



LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

No. 230

WRITTEN QUESTION

Mr Paech to the Minister for Health, Hon Steven Edgington MLA:

Perinatal Mortality Data (National Perinatal Data Collection (NPDC) and National Perinatal Mortality Data Collection (NPMDC))

For each of the past seven years (2019–2025):

- 1. What is the exact number of perinatal deaths recorded by NT Health - preliminary, provisional, or final data?**

From 2019-2025, there were 470 perinatal deaths recorded in the Northern Territory by NT Health Perinatal Registry. Table 1 provides the number of perinatal and neonatal deaths and stillbirths by year. Stillbirths are the main contributor to perinatal mortality. Preliminary figures are provided for 2024 and 2025; these data are subject to change once data is formally reviewed and validated.

Table 1. Perinatal deaths in the Northern Territory

Year	Description	Total births	Live births	Perinatal death number	Perinatal death rate (per 1,000 births)	Stillbirth number	Stillbirth rate (per 1000 births)	Neonatal death number	Neonatal death rate (per 1,000 births)
2025	Preliminary	3,360	3,311	60	17.9	49	14.6	11	3.3
2024	Preliminary	3,474	3,409	79	22.7	65	18.7	14	4.1
2023	Final	3,347	3,305	59	17.6	42	12.5	17	5.1
2022	Final	3,606	3,553	72	20	53	14.7	19	5.3
2021	Final	3,826	3,764	79	20.6	62	16.2	17	4.5
2020	Final	3,690	3,649	67	18.2	41	11.1	26	7.1
2019	Final	3,592	3,552	54	15	40	11.1	14	3.9

Note: 1. Non-Northern Territory residents are included in the data.

Definitions:

Stillbirth: A baby at birth that does not exhibit any signs of life, and the birthweight is at least 400 grams, or the gestation of pregnancy is at least 20 weeks. (Note this definition also includes fetal death that occurred prior to 20 weeks gestation).

Stillbirth rate: The number of stillbirths in a year per 1,000 total births in that same year.

Neonatal death: Death of a live-born baby within 28 days of birth.

Neonatal death rate: The neonatal deaths in a year per 1,000 live births in that same year.

Perinatal deaths: Inclusive of all stillbirth or neonatal deaths.

Perinatal death rate: The sum of stillbirths and neonatal deaths in a year per 1,000 total births in that same year.

2. **Of these figures, which have been submitted by NT Health to the Australian Institute of Health and Welfare (AIHW) for inclusion in the NPDC and NPMDC?**

NT Health has submitted all perinatal deaths in the Northern Territory to the AIHW for period 2019-23, for inclusion in the National Perinatal Data Collection and the National Perinatal Mortality Data Collection. The 2024 perinatal mortality data will be submitted to AIHW by 30 June 2026, and 2025 perinatal mortality data is preliminary and submitted in 2027 to AIHW.

3. **For recent years where AIHW has not yet published data, what is NT Health's own calculated perinatal mortality rate per 1,000 births in the Northern Territory?**

In 2024 and 2025, the preliminary perinatal mortality rate in the Northern Territory was 22.7 and 17.9 per 1,000 births, respectively. The 2024 and 2025 perinatal mortality data is preliminary as all validations are not completed and has not been released to AIHW. They are subject to change.

Perinatal Mortality Reduction Plan

4. **Does the NT Government have a specific reduction plan or measurable targets to address why the Northern Territory holds the highest recorded perinatal mortality rate in Australia for six consecutive years (2017–2022)?**

If yes, will the Minister provide:

- (a) **The plan or strategy**
- (b) **The targets and associated timelines; and**
- (c) **The key interventions currently being implemented to reduce perinatal mortality?**

The NT Health Strategic Plan 2023-2028 outlines broad goals to improve maternal and child health (access to antenatal services, continuous care models for high-risk pregnancies, improving quality, cultural safety, prevention and evidence-informed care).

The Northern Territory system-level activities that aim to improve maternal and perinatal outcomes which are outlined below.

Maternal and child health is a priority area in the clinical service plan and service provision

NT Health identifies, and addresses in antenatal care, several maternal health priorities that contribute to perinatal risk, including:

- stillbirth;
- low birthweight;
- smoking in pregnancy;
- alcohol use; and
- diabetes in pregnancy.

Congenital (structural) anomalies are major causes of stillbirth. Screening for congenital anomalies occurs at all hospitals in the Northern Territory and in remote communities through the outreach ultrasound programs. A trial of expanded access to Non-Invasive Prenatal Testing (NIPT) in remote communities in the Northern Territory has been initiated. NIPT is a blood test that can be undertaken from the first trimester of pregnancy to detect major genetic variations, which may be associated with congenital anomalies.

In 2026, NT Health, in partnership with the Menzies School of Health Research are undertaking a research program in 2026-28 to improve maternal health across the Northern Territory. The program is focussing upon continuation of preterm birth prevention work, including the co-design of prevention initiatives and cultural safe services to improve outcomes for Aboriginal women and babies.

RDH has been part of the national collaborative between Women's Health Australasia and the Preterm Birth Alliance known as "Every Week Counts". This initiative is established to empower women to make informed decisions around their pregnancy and birth. Midwives and obstetricians have been provided with enhanced skills to support antenatal care provision including smoking cessation programs, early cervical measurements and more robust processes related to decision making around timing of birth and induction methodologies.

Since 2021 all NT public hospitals have participated in the national Safer Baby Bundle initiative. The Safer Baby Bundle is a national Australian maternity initiative designed to reduce the risk of late-gestation stillbirths by at least 20%. The initiative provides education to staff and delivers health promotion strategies to increase consumer awareness of risk of stillbirths, including smoking in pregnancy and maternal sleeping strategies. It also provides clinical guidance on the management of reduced fetal movements and appropriate timing of birth.

NT Health has reviews of perinatal deaths

All deaths in the Northern Territory that occur in a public hospital, are reviewed by Local Mortality Review Committees. NT Health has also established a Perinatal and Maternal Mortality Clinical Expert Committee to review death data at a population level and to inform system level changes.

NT Health system-level reforms

The Northern Territory Perinatal Registry collects perinatal deaths, stillbirths, neonatal deaths and maternal deaths to inform policy development, guide antenatal care improvements, and support evaluation. NT Health system-wide commitments that can support reductions in perinatal risks include:

- Supporting and building continuity of care models for women and children (Midwifery Group Practice and the Aboriginal Nurse Family Partnership Program).
- Improving culturally safe and accessible care.
- Enhancing preventative and primary care.
- Developing evidence-informed service models.