

Reduced Fetal Movements

Full Clinical Guideline

Reference No.: UHDB/02:20/R4

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1. Introduction

- Fetal movements are defined as the maternal sensation of any discrete flutters, kicks, swish or rolls and most women are aware of fetal movements by 20 weeks of gestation.
- Fetal movements should be assessed by subjective **maternal perception** of fetal movements, reduction or significant change in the movement pattern, during the antenatal period and right up until the onset of labour.
- Fetal movements are one of the first signs of fetal life and women will recognise the typical fetal movement pattern of their baby.
- It has been suggested that altered or absent fetal movements may be a **warning sign of fetal compromise**, which if not investigated may lead to fetal death.
- The evidence regarding the significance of exaggerated fetal movements is currently less clear.
- Although fetal movements tend to plateau at 32 weeks, there is no reduction in frequency of fetal movements.
- There is insufficient evidence to recommend formal fetal movement counting using specified alarm limits
- Please be aware that instructing women to monitor their fetal movements is potentially associated with increased maternal anxiety.

2. Aim and Purpose

The aim is to **exclude fetal compromise** and to **identify pregnancies at risk of adverse pregnancy outcome while avoiding unnecessary interventions**.

The guideline is to provide a standardised pathway on the management of women when reporting reduced fetal movements.

3. Abbreviations

AFM	-	Altered fetal movements
ANC	-	Antenatal clinic
BMI	-	Body Mass Index
BPP	-	Biophysical profile
CTG	-	Cardiotocograph
FGR	-	Fetal growth restriction
FH/R	-	Fetal heart / rate
FM	-	Fetal movements
IUFD	-	Intrauterine fetal demise
LAU	-	Labour assessment unit
MAU	-	Maternity Assessment Unit
MCDA	-	Monochorionic Diamniotic
MLC	-	Midwife lead care
PAU	-	Pregnancy assessment unit
PROM	-	Premature rupture of membranes
SFH	-	Symphysis fundal height
SGA	-	Small for gestational age
USS	-	Ultrasound scan

4. Documentation

If seen in the acute setting a documentation tool for the management of altered / reduced fetal movements should be completed to document assessments, review findings, management plan and discharge (Appendix D)

5. Maternal perception of altered fetal movements

- Altered fetal movements (RFM) is defined as **maternal perception** of altered or absent fetal movements.
- There is no set number of normal movements. Usually a fetus will have its own pattern of movements that the mother should be advised to get to know.
- For this guideline, '**Recurrent episodes**' is defined as **2 or more episodes** of RFM occurring within a **21-day period from 26 completed weeks** gestational age.
- If a woman is unsure whether her baby's movements are reduced after 26+0 weeks, she should be advised to attend PAU/MAU

6. Pregnancy assessment in presence of altered fetal movements

When a woman presents with a perception of altered fetal movements, the key priority is to confirm fetal **viability**:

- Use a Pinards stethoscope or handheld Doppler device to listen to the fetal heart to confirm viability and differentiate the fetal heart beat from the maternal pulse
- Complete a full antenatal check
- Assess risk factors associated with fetal growth restriction/placental insufficiency/stillbirth. Refer to Small for Gestational Age guideline for risk assessment [click here for full guideline](#)
- Practical guidance is dependent upon gestation of fetus:
 - <26 weeks see Appendix A
 - ≥26 weeks see Appendix B

7. Assessment in MAU/PAU

Use Management of altered fetal movements Assessment pro-forma to document the care episode (Appendix C)

If at any time there is any concern regarding fetal wellbeing, request urgent medical review by a senior obstetrician.

8. Expedite delivery

- Please see IOL guideline
- [Click here for IOL guideline](#)

9. Confirmed IUFD.

- See flow charts and refer to local IUFD guidance once confirmed.

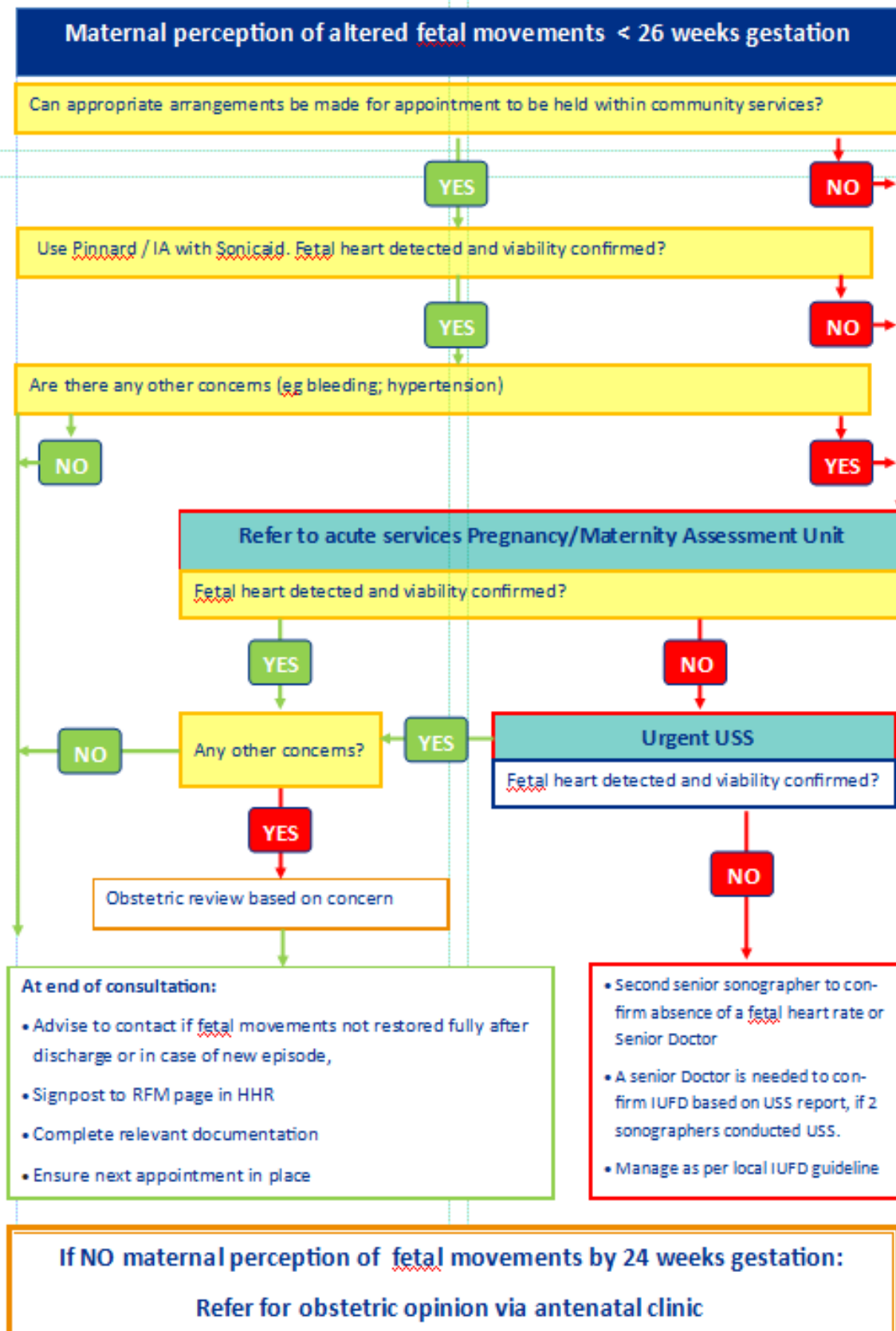
10. Monitoring Compliance and Effectiveness

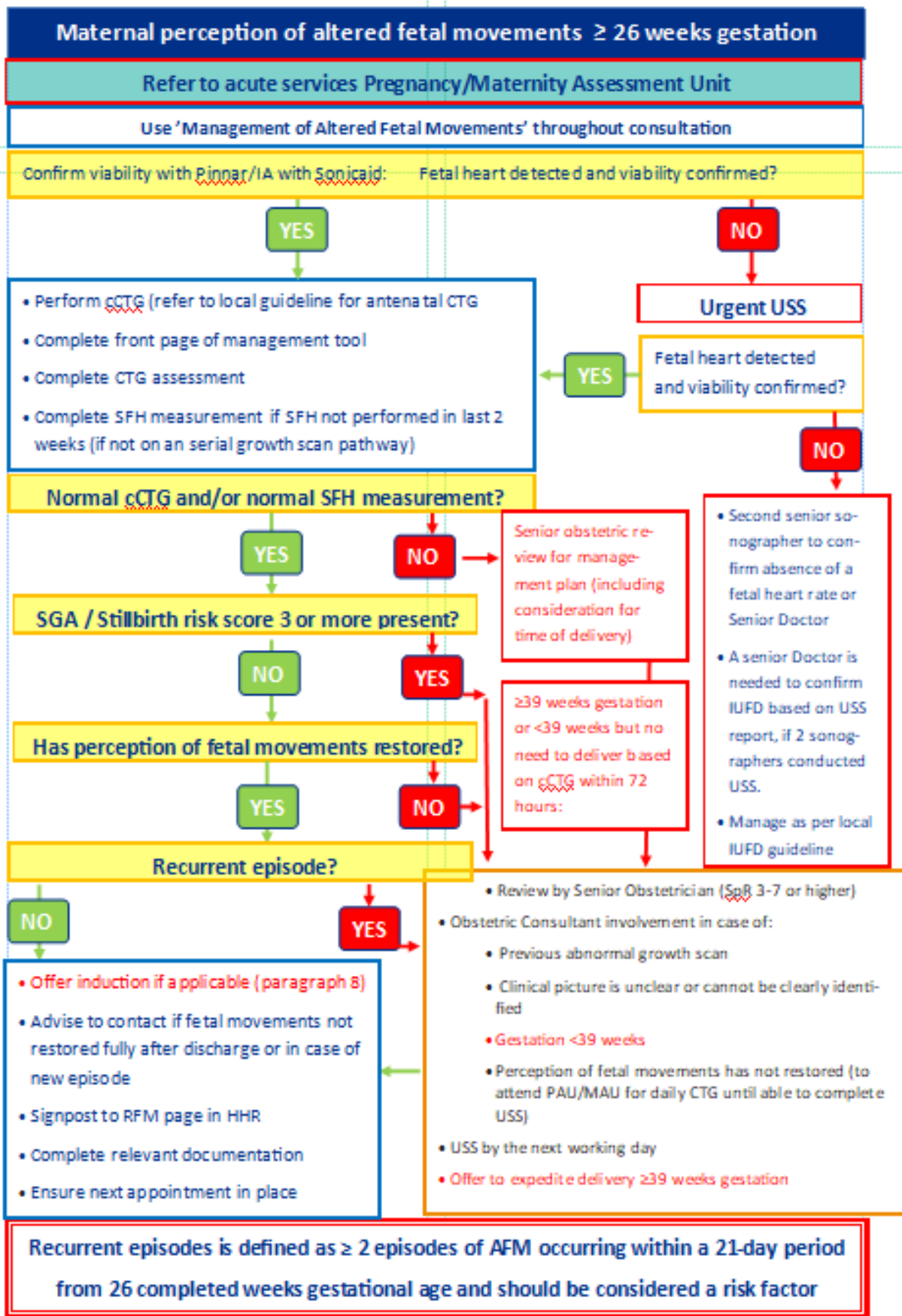
Monitoring requirement	Review of compliance with guideline in line with Saving Babies Lives Care Bundle audit requirements
Monitoring method	Retrospective case note review
Report prepared by	Designated medical staff
Monitoring report sent to:	Maternity Risk Group
Frequency of report	As per agreed Audit forward programme

References

NHS England, Dan O'Connor. Saving babies' Lives. A care bundle for reducing stillbirth version 2. December 2019

Royal College of Obstetricians & Gynaecologists (RCOG) Green Top Guideline number 57 Reduced Fetal Movements, February 2011







MANAGEMENT OF ALTERED FETAL MOVEMENTS

UHDB August 2023

Insert patient sticker or complete: Name: Date of birth: Hospital number:	Arrival: Referred from: Midwife: Consultant: Previous PAU admissions: Previous Altered movements episodes:
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Date	Time	Grav/Par	EDD	Gestation	BloodGr/Rh	Allergies	BMI

Maternal Perception of movements: reduced changed absent

How long has there been RFM?

Is this the first episode in last 21 days (from 26 weeks)?

When were movements last felt:

Additional symptoms:

Vaginal loss: _____ Pain: _____

	Pre-existing risk factors	Risk factors identified in this pregnancy
Obstetric		
Medical		
Lifestyle		

Any risk factor related to altered fetal movements identified as listed in guideline: YES / NO

If yes state:
 If yes: for senior doctors review (SpR 3-7 or higher)

Last Ultrasound scan:
 Next scan appointment i/a:

BP	Pulse	Sats	RR	Temp	Urinalysis	Oedema	Pres/lie	PP/brim	SFH	FHR

Signs of infection: NO YES Amber or Red scores on Meows: NO YES:.....
Consider SEPSIS if signs of infection, fetal tachycardia or unwell

Name: Designation: Signature:

ANY abnormal findings in the presence of reduced fetal movements prompts immediate senior doctors review

Patient name: _____ Hospital number: _____

A cCTG must be performed on any pregnancy, presenting with reduced fetal movements ≥26 weeks as per guideline

USS for fetal growth, liquor volume and umbilical Doppler should be offered (unless a growth scan has been carried out within the last 2 weeks) if:

- First episode of RFM in the presence of an additional indication such as a suspected fetal growth disorder (including static or reduced SFH); maternal perception of fetal movements not restored. (this is not an exhaustive list)
- Presenting with recurrent episode of RFM (second episode within 21 days from 26 weeks gestation)

See Induction of Labour framework for guidance on timing of delivery for pregnancies where RFM has been reported.

Has Fetal Growth been assessed: Yes, on SFH chart Yes, on USS chart NO

Midwifery notes and CTG review:
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Perception of fetal movements restored on discharge: Yes No

Advised to re-attend promptly when recurrent reduced/altered movement: Yes

Care on discharge: MLC / CLC Next appointment: Date: Location:

Ultrasound scan appointment: Yes: date: N/A

Medical review completed: Yes, level Not indicated

Discharged: Date:..... Time:

Name: Designation: Signature

Documentation Control

Version: UHDB version 2.2		Reference Number: UHDB-R4		Status: Final	
Royal Derby prior to merged document: (v1 in 2004)					
4.1	April 2018	C. Meijer - Risk Support Midwife		New version of Altered FETAL Movements tool appendix	
Burton Trust prior to merged document: WC/OG/08 (v1 in 2003)					
9	Jan 2018			Review & Update	
Version control for UHDB merged document:					
UHDB version 1	Feb 2021	S Rajendran – Consultant Obstetrician M Thangavelu – Consultant Obstetrician S Smith – Development midwife		Reviewed and merged. Added pathway for 26-28 weeks to include cCTG if applicable. Added new documentation tool and cCTG sticker to be used cross site	
1.1	March 2022	Cindy Meijer – Risk Support Midwife – Guidelines & Audit		Flowchart revision	
2	November 2022	Cindy Meijer – Lead midwife – guidelines, audit and digital S Rajendran – Consultant Obstetrician		Removed separate guidance for those between 26-28 weeks gestation. Removed sentence related to women not being sure of fetal movements.	
2.1	July 2023	Joanna Harrison-Engwell - Lead Midwife for Guideline, Audit and Quality		Amended to be in line with IOL guideline.	
2.2	August 2023	Joanna Harrison-Engwell - Lead Midwife for Guideline, Audit and Quality		To be inline with SBLV3 and RCOG GTG57 following CQC inspection	
Intended Recipients: All staff with responsibility for identifying the compromised fetus and to improve the recognition and management of women when reporting reduced fetal movements in the antenatal period.					
Training and Dissemination: Cascaded through senior midwives/medical staff / Published on Intranet (KOHA), / NHS mail circulation list.					
Keywords:					
Consultation with:		Maternity Risk team; senior midwives; AN care leads			
Business Unit sign off::		11/2022: Maternity Guidelines Group: Miss S Rajendran – Chair 01/12/2022: Maternity Governance Group/CD - Miss K Dent			
Divisional sign off:		20/12/2022: Full BU meeting V2.2 - Exceptional ratification by Natasha Stringer, Sue Whale and Raymond Devaraj 18/08/23			

Implementation date:	21/12/2022 V2.2 18/08/2023
Review Date:	November 2025
Key Contact:	Joanna Harrison-Engwell