Public Health Association AUSTRALIA

Pregnancy Loss

Policy Position Statement

Key messages:

Understanding and preventing miscarriage and stillbirth should be a national health priority.

Families should be equipped with information and resources to understand and potentially prevent miscarriage and stillbirth. National health promotion programs and campaigns should include information about the impact of lifestyle factors on the risk of miscarriage and stillbirth.

Clinicians should be supported with the necessary resources and training to manage miscarriage and stillbirth effectively and with compassion.

Key policy positions:

1. Enhanced Research Funding: Allocate additional funding for research into the causes, prevention, and management of miscarriage and stillbirth.
2. National Awareness Campaign: Initiate a comprehensive public education campaign focusing on the risk factors and prevention strategies for miscarriage and stillbirth.
3. Educational Programs for Prevention: Support the development and implementation of educational programs, including elements like those found in the Safer Baby Bundle, to inform healthcare practices nationwide.
4. Professional Development for Healthcare Providers: Ensure healthcare professionals receive up-to-date training on the latest guidelines and best practices for managing pregnancy loss and supporting parents and families.
5. Establishment of Support Services: Fund and establish support services for families affected by miscarriage and stillbirth, offering psychological and emotional support.
6. Improve Co-ordination of Care: Develop stronger pathways of referral to ensure families affected by miscarriage and stillbirth receive the necessary health care at the time of pregnancy loss, and in the months and years after as they recover and, if they desire, prepare for another pregnancy.
7. Data Collection Mechanisms for Pregnancy Loss: Establish data collection mechanisms that record miscarriage across primary and tertiary care to determine national prevalence. This data should be included in the Australia's Mothers and Babies report.

Audience: Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

Responsibility: PHAA Women's Health Special Interest Group

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Pregnancy Loss

Policy position statement

PHAA affirms the following principles:

1. The loss of a pregnancy, whether through miscarriage or stillbirth, is a significant health issue that deserves national attention.
2. Prevention strategies and effective management protocols should be accessible to all healthcare providers to reduce the incidence of pregnancy loss.
3. Families deserve compassionate bereavement care and access to information to understand and cope with the impacts of pregnancy loss, irrespective of the stage of pregnancy that the loss occurred.
4. Effective policy regarding pregnancy loss relies on accurate prevalence data.

PHAA notes the following evidence:

5. Definitions of miscarriage and stillbirth vary internationally. In Australia, early miscarriage is defined as pregnancy loss in the first 12 weeks gestation while late miscarriage is defined as pregnancy loss between 13-20 weeks gestation.[1] Stillbirth is defined as loss of a pregnancy after 20 weeks gestation, while late gestational stillbirth is defined as pregnancy loss at or after 28 weeks gestation.[2]
6. It is estimated that 1 in 4 pregnancies in Australia end in miscarriage, leading to around 285 miscarriages every day, with over 100,000 Australian families impacted every year.[1] Approximately 6 babies are stillborn every day in Australia, leading to around 2,000 stillbirths every year.[2] However, there is no national data collection mechanism for miscarriage and as such the estimated national figures are based on small Australian studies and data from other countries.
7. Despite its profound psychological, social, and financial implications, miscarriage and stillbirth have remained unspoken issues for decades, often excluded from both international and national healthcare agendas.[3, 4]
8. Several factors have been identified to increase the risk of miscarriage and stillbirth including pre-existing maternal medication conditions, sociodemographic factors, behaviours during pregnancy, and various foetal conditions.[4-8]
9. Miscarriage has been shown to be associated with maternal age (increased risk in women younger than 20 years and older than 35 years), older male age (older than 40 years), extremes of body mass index, maternal ethnicity, previous miscarriage, and use of smoking, alcohol and recreational drugs during pregnancy.[4, 5]
10. Similarly, stillbirth has been shown to be associated with advanced maternal age, increased body mass index, primiparity, maternal ethnicity, maternal going-to-sleep position, use of smoking, alcohol and recreational drugs during pregnancy, and pre-existing maternal diabetes and hypertension. Indicators of foetal compromise such as foetal growth restriction and decreased foetal movement have also been shown to increase stillbirth risk.[6-9]
11. Through increased education regarding preconception health and risk factor modification, it has been shown that 25% of miscarriages can be prevented.[10] Moreover, improved antenatal care

practices has been shown to prevent 20-30% of stillbirths worldwide. As such, national efforts should focus on preventative strategies for miscarriage and stillbirth.[11]

12. The Safer Baby Bundle, designed by the Centre of Research Excellence in Stillbirth in partnership with national experts, professional bodies, and parent advocates aims to reduce late gestational stillbirth in Australia through five evidence-based improvements in antenatal care.[12] These five elements include supporting women to stop smoking in pregnancy, improving detection and management of foetal growth restriction, raising awareness and improving care for women with decreased foetal movement, improving awareness of maternal safe going-to-sleep position in late pregnancy, and improving decision-making about the timing of birth for women with risk factors for stillbirth.[12] However, national preventive strategies for miscarriages and early stillbirths are currently lacking.
13. Coordinated tertiary and primary care to parents during miscarriage is needed. There is a lack of clarity regarding the role of tertiary and primary care when a miscarriage occurs, and parents report being given conflicting information regarding where to access care. This results in them feeling unsupported and uncertain at an already distressing time. For parents who do access hospital care, it is common for women experiencing an early pregnancy loss to be held for observation in a birthing or postnatal unit at a hospital alongside parents with healthy babies. This can further exacerbate the trauma of their loss. To address these issues, dedicated early pregnancy loss units are needed in all major tertiary settings, and increased clarity is needed regarding the role of different health care providers during and after miscarriage.
14. Providing compassionate parent-centred bereavement care to families who experience a miscarriage or stillbirth is vital. Such bereavement care should be provided to families for as long as they require. Bereaved parents often experience stigma after a miscarriage or stillbirth, coupled with feelings of shame and blame which can lead to adverse psychosocial outcomes.[13-16] As such, the creation and wide-spread implementation of educational initiatives for clinicians is essential to ensure appropriate bereavement care.
15. Implementing this policy would contribute towards the achievement of UN Sustainable Development Goal 3 – Good Health and Wellbeing and Goal 5 – Gender Equality.

PHAA seeks the following actions:

16. Research into Preventative Measures: Promote and fund research into the medical, social, and environmental factors that contribute to pregnancy loss, and implement national strategies to prevent early and late gestational miscarriage and stillbirth.
17. Educational Materials: Develop and distribute educational materials that address risk factors and preventive measures for miscarriage and stillbirth.
18. Professional Development: Integrate training on preventative strategies for miscarriage and stillbirth, such as the Safer Baby Bundle, into continuing professional development programs for all maternity healthcare providers.
19. Community Engagement: Engage community groups in developing supportive networks for those experiencing pregnancy loss.
20. Policy and Protocol Review: Advocate for a national review of current policies and protocols related to the management of miscarriage and stillbirth to ensure they reflect the latest research and best practice guidelines.

21. Improve Co-ordination of Care: Develop stronger pathways of referral to ensure families affected by miscarriage and stillbirth receive the necessary health care at the time of pregnancy loss, and in the months and years after as they recover and, if they desire, prepare for another pregnancy.
22. National Miscarriage Prevalence Data: Establish data collection mechanisms that record miscarriage across primary and tertiary care to determine national prevalence. This data should be included in the Australia's Mothers and Babies report.

PHAA resolves to:

23. The PHAA National Office and Branches, with advice from the Women's Health Special Interest Group, will advocate to State and Commonwealth governments to implement the actions listed above, with a particular focus on enhancing national prevention strategies to reduce the incidence of pregnancy loss.
24. Promote the understanding and mitigation of the psychological, emotional, and societal impacts of pregnancy loss through public and professional education initiatives.

(Adopted 2024)

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