Public Health Association of Australia submission to the Senate Inquiry into The future of stillbirth research and education in Australia

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Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia.

The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Our vision for a healthy population

A healthy region, a healthy nation, and a healthy people, living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.
Introduction

PHAA welcomes the opportunity to provide input to the Senate’s Inquiry into the future of stillbirth research and education in Australia.

In 2015 almost 3,000 perinatal deaths were recorded, with 73% being identified as stillbirths. Congenital abnormalities and unusually pre-term births are the major causes of stillbirths.

Broadly, in the past decade the incidence of stillbirths has decreased only slightly from 7.3 per 1,000 births (2005) to 7.0 per 1,000 (2015).1

We are particularly concerned that this issue is one of many in which an intolerable ‘gap’ exists between rates of incidence in the overall population and those in our Aboriginal and Torres Strait Islander population. A recent AIHW report found that the perinatal death rate (including stillbirths) was 15.8 per 1,000 births in Aboriginal and Torres Strait Islander babies compared with 9.2 per 1,000 births in non-Indigenous babies in 2013-2014.2 On this basis an Indigenous community stillbirth rate might be estimated at roughly 12.0 per thousand births, in comparison to the 7.0 per 1,000 figure cited above the overall Australian community.

Clearly a major effort is required to address stillbirth incidence our Indigenous population. The most recent evidence collected for the national Closing the Gap report (2018) suggests that the rate of infant mortality, while declining, is not changing at a rate sufficient to meet the nation’s targets.3

Response to the Inquiry Terms of Reference

(a) Consistency and timeliness of data available to researchers across states, territories and federal jurisdictions

The systems for data collection regarding stillbirths across Australia’s jurisdictions are inconsistent. A Perinatal National Minimum Data set (NMDS) exists, but the data collected are not broad in scope. ABS data systems also exist, but differ from NMDS.

This presents challenges for the use of data not only in planning for, and equitably providing, services, but in the ability of governments and health research organisations to prioritise research efforts.

The solution to this inconsistency will lie in bringing about harmonisation of data collection, whether through an initiative at COAG or otherwise. An expansion of the presently used NMDS system would be the logical way to proceed. As the primary source of national data on perinatal health, the NMDS must produce accurate, relevant and timely data for use by Governments, researchers, clinicians and non-government organisations. For example, there may be additional data items required in order for the data set to maintain relevance with current research, and some definitions need to be improved, such as the classification of still births. Key stakeholders including health research entities should be fully engaged in NMDS data developments.
(b) Coordination between Australian and international researchers

Research collaboration within Australia and internationally does not appear to be lacking, but the need for maximisation of research benefits through collaboration and coordination of effort is ongoing. All future targeting of research effort should be determined in a manner which positively encourages coordination.

(c) Partnerships with the corporate sector, including use of innovative new technology

Corporate partnering in research into stillbirth issues does not seem to be a feature of Australia’s landscape, simply because the relevant maternity health services are largely provided by public health system entities, and are not inherently profitable.

Midwifery services are also, by their nature as primary care interventions, usually relatively low- to medium-tech, compared with, for example, obstetric interventions. After a stillbirth, services will focus on care and counselling of the mother, rather than high-tech interventions.

The private sector is of course a provider of services and technology to those public institutions. In particular cases public research entities will find it useful to partner with private providers in regard to research. This is a matter for individual researchers to consider.

Such partnerships may be promoted and encouraged through mechanisms such as tax incentives for investment in research or targeted calls for partnership grants through the National Health and Medical Research Centre.

(d) Sustainability and propriety of current research funding into stillbirth, and future funding options, including government, philanthropic and corporate support

Research

Research expenditure in Australia is almost certainly well below the optimal level.

PHAA supports new funding for research into stillbirths in Australia, with a particular focus on reducing the incidence of still birth within Aboriginal and Torres Strait Islander populations.

Collaboration with other national researchers and organisations is needed, including the UK National Institute for Health Research and the Wellcome Trust.

Investment in research is often among the most cost-effective, ‘best-buy’ activities which governments can fund.

‘Sustainability’

The concept of ‘financial sustainability’ is often misapplied in health economic discussions, in that it often connotes little more than a veiled agenda to limit expenditure on a health-promoting activity, such as research activity. The better question is whether the level of public expenditure on research is at the optimal level to help bring about the lowest overall economic and social costs of the problem under examination.

Stillbirths have an economic as well as a (tragic) social cost. In terms of ‘disability adjusted life years’, the loss of the life of an infant child comes at an extraordinary cost, to which must be added the anguish and other effects on the mother and other relatives involved.

Understanding the balance between the (relatively low) cost of conducting research that would contribute to minimising the (substantial) societal costs is the correct public policy approach, not one based on a false concept of the ‘sustainability’ of the funding stream that supported past and present research effort.
While quantifying these factors can be challenging, PHAA is convinced that the net social value of better research into stillbirth issues, leading to better targeted services to mothers at risk of stillbirth, will outweigh any reasonable level of increased financial expenditure.

(e) Research and education priorities and coordination, including the role that innovation and the private sector can play in stillbirth research and education

Research should focus on the specific areas of:

- delivery of services including the management of twin and multiple pregnancy, and high risk groups such as women with diabetes
- education of service providers, specifically midwives, Aboriginal health workers, nurses, and general practitioners and other health professionals likely to encounter women of reproductive age
- the particular circumstances relating to Aboriginal and Torres Strait Islander communities which are associated with the higher incidence of stillbirths.
- Research into primary prevention of obesity and smoking and drinking alcohol during pregnancy
- Determining most effecting tests for predicting still births for pregnant diabetic women
- Research to determine the best ways of ensure antenatal chlamydia testing for all women
- What is the best psychological care for women and their partners after a stillbirth?

In addition, research into innovation is to be encouraged in all forms of health science, stillbirth knowledge being no exception. Experts in this area indicate that there are broad opportunities for innovation and for revisions to past and present practices, including in stillbirth prediction, understanding placental pathways to stillbirth and causal pathways to unexplained stillbirth.4

(f) Communication of stillbirth research for Australian families, including culturally and linguistically appropriate advice for Indigenous and multicultural families, before and during a pregnancy

Communication of information to women relevant to preventing the occurrence of stillbirths is often sensitive and there is reluctance on the part of both mothers and available health professionals to confront potential issues. It is important that health professional practices find a way to delicately overcome this communication barrier.

The barrier is higher in some populations in respect of which health professionals may lack knowledge of cultural issues. As in so many other domains of health and wellbeing, a substantial gap exists in terms of communication and service delivery for Aboriginal and Torres Strait Islander people in comparison to the overall population. There is a need for community education materials and programs - including training for health professionals so that they can discuss stillbirth in a culturally appropriate manner - designed in consultation with women and their families. These should include support services such as bereavement care.

(g) Quantifying the impact of stillbirths on the Australian economy

Australia does not have an adequate research base on the topic of the economic costs of stillbirths. More local research on this point is needed.

A major recent study published as part of Lancet series on stillbirths made progress in estimating direct and indirect economic costs of stillbirths.5

Expanded Australian research into stillbirth should include research into economic impacts.
Conclusion

PHAA supports a significant increase in focus on stillbirth research and related issues in Australia. We also note that the problem of stillbirth incidence in our society is disproportionately prevalent in Aboriginal and Torres Strait Islander communities. As with so many other health issues, the ‘Gap’ must be closed in this regard as a matter of urgency.

The PHAA appreciates the opportunity to make this submission. Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

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References