

ANZSA Connections

A voice for Australian and New Zealand perinatal health professionals, bereavement specialists and parents to work together

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“Reducing stillbirth and improving care for affected families through high quality research, clinical practice improvement and raising public awareness”

<http://www.stillbirthalliance.org.au>

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A Note from the Chair	1	 <p>Welcome to the second edition of ANZSA Connections for 2010.</p> <p>The joint ISA/ISPID Conference is fast approaching and we are delighted to have Dr. Joy Lawn and Prof. Robert Goldenberg as international keynote speakers. It is an honour and a great privilege to have so many international guests attending the conference and no doubt it should not be missed. I urge all to attend as this is a wonderful opportunity to raise further awareness of stillbirth in the ANZ region and learn more from one another to improve the quality of care and data collection. There are still spaces available but get in quick as spaces are filling fast (please see below for further information).</p> <p>This conference is also an excellent opportunity for members of the Lancet series steering group to meet and move forward. The series of papers for The Lancet places stillbirth as a priority within the context of maternal, newborn and child survival. It will have a specific focus on low to middle income countries which bear the majority of the burden. The overarching purpose of this body of work is to reduce the unacceptable rates of stillbirth worldwide and, in so doing, improve overall maternal and newborn health outcomes.</p> <p>We have been keeping busy with the continued roll-out of the IMPROVE program across Australia. It has been great to see such enthusiastic responses from all participants. The evaluations clearly show that the program is successful in meeting its immediate aims of increasing knowledge about the management of stillbirth including bereavement care.</p> <p>We hope you enjoy this edition of ANZSA Connections, please feel free to send your comments.</p> <p>Best wishes David Ellwood</p>	
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NEWS

Joint ISA/ISPID Conference Only Two Months Away: Register Today



Abstracts have been accepted, the program's finalised and now it's time for people to register for the exciting "Precious lives: global collaboration in stillbirth and infant death" conference held in Sydney, in just two months time. We are honoured to announce that Governor General of the Commonwealth of Australia, Quentin Bryce will officially open our conference. With a keen interest in the health and wellbeing of mothers and babies globally, she will be a valued addition to this rare event.



ANZSA Welcomes International Keynote Speakers

This year we are very excited to welcome two international keynote speakers, Dr Joy Lawn and Prof Robert Goldenberg to our shores, both of which are leaders in their respective fields.

Joy Lawn is Director Global Evidence and Policy with the Gates funded Saving Newborn Lives programme of Save the Children-US. She is an African-born paediatrician and perinatal epidemiologist. She completed a medical degree and paediatric training in England, and then worked in several African countries for 4 years providing newborn care services and training. She then worked at WHO and then the Institute of Child Health whilst completing a Masters of Public Health and a PhD. Joy co-leads the Neonatal Group in the Child Health Epidemiology Reference Group (CHERG), which developed the first systematic cause of death estimates for 4 million neonatal deaths each year, published in *The Lancet* Neonatal series and the World Health Report 2005. The CHERG Neonatal group is leading work for the Global Burden of Disease regarding stillbirths, neonatal deaths and morbidity. Joy is based in South Africa, working with governments and partners to integrate, scale up and evaluate newborn care, particularly in Africa. She recently co-led the team of 60 authors from 14 organizations working on the book "Opportunities for Africa's Newborns" as well as the 7 country teams from the African Science Development Initiative for the report "Science in Action – Saving the lives of Africa's mothers, newborns and children".



Robert L. Goldenberg, M.D. is Professor of Obstetrics and Gynecology and Director of Research in The Department of OBGYN at the Drexel College of Medicine at the University of Alabama Birmingham (UAB) and has served as the director and/or chair of several prominent health committees and boards; publishing over 500 journal articles. With Dr. Goldenberg as P.I., UAB participated in the March of Dimes Prematurity Prevention Study, the NICHD-funded study of risk factors for growth retardation, the NICHD Preterm Prediction Study, and the AHCPH Low Birthweight Patient Outcomes Research Team. He was co-P.I. for the UAB site of the NICHD MFMU Network for over 8 years, and was the P.I.

for the NIAID HIVNET 024 study of antibiotics to prevent chorioamnionitis – related maternal to child transmission of HIV. For the last 15 years, he has directed the National Program Office on Smoking in Pregnancy for the Robert Wood Johnson Foundation, managing and



overseeing more than 40 individual grants. He is also P.I. for the Drexel/Aga Khan University site (Karachi, Pakistan) for the Gates/NICHHD Global Network. He was a founder of CIDRZ, the Centre for Infectious Disease Research in Zambia that in addition to undertaking substantial research on maternal and neonatal health and HIV MTCT, now has more than 200,000 HIV infected people under care.

Sponsorship Opportunities Available

ISA and ISPID would also like to announce that there are still sponsorship opportunities available. Even if you can not attend our conference, you still have the chance to support the event by providing sponsorship. If you are interested please contact SIDS and Kids CEO Leanne Raven as soon as possible at leanneraven@sidsandkids.org.

Exhibitors Welcome

The conference is also searching for exhibitors to run stalls for the duration of the conference in an effort to promote memberships and awareness across Australia and New Zealand. If you would like to find out more information about this opportunity, please contact the ANZSA Secretariat at info@stillbirthalliance.org.au.

We really value your participation in this conference; it is with our collective efforts that the loss of these precious lives will be reduced and the support and care of families suffering this loss will be improved. For more information about the program, how to register for the conference or to become a sponsor for this event visit www.isaispid2010.com.

ISA/ANZSA Conference Workshops

There will be a series of ISA/ANZSA conference workshops held on the 7th and 10th of October in conjunction with the Joint Conference of ISA and ISPID. Lead by international experts these workshops are focused on perinatal audits of suboptimal care and classification on perinatal mortality (please see on next page).

ANZSA Annual General Meeting – PLEASE JOIN US!

The 2010 ANZSA AGM will be held in conjunction with the joint ISA/ISPID conference in Sydney. It will take place on Saturday, 9th October 2010 at 1:00pm -2:00pm. We would like to openly invite all individual and organisation members to attend. This is a great opportunity for all member organisations, individual members and other interested individuals to reflect on ANZSA's achievements over the 2009/2010 period, and explore ANZSA's future direction.

ANZSA 2010/2011 Board Nominations Open

We also invite all ANZSA's individual and member organisations to nominate for the ANZSA 2010/2011 board. Nominations close on Tuesday, 7th September 2010. To nominate, please fill in the ANZSA Board nomination forms which can be found on our website.

ISA & ANZSA Conference Workshops	
<p>Research priority setting Date: Thursday 7th October 2010 Time: 11:00 am – 1:00 pm Venue: Room 3, Masonic Centre Chairs: Prof Robert Goldenberg, Dr Dell Horey, Prof Yee Khong and Prof Gordon Smith.</p>	<p>As part of a planned series on stillbirth to be published in <i>The Lancet</i>, an international group has developed and scored lists of research questions aimed at reducing stillbirth globally. The purpose of this workshop will be to gain input from clinicians, parents and researchers to consider how best to take forward research priorities across different settings. This workshop is by invitation only. However please contact the ANZSA Secretariat if you are interested in finding out more.</p>
<p>Perinatal audit on suboptimal care Date: Thursday 7th Oct 2010 Time: 4:00 pm – 6:00 pm Venue: Room 3, Masonic Centre Chairs: Prof David Ellwood, Dr Jan Jaap Erwich, Prof Jason Gardosi and Dr Alison Kent</p>	<p>Assessment of the quality of care provided for pregnant women, their partners and babies should be part of a continuing audit cycle performed by the health care professionals. Several techniques are in use to organise and conduct facility based audits to improve perinatal care. Substandard factors are being identified and need to be resolved to prevent recurrence. In this workshop we will address several issues regarding these meetings, how to organize, creating a blame-free culture, making them effective, confidentiality-privacy issues, chairperson competences, etc.</p>
<p>ISA General Assembly Date: Friday 8th Oct 2010 Time: 12:30 pm – 1:30 pm Venue: Masonic Centre</p>	<p>The ISA General Assembly is an opportunity for ISA's member organisation to meet to discuss the past year's activities and explore ISA's direction for the following year. The ISA 2010/2011 Board will also be elected here. All members are invited to attend.</p>
<p>ANZSA Annual General Assembly Date: Saturday 9th October 2010 Time: 1:00 pm – 2:00 pm Venue: Masonic Centre Chair: Prof David Ellwood</p>	<p>ANZSA, as the sum of its individual supporters and member organisations invites members to reflect on the years achievements and look forward to the new projects 2011 will bring.</p>
<p>Classification of perinatal mortality Date: Sunday, 10th October 2010 Time: 1:00 pm – 2:00 pm Venue: Masonic Centre Chairs: Dr Adrian Charles, A/Prof Vicki Flenady, Prof Jason Gardosi and Dr Jan Jaap Erwich.</p>	<p>Over the last year, from ISA 2009, new initiatives have been developed towards a globally working classification system(s). These developments will be discussed, including the current state of the MAIN classification, WHO initiatives towards new ICD coding, translation of other systems into MAIN, comparison issues between countries/systems, value of verbal autopsy. The participants will be up-dated on these issues and are invited to share their views on how to proceed.</p>

If you would like to attend any of these workshops please register your interest with the ANZSA Secretariat at info@stillbirthalliance.org.au by September 30th.

ANZSA welcomes a new member organisation

We would like to warmly welcome the Royal Australian College of General Practitioners (RACGP) as a member organisation of ANZSA!

The Royal Australian College of General Practitioners is the professional organisation that focuses on the safety and quality of general practice. The College's mission is to improve health and wellbeing for all Australians by supporting general practitioners, registrars and medical students by assessing doctors skills and knowledge, supplying ongoing professional development activities, developing resources and guidelines, helping general practitioners with issues that affect their practice and developing standards that are used as part of the accreditation processes.



Over 24,000 general practitioners participate in their Quality Assurance and Continuing Professional Development program (QACPD), making it the largest medical CPD program in Australia. The college has over 20,000 members, and over 7,000 members of its National Rural Faculty. The college is the largest general practice representative body in Australia and the largest representative body for rural general practice.

Collaboration with the RACGP is crucial to achieving the objectives of ANZSA, particularly in the areas of clinical practice standards, education and public awareness around modifiable risk factors of stillbirth.

ANZSA turns two

Thanks everyone for your support over the last two years. ANZSA has achieved a great deal in two years and we couldn't have done it without your help. We now have 40 members including professional colleges, parent organisations, hospitals and individual supporters!



With the support of ANZSA members, ANZSA has undertaken research into:

- Modifiable Risk Factors for Stillbirth
- Medical Risk Factors and Pregnancy Complications Associated with Stillbirth
- Autopsy Consent Processes in ANZ Hospitals
- Incidence and Management of Women Reporting Decreased Fetal Movement in Australian Hospitals

With your help we have implemented the PSANZ Clinical Practice Guideline for Perinatal Mortality Audit across ANZ Hospitals through the [IMPROVE](#) education program. With your help we have recently developed the Clinical Practice Guideline for the Management of Women who Report Decreased Fetal Movement in Third Trimester of Pregnancy.

We would like to acknowledge [SIDS and Kids](#) for funding the evaluation of IMPROVE, and the [Stillbirth Foundation Australia](#) for funding the stillbirth risk factor analysis. We would also like to thank SANDS Queensland and the Stillbirth Foundation Australia for their support on parent's views on autopsy.

CLINICAL PRACTICE

IMPROVE-ing clinical practice across Australia & New Zealand



The roll-out of the Improving Perinatal Review Outcomes via Education (IMPROVE) Program in Queensland, Victoria and Western Australia is in full swing. Since the last newsletter, we have held four IMPROVE sessions in QLD (Logan Hospital, Roma Hospital, Gold Coast Hospital and Ipswich Hospital), three in WA (King Edward Memorial Hospital and Joondalup Health Campus) and three in VIC (Royal Womens' Hospital) with at least nine more workshops planned before the end of the year. These workshops have included participants from regional centres all across the country and so far show promising results. Please see below link for upcoming programs. We hope to receive funding for roll-out in other states and New Zealand throughout 2010. A special thank you to SIDS & Kids who have provided funding for the evaluation. For further information on our IMPROVE Program please visit <http://www.stillbirthalliance.org.au/education.htm>. To access the program in your local area please contact the ANZSA Secretariat at info@stillbirthalliance.org.au.

Don't forget, you can receive CPD points for attending an ANZSA & PSANZ PMG IMPROVE Program. This Program has been accredited by the Australian College of Midwives, the Royal Australian and New Zealand College of Obstetricians and Gynaecologist and the New Zealand College of Midwifery. RANZCOG have awarded 4 CPD points in the PR&CRM category, and ACM and NZCM have awarded 3 MidPLUS CPD points.

Decreased Fetal Movement guidelines information brochure

The clinical practice guideline for the management of women who report decreased fetal movements has provided clinicians with recommendations on how to best manage decreased fetal movements. It has been endorsed by SIDS and Kids, the Stillbirth Foundation Australia, PSANZ, RANZCOG and the ACM. It is also being considered by the Maternity Coalition and brochures have been sent out to individual and organisational members for review and comment. This is a great step forward in assisting clinicians to appropriately counsel women with DFM and improving consistency of management, and in providing better information about fetal movements for women and their families. To view these guidelines please visit: <http://www.stillbirthalliance.org.au/guideline4.htm>.

ANZSA is currently seeking comments from its member organisations in regards to a brochure for women, anticipated to be given to women in the 28th week of pregnancy. This brochure contains vital information that all pregnant women should know. Decreased Fetal Movement is a risk factor for stillbirth and there has been little or no information available for pregnant women to date. There has been plenty of old-wives tales that may have contributed to the avoidable stillbirth of a baby.

The information contained in the brochure is easily understood and gives women clear guidelines about baby's movements and sleep patterns. Women will have the correct information to guide them when they feel unsure about their baby's movements – when they should contact their health care professional.

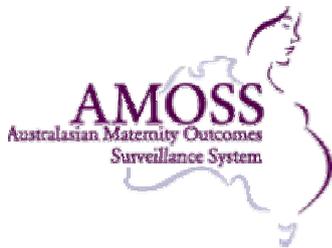
The brochure dispels the old-wives tales that ‘babies move less at the end of pregnancy as there is no room left in the womb’ and ‘babies don’t move after labour has started.’

The brochure has been both clinically and peer reviewed and will be finalised very soon. The brochure follows the guidelines that have been developed for health care professionals regarding management of women who report decreased fetal movement. Funding for printing and distribution is sought. If you would like to support the printing and distribution of this brochure please contact the ANZSA Secretariat at info@stillbirthalliance.org.au

Liz Conway
SANDS

RESEARCH

Introducing AMOSS



Australasian Maternity Outcomes Surveillance System (AMOSS) is a surveillance and research system designed to study rare and serious conditions during the peripartum period. Data are collected from maternity units in Australia and New Zealand that have greater than 50 births per year. Incidence and case-control studies are conducted to provide evidence on the incidence, diagnosis, management and outcomes of the conditions we are studying. In

partnership with professional colleges and key stakeholders. The findings will be used to inform policy development, and clinical guidelines to improve the safety and quality of maternity care in Australia and New Zealand.

It’s now been a year since AMOSS was launched, and six months into data collection on our first set of AMOSS conditions:

- Amniotic fluid embolism
- Antenatal pulmonary embolism
- Eclampsia
- Morbid obesity (BMI > 50)
- Peripartum hysterectomy
- Placenta accreta
- Influenza – intensive care admission (commenced 1 June)

Since the United Kingdom established the first surveillance system to study rare disorders of pregnancy, several other countries have adopted its research model of surveillance. AMOSS is a founding partner of the INOSS network which has been established to develop a collaborative working model and cooperation between national obstetric surveillances systems looking at serious morbidity in pregnancy.

LAST CHANCE TO CONTRIBUTE: Clinicians Autopsy Survey Closing Soon!

Despite autopsy remaining the gold standard investigation for perinatal deaths, autopsy rates in many regions continue to decline. The main reason for low autopsy rates is lack of parental consent. Parents often report that communication and counselling practices about the autopsy are suboptimal resulting in anxiety, conflict and regret over their decision to have an autopsy conducted on their baby. On the other hand, care providers have repeatedly reported feelings of inadequacy when counselling parents and are reluctant to place an additional burden on the family by seeking their consent to conduct an autopsy. This clinician survey forms part of a larger study aimed at gaining information on which to develop a uniform approach to autopsy information and consent.

If you are a clinician working in a relevant field and have not yet completed this survey already, please complete one online now (<http://www.stillbirthalliance.org.au/survey/autopsy/>) or contact the ANZSA Secretariat at info@stillbirthalliance.org.au. The results of this survey will be posted on our website once the survey is completed.

ADVOCACY & AWARENESS COMMITTEE

New name breathing fresh life into Committee

The Public Awareness and Health Promotion committee has been renamed the Advocacy & Awareness committee in an effort to reinvigorate new ideas and set clearly defined goals. It's vision will be to generate raise public awareness of stillbirth as an issue and facilitate collaboration between individual supporters, member organisations and the community to decrease perinatal mortality.

PARENT ADVISORY COMMITTEE

First Parent Advisory Committee Held

ANZSA held its first parent advisory committee meeting two weeks ago. The parent advisory committee for ISA has been very active and passionate for the past six years since its inception. We are hoping to replicate this enthusiasm within Australia and New Zealand and feel this is a good opportunity to gain a parent's perspective on all ANZSA related issues. We welcome additional nominations for committee membership. Please forward your interest to info@stillbirthalliance.org.au

NEWS FROM OUR MEMBERS

Applications for research grants closing soon

The Stillbirth Foundation Australia is still accepting applications for grant funding in 2011. Applications that address any aspect of stillbirth are welcomed, however priority will be given to rigorously designed clinical studies that address unexplained stillbirth, are designed to provide a greater understanding to prevent stillbirth of a known cause, or to enable best practice amongst staff caring for families who experience stillbirth. If you wish to register your research project through ANZSA, please contact the ANZSA Secretariat at info@stillbirthalliance.org.au. Applications must be submitted by Friday 27th August 2010. For further information, please contact Melinda Hickin at melinda@stillbirthfoundation.org.au.



Recognition of Perinatal Loss at the King Edward Memorial Hospital



The sensitivities inherent in providing quality care to families experiencing perinatal loss whilst in hospital and in the broader community are profound. Sensitivity in communication is often a point discussed in the literature as an area of improvement.

The use of a universal symbol to indicate the presence of perinatal loss is routine practice in many maternity units/hospitals. At King

Edward Memorial Hospital (KEMH) in Perth these symbols have been used for more than 20 years. A mother/baby **tear drop** symbol is used to 'flag' the rooms and records of all women who have had a perinatal loss (and advanced pregnancy loss < 20wks). This is supported by SANDS and SIDS & Kids. This tear drop sticker is on the door of the mothers room, on the front of her notes, and on any paperwork provided eg to GP, discharge summary, child health, etc. A tear drop sticker is also placed on the 'patient board' such as in labour and birth suite, ward, etc. to flag the presence to all staff aiming to minimise risk of insensitive communication.

In addition a **teddy bear** sticker is used for the maternal medical record (blue or pink depending on

gender) which notes the date of loss and the name of the baby, and for the baby record in the case of neonatal death.

You can access KEMH clinical guidelines to find reference to this – http://www.kemh.health.wa.gov.au/development/manuals/O&G_guidelines/sectiona/8/a8.7.pdf

KEMH Perinatal Loss Service team believe there is only benefit to the use of these symbols. It is a means of silent communication; it means that families are not disturbed, that the whole team (including cleaners, meals, etc) can approach the families with the sensitivity that is required.

There has been no effect on confidentiality (as the general population do not readily recognise this symbol), continuity, etc.

There is no change to the usual communication channels, i.e. written, verbal. The stickers are placed on the doors, patient board by midwives/nurses, and often on the chart by the Labour and Birth Suite ward clerk. In addition we use a mother/baby butterfly to represent the Perinatal Loss Service at KEMH - so often notes on doors (do not disturb, no visitors, etc) have this symbol on documents as a proforma.

The Perinatal Loss Service eLearning package is available as a further resource for the PSANZ Perinatal Mortality Guidelines at:

<http://kemh.health.wa.gov.au/services/SOSU/education.php?PHPSESSID=6327f5501c670b9caba950b444a499d4#elearning>

Cultural Diversity in Bereavement Care



As part of the PSANZ pre-conference workshops held by ANZSA in Wellington in March 2010, I presented a session on Cultural Diversity in Bereavement Care. The session was originally to be co-presented with Liz Conway of Sands Queensland but Liz graciously stepped aside when it was evident that we were pressed for time.

I briefly presented some information around grief and culture before welcoming Lisa Paraku, a bereaved parent from Sands Wellington, to speak. I noted that while experiences of grief can be universal, it is our day to day experiences of grief that often result from our culture. A generic definition

safe, we are not afraid to ask the question 'is there something I should know about how I might care for you?' We do not suppose we know the expectations of every person we encounter in our professional practice and we are aware of our own culture (beliefs, assumptions, expectations).

Lisa Paraku, of Ngati Tamatera and Tainui, who has experienced the stillbirth of her first daughter at 32 weeks and two subsequent miscarriages, then spoke of her experience and provided recommendations to health professionals about how they might better work alongside people of different cultures. Her presentation was powerful. She reminded us of the importance of language used within our perinatal death culture, of providing families with options but awaiting *their* decision and guidance before assuming 'protocols' are

of culture was offered – ‘the way people view and do things’ and it was noted that the concept of culture is often aligned with ethnicity.

The concept of Kawa Whakaruruhau, or Cultural Safety, was very briefly presented. This is a New Zealand approach to working alongside and with people from various cultures in the health sector, and was developed by the late Irihapeti Ramsden in the late 80s and early 90s. Cultural Safety focuses on the knowledge and understanding of the individual, rather than attempts at learning accessible aspects of different groups. The individual reflects on his or her own cultural identity and recognises the impact that his or her own personal culture has on their professional practice. As a result, when we are culturally

mandatory, and suggested we might present families with options in a sensitive manner, basing them on real situations and experience, so as to avoid regrets about what they did not know or were not offered.

This was a brief but potent presentation. We hope it left the health professionals in the audience with ideas about how they might support and inform bereaved parents but most importantly, that they might reflect on their own personal and professional culture.

Vicki Culling, Sands New Zealand
July 2010

NB: for those who attended the session, Lisa safely delivered her little boy, Harrison Takerei Paraku Swallow, on Thursday 10th June. Mother and baby are doing well.

INTERNATIONAL NEWS

Reporting on perinatal deaths in New Zealand



At the Wellington PSANZ PMG & ANZSA Workshop in March earlier this year, Vicki Masson examined the reporting on perinatal deaths in New Zealand

Abstract: The Perinatal and Maternal Mortality Review Committee (PMMRC) was established by the Minister of Health in August 2005 and is responsible for reviewing and reporting on perinatal and maternal mortality and morbidity. The main purpose of the committee is to

improve maternal and perinatal outcomes using quality improvement approaches.

A national data collection system of all perinatal deaths was established in 2006. All DHBs have appointed a PMMRC local coordinator who identifies the deaths in their DHBs and ensures that the data is submitted. Clinical data is provided by lead maternity carers and clinicians using a web based process. Following local review of the death the PMMRC local coordinator completes a PMMRC Classification Form – assigning a PSANZ perinatal death classification and noting potentially avoidable factors. Mortality data collection commenced 1 July 2006 and 2007 was the first full year of perinatal mortality data presented by the PMMRC. The PMMRC was asked to identify ways to reduce morbidity as well as mortality. The outcome for infants affected by Neonatal Encephalopathy NE may include mortality and long-term neurodevelopmental morbidity. NE Working Group was established in 2007 to investigate the size of the problem and to explore ways of improving outcomes. Collection of data began 1st January 2010.

The perinatal mortality rate in 2007 was 9.8 per 1000 total births comparable to rates in both Australia and the United Kingdom.



The first full report of the PMMRC provides one measure of the quality and safety of New Zealand's maternity services. Perinatal and maternal mortality in NZ is comparable to rates in both Australia and the UK.

Care lacking for bereaved parents – U.K. SANDS survey

The stillbirth charity Sands UK conducted a survey in their region that found more than half of maternity units are still lacking a dedicated bereavement support midwife. The survey also found that nearly half have no specific room on the labour ward for a mother whose baby has died, where she is shielded from the sounds of other newborns.

Seventeen babies are stillborn or die shortly after birth a day in the UK.

The Department of Health said it wants "high quality maternity services everywhere with the right facilities". The midwives' body agreed more needed to be done to care for bereaved parents. Just fewer than 80 units responded to the Sands' survey, a quarter of the total contacted. The charity said it considered the low response rate indicative of the low priority the issue was given. Read more at: <http://news.bbc.co.uk/2/hi/health/10572581.stm>

EVENTS

Upcoming Events

Bridge to Brisbane

29th August 2010, Gateway Bridge – RNA Showgrounds, Brisbane



The Stillbirth Prevention team are going to run 10 km in the Bridge to Brisbane to raise funds for ANZSA with an aim to raise \$2500; \$1 for each baby lost each year.

To sponsor us, please make your donation via the following link: <http://fundraise.bridgetobrisbane.com.au/anzsa> or if you would like to join our team and run the 10km (or 5km) with us

to help raise money for ANZSA, please use the same link and follow the instructions. Be aware that there is a \$25 entry fee for 5km runners, and a \$30 fee for 10km runners.

The ANZSA team is also getting T-shirts made. If you would like to order one, email us at info@stillbirthalliance.org.au



ISASPID 2010 Conference

8th – 10th October 2010, Masonic Centre, Sydney

Preparations for this international conference are well underway, with the conference theme, 'Precious lives: global collaboration in stillbirth and infant death' attracting interest from all over the world. With a range of domestic and international speakers, the program for this ANZSA/Sids and Kids hosted conference will be finalised shortly. To register, please go to: <http://www.isaispid2010.com/registration.html>

For further information about this event, please visit <http://www.isaispid2010.com>.

Past Events

'Birthing on Country: what we can learn from others' seminar 7th July 2010, Mater Hospital Campus

This seminar was co-sponsored by Mater Mothers' Hospital, Australian Catholic University and QLD Health to a near capacity audience of 100. Speakers included Associate Professor Vicki Van Wagner, Harry Tugulak (community leader), Mina Tugulak (Inuit midwife) and keynote speakers from the 'Breathing New Life into Maternity Care International' conference at Alice Springs. Congratulations to Zoe Moloney who won two movie tickets as the winner of the lucky door prize, provided by PSANZ. The audience included members from Indigenous organisations, consumers of maternity services, Queensland Health ACU and Mater staff who were all involved in discussions on 'Birthing on Country' and what we could learn from the Inuit Model and how these sort of services might look in Australia. A DVD of the seminar will be available soon and all enquiries or anyone interested can contact kathy.hassed@mater.org.au to be added onto the mailing list for further information.

International Network of Obstetric Surveillance Systems (INOSS) Inaugural Meeting, 7th – 8th July 2010, Oxford UK

Australasian Maternity Outcomes Surveillance System (AMOSS) Principal Investigator Elizabeth Sullivan presented AMOSS to its inaugural meeting in Oxford, UK. The meeting was well-attended by representatives from across Western Europe and the Nordic countries.

Liz was joined by our New Zealand Lead Investigator Dr Claire McLintock and Professor Jeremy Oats, Victorian State representative to present AMOSS' progress to date. It's an exciting time for our research. There is an increasing international awareness of the importance of studying these conditions in order to improve the care given to women during pregnancy. 

HOT OFF THE PRESS: RECENT PUBLICATIONS

Hijazi ZR, Callen SE, East CE. *Maternal perception of foetal movement compared with movement detected by real-time ultrasound: An exploratory study.* ANZJOG 2010;50(2):144-7.

Allanson B, Jennings B, Jaques A, Charles AK, Keil A, Dickinson JE. *Infection and fetal loss in the mid-second trimester of pregnancy.* ANZJOG 2010;50(3):221–225.

INTERNATIONAL PUBLICATIONS

Europe

Avagliano L, Marconi AM, Candiani M, Barbera A, Bulfamante G. *Thrombosis of the umbilical vessels revisited. An observational study of 317 consecutive autopsies at a single institution.* Human Pathology 2010;41(7):971-9. Italy

Clayton C. *More than bereavement care.* Practising Midwife 2010;13(4):22. UK

Erlandsson K, Avelin P, Saflund K, Wredling R, Radestad I. *Siblings' farewell to a stillborn sister or brother and parents' support to their older children: a questionnaire study from the parents' perspective.* Journal of Child Health Care 2010; 14(2):151-60. Sweden

Facchinetti F, Alberico S, Benedetto C, Cetin I et al. *A multicentre, case-control study on risk factors for antepartum stillbirth*. J Matern Fetal Neonatal Med. 2010 Jun 29. [Epub ahead of print] Italy

Glinianaia SV, Rankin J, Pearce MS, Parker L, Pless-Mullooli T. *Stillbirth and infant mortality in singletons by cause of death, birthweight, gestational age and birthweight-for-gestation, Newcastle upon Tyne 1961–2000*. Paediatric & Perinatal Epidemiology 2010;24(4):331-342 UK

Greenwood DC, Alwan N, Boylan S, Cade JE et al. *Caffeine intake during pregnancy, late miscarriage and stillbirth*. European Journal of Epidemiology 2010;25(4):275-80. UK

North America

Alanis MC, Goodnight WH, Hill EG, Robinson CJ, Villers MS, Johnson DD. *Maternal super-obesity (body mass index > or = 50) and adverse pregnancy outcomes*. Acta Obstet Gynecol Scand 2010;89:924-30. USA

Bryant AS, Worjolah A, Caughey AB, Washington AE. *Racial/ethnic disparities in obstetric outcomes and care: prevalence and determinants*. Am J Obstet Gynecol 2010;202:335-43.

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FREQUENTLY ASKED QUESTIONS

If you have any questions you would like to ask our expert team of researchers or clinicians please forward them to the ANZSA Secretariat at info@stillbirthalliance.org.au

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We have three established committees – the Clinical Practice and Education committee, the Research committee, and the Advocacy and Awareness committee. We are in the process of setting up a parent advisory committee. If you are interested in joining any of these committees, please contact the ANZSA Secretariat at info@stillbirthalliance.org.au

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