

21 March 2022

Clinical Care Standards Secretariat
Australian Commission on Safety and Quality in Health Care
GPO Box 5480
Sydney NSW 2001

Dear Clinical Care Standards Secretariat,

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide comment on the *Public Consultation Draft Stillbirth Clinical Care Standard*.

We provide specific comments on several of the quality statements and some general comments for consideration.

Quality statement 1 – Risk assessment before conception

We are pleased to note the advice for clinicians is consistent and refers to the RACGP's [Guidelines for preventive activities in general practice](#) (the Red book).

Quality statement 2 – Comprehensive risk assessment during pregnancy

The RACGP supports the inclusion of investigating and monitoring the factors behind every stillbirth. This is critical to help families involved plan for future pregnancies, to inform advice for other women, and for ongoing quality improvement.

The listed risk factors are comprehensive and will act as a useful conversational guide. As many of the risk factors include broader systemic and societal issues, such as low socioeconomic status, adverse living conditions and domestic violence, it is important for clinicians to respond fully to patients' individual circumstances, needs and concerns. This fact should be emphasised in the Standard as a checklist approach can sometimes actually undermine quality care as completion becomes more about delivering a key performance indicator (KPI). For example, it is unclear from the consultation draft how completing the Ask, Advise, Help checklist at each visit results in improved outcomes, particularly given the wider issues that underpin increased risks of stillbirth.

Quality statement 3 – Stillbirth awareness and information provision

We agree there is limited evidence available for the use of kick charts, but women should have a general movement awareness.

Quality statement 9 – Bereavement care and support after perinatal loss

The dot points on providing care to women who have experienced perinatal loss are comprehensive. Follow-up care following a stillbirth is important and requires a comprehensive, community-driven, approach. We recommend a wider definition of relevant local services to provide links and partnerships following bereavement. Depending on the families wishes and interests, this may extend beyond local bereavement support groups and may include for example, exercise or social type groups.

As mentioned in Appendix C of the consultation, it is also important to consider the patient-reported experience of compassionate care as a measurable outcome.

Quality statement 10 – Subsequent pregnancy care after perinatal loss

Including the example of taking progesterone for women with a history of spontaneous preterm birth is important as it may not be well-known.

General comments

Access to services

One of the defined goals of the Standard is to reduce unwarranted clinical variation in the prevention and investigation of stillbirth. However, as the Commission will be aware, there are broader systemic issues, such as access to specialist services in rural and remote areas, and affordability for people from lower socioeconomic areas. Further tests, investigations, treatments and supports to manage risk factors and monitoring will be more difficult for people from these areas. As such, the goal set by the Standards to reduce unwarranted clinical variation may not be met for reasons beyond the control of the clinician or patient.

Evidence

The level of evidence that forms the basis of many of the recommendations does not appear to be particularly strong. Many of the recommendations seem to be based on consensus opinion. For consideration in future Standards, we recommend including the level of evidence next to each recommendation, as this will be helpful for clinicians. Thank you again for the opportunity to provide a submission to the *Public Consultation Draft Stillbirth Clinical Care Standard*. If you have any questions regarding our submission, please contact Mr. Stephan Groombridge, National Manager, e-Health and Quality Care at stephan.groombridge@racgp.org.au or 03 8699 0544.

Yours sincerely



Dr Karen Price
President