



Maternity Policy Team
Primary Care Division

08 July 2020

Submission to Public Consultation on National Stillbirth Action and Implementation Plan

Harmony Alliance is one of six National Women's Alliances funded by the Australian Government to promote the views of all Australian women, to ensure their voices are heard in decision-making processes. We are a membership-driven body representing over 130 organisations and individuals working for the advancement and inclusion of migrant and refugee women. Our purpose is to provide a national inclusive and informed voice on the multiplicity of issues impacting migrant and refugee women in Australia. We adopt a feminist and human rights-based approach to the full and effective participation of women from migrant and refugee backgrounds in Australian society. We believe that all women have a right to free, safe, accessible, and culturally responsive healthcare.

We welcome the recognition of migrant and refugee women's health concerns and needs—including higher risk factors and additional barriers to accessing healthcare—in the National Stillbirth Action and Implementation Plan. We commend the commitment to providing high quality, safe, accessible, equitable, and culturally responsive care and support to women from migrant and refugee backgrounds who are bereaved or at high risk of experiencing stillbirth. While all priority areas identified by the Plan reflect this commitment, we would like to offer following recommendations to strengthen the approach and specific actions related to each priority area.

Ensuring high quality stillbirth prevention and care

The Plan's Action area 3 under this priority focusses on ensuring culturally and linguistically appropriate models for stillbirth prevention and care for migrant and refugee women. The approach under this action area can be further enhanced by:

- Ensuring that high-risk groups of women, including migrant and refugee women from certain ethnic backgrounds, are provided adequate stillbirth prevention and care throughout their pregnancies
- As part of migrant and refugee women's health literacy strategy and when co-designing models of culturally responsive care, provide women with information and authoritative guidance on safe and evidence-based clinical practices as well as the risk of harm to women's health and wellbeing that may be posed by some cultural and traditional beliefs and practices related to pregnancy, birth and stillbirth.
- As part of training and education, enhance the capacity of health professionals to prioritise women's health and safety while delivering culturally responsive care
- Culturally responsive clinical practice should be informed by the [Competency Standards Framework](#) which has been widely endorsed by peak professional bodies for clinicians.

Raising awareness and strengthening education

This priority area focusses on promoting community awareness and understanding of stillbirth, as well as a culturally respectful stillbirth education program for health professionals. We recommend that the development of education and awareness programs for community and health professionals:



- Acknowledges and addresses the stigma associated with stillbirth in many communities, and risk of neglect, abuse and violence against women related to stillbirth. In particular, women who have experienced multiple stillbirths may be at a higher risk of abuse and violence perpetrated by their partners and/or extended families.
- Ensures that education programs for health professionals include a component on the risk of family and domestic violence associated with stillbirth. Health professionals should also be provided training to assess risk and to respond to disclosures of family and domestic violence.

Improving holistic bereavement care and community support following stillbirth

Bereavement care and community support are crucial to ensuring the safety and well-being of women and their families. The actions under this priority should also include:

- An enhanced focus on mental health issues experienced by bereaved mothers and families due to loss, stigma, fear, and sometimes abuse.
- Provision of affordable, safe, accessible, and culturally responsive mental health services to bereaved migrant and refugee women and their families
- Inclusion of mental health support within the prevention and care programs for high risk groups and in subsequent pregnancies for women who have experienced stillbirth
- Community education and awareness campaigns to enhance understanding of mental health impacts of stillbirth and specific needs of bereaved mothers and their families from migrant and refugee backgrounds

Improving stillbirth reporting and data collection

There is very limited data available about migrant and refugee women's rates and experiences of stillbirth in Australia. A recent study¹ of stillbirth in Victoria showed that women born in South Asia have significantly higher rates of stillbirth in Australia. This study revealed the need for more comprehensive data collection on country of birth and ancestry in relation to stillbirth. We recommend that under this priority area:

- Comprehensive national-level data collection initiatives are taken to capture the correlations between ethnicity and stillbirth. This will enable a better understanding of risk factors—and subsequent provision of healthcare—for women from migrant and refugee backgrounds.

Prioritising stillbirth research

There is a significant gap in research on why certain groups of women—such as those born in South Asia—have higher rates of stillbirth than others. Under this priority area, the Plan should:

- Prioritise and explicitly include research on high risk factors that impact migrant and refugee women in the research agenda.

Contact Information:

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¹ <https://theconversation.com/being-south-asian-is-as-great-a-risk-factor-for-stillbirth-as-smoking-80074>