Decreased (Reduced) Fetal Movements

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<tr>
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<td>All pregnant women greater than 28 weeks gestation</td>
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<td>All clinicians in maternity including access holder lead maternity carers (LMCs)</td>
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1. **Purpose of guideline**

The purpose of this guideline is to provide evidence-based advice to improve consistency in the management of pregnant women with decreased fetal movements (DFM).

**Note:** although women do sometimes report changes in fetal movements without the movements being decreased, there is no clinical guidance available about this situation. Clinical discretion is advised.

2. **Guideline management principles and goals**

- Evidence-based approach
- Improved consistency in the management of women with DFM
- Assist clinicians to counsel women with DFM
- Reduce maternal anxiety about fetal activity and self-monitoring
- Aid in the identification of women with higher risk pregnancies
- Improve outcomes for pregnant women and their babies
3. Pathway for women presenting to Auckland DHB with Decreased Fetal Movements (DFM) from 28 weeks’ gestation

**Clinical Practice Points**

If a woman has concerns about strength or frequency of fetal movements, advise her to come in for assessment as soon as possible.

**Risk factors for stillbirth**
- Previous stillbirth
- Previous preterm birth with SGA
- Maternal overweight or obesity (BMI > 25)
- Infrequent antenatal care
- Advanced maternal age (≥ 40 years)
- IVF pregnancy
- Parity of 0 or ≥ 4
- Low Papp-A
- Multiple pregnancy
- Indian ethnicity / Pacific ethnicity
- Smoking / Substance abuse
- Socioeconomic deprivation
- Pre-existing or gestational diabetes
- Pregnancy induced hypertension / chronic hypertension
- Antepartum haemorrhage (APH)
- Presence of fetal growth restriction/SGA
- Previous reporting of DFM
- Gestation > 41 weeks

**Examination**
- Abdominal palpation to assess uterine tone & tenderness, fetal lie/presentation
- Symphyseal fundal height (SFH), measured in cm and plotted on customised growth chart
- Handheld Doppler auscultation of fetal heart
- Maternal pulse rate (confirm as different from fetal heart rate)
- BP, temperature and urinalysis

**CTG**
- Perform within 2 hours of presentation
- Perform as per local guidelines (at least 20 minutes or until satisfactory)
- Use maternal fetal movement recorder where possible
- Seek urgent medical review if CTG is not normal

**Ultrasound**
- Consider within 24 hours (timeframe depends on clinical judgment and availability of expertise)
- Include fetal biometry & liquor volume
- Placental and fetal Doppler assessment as indicated

- Advice to women
  - Be aware of baby’s movements daily
  - ‘Kick counting’ may be helpful for some women to increase awareness
  - Come to hospital promptly (day or night) if concerned about decreased strength or frequency of baby’s movements

**Pathway for women presenting to Auckland DHB with Decreased Fetal Movements (DFM) from 28 weeks’ gestation**

(adapted from PSANZ-SANDA Clinical Practice Guideline, June 2017)

- **Woman with DFM from 28 weeks gestation**
  - Detailed clinical history and assessment
    - Including risk factors for stillbirth
  - Examination including abdominal palpation, SFH measurement & handheld Doppler
  - If fetal heart activity not detected, perform ultrasound

  - Consider SGA/FGR
  - Outpatient ultrasound scan if not performed in the last two weeks
  - Recommend LMC review within 1 week
  - Repeat if further concern regarding fetal movement

- **CTG (cardiotocography)**
  - **NORMAL CTG**
    - DELIVERY NOT INDICATED
      - Continue CTG
      - Consider inpatient ultrasound scan within 24 hours
      - Kleihauer testing to exclude fetomaternal haemorrhage
      - Involve SMO
        - Is delivery indicated?

- **ABNORMAL CTG**
  - If stillbirth confirmed, refer to Deceased - Stillbirth Investigation and Follow Up Policy
  - Continue CTG
  - Consider inpatient ultrasound scan within 24 hours
  - Kleihauer testing to exclude fetomaternal haemorrhage

- **If a woman has concerns about strength or frequency of fetal movements, advise her to come in for assessment as soon as possible**
4. Supporting evidence


5. Associated Auckland DHB documents

- Admission to Women’s Assessment Unit (WAU)
- Deceased - Stillbirth Investigation and Follow Up
- Fetal Surveillance Policy

6. Disclaimer

No guideline can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB guideline to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

7. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed before the scheduled date, they should contact the owner or the Clinical Policy Advisor without delay.