

COOPER DAVID WEST — STILLBIRTH RESEARCH AND EDUCATION

Statement

HON DARREN WEST (Agricultural — Parliamentary Secretary) [6.26 pm]: It is always difficult to follow Hon Rosie Sahanna and I acknowledge the wonderful work done by Nirrumbuk in Broome. For anyone who goes to Broome, do what I did and take the time to make contact with Hon Rosie Sahanna and have a look. It will inspire you and you will never forget the experience of the wonderful work. I am pleased that the honourable member acknowledged her contribution because she has certainly been a driving force behind Nirrumbuk over many years.

Today is 13 September and it is just another day for many people, but for our family it is a very significant day. On 13 September 2000, our third child, Cooper David West, died and was born, and our family has never been the same since. It is literally heartbreaking when this happens. Tomorrow is someone else's day and the day after that is another family's day, and every day there is a family that has been torn apart by infant loss and stillbirth. I wanted to take the opportunity to speak about it. As a member of Parliament, we are very privileged to be here and we have a platform to campaign for these issues.

I want to take the time to acknowledge those who work in services within the health system and other things such as Red Nose Australia for the amazing work they do in areas of prevention and support for families. I know for us that support was so important. It is such a difficult time when people expect to be bringing home a healthy bouncing baby and have the ultimate heartbreak. Those organisations who pick those people up and dust them off and help them manage that are certainly very special, and have been to us and to many families. If members can support those organisations financially or with their time, please do so because they make a significant difference.

I want to touch on what is probably the elephant in the room when it comes to this. I am referring to a report on the Department of Health website, which is titled *The 16th report of the Perinatal and Infant Mortality Committee of Western Australia, for births between 2014 and 2018*, which provides an overview of the — I will need Hon Dr Brian Walker to help me with this!

The PRESIDENT: Epidemiology.

Hon DARREN WEST: The report provides an overview of the epidemiology of stillbirths, neonatal deaths and post-neonatal deaths between 2014 and 2018 in Western Australia and a summary of the findings of the committee and its recommendations. The key findings are about the incidence and the trends. The report states —

- Between 2014 and 2018, there were a total of 174,050 births, 1,164 stillbirths, 290 neonatal deaths and 158 post-neonatal deaths.
- Overall, the rates of perinatal and infant mortality were low. Since 1990–92, there has been a significant decrease in the neonatal mortality rate (from 3.9 to 1.7 per 1,000 live births) and post-neonatal mortality rate (from 2.9 to 0.9 per 1,000 live births) in 2014–18.

That is a significant reduction in neonatal mortality. The report continues —

- The rate of stillbirths has remained unchanged for nearly three decades.
- The rates of stillbirth, neonatal and post-neonatal mortality for babies born to Aboriginal mothers continue to be higher than the comparable rates for babies born to non-Aboriginal mothers.

I now refer to the risk factors —

- The following factors were associated with increased odds of stillbirth in a multivariate model: Maternal age ≥ 35 years, maternal smoking during pregnancy, maternal ethnicity ... nulliparity, multiple pregnancy, absence of antenatal care, complications during pregnancy, region of residence in Western Australia ... lower socio-economic status and male sex of the baby.

Some other significant risk factors are listed. I will skip to the recommendations of the committee, which I think are significant and would like to place on the public record —

1. That the Department of Health, the Women and Newborn Health Service, and public and private maternity care providers across the State be made aware that the rate of stillbirth remains largely unchanged, and that new strategies are required and will need support.
2. That the ongoing high rates of perinatal loss in Aboriginal people need all health services to provide evidence-based and culturally sensitive services with appropriate support.
3. Congenital anomalies (birth defects), including rare diseases, remain a major cause of perinatal loss. Some of these anomalies are preventable. The WA Birth Defects Registry ... should be encouraged and supported to provide the health services with timely state-wide data enabling appropriate decision making in regard to preventative strategies.

4. Preterm birth remains one of the major causes of perinatal loss. Effective strategies are now available to prevent many cases of early preterm birth and health care practitioners and services are directed to the guidelines of the Australian Preterm Birth Prevention Alliance ... to remain updated on the National program now underway to safely lower the rate of early birth across Australia ...

The recommendations go on. Members who are interested can refer to that document and look at the great work of the committee. There is plenty of information and data online that will back this up. In 30 years, essentially, the number of stillbirths remains too high. We have not been able to understand and prevent stillbirths like we have with early neonatal births.

As I said, whilst I am an MP, and the Parliament sits on 13 September, I will continue to remember and honour our little man and do what I can to prevent what we went through from happening to others.

House adjourned at 6.32 pm
