pre-pregnancy counselling. RANZCOG, 2017.
16. Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Routine antenatal assessment in the absence of pregnancy complications. RANZCOG, 2019.
17. Royal Australian College of General Practitioners. Supporting smoking cessation: a guide for health professionals (second edition). Melbourne: RACGP, 2021.
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