Clinical Guideline

REDUCED FETAL MOVEMENTS

SETTING Maternity Service

FOR STAFF Obstetricians and Midwives

PATIENTS Pregnant women

GUIDANCE

Raising awareness of the importance of feeling fetal movements

- **A reduction or major change in fetal movements may be the first sign that a fetus is compromised, and should be acted on in all cases.**

- **From 16 – 20** weeks give 'Your baby's movements' patient information leaflet, and emphasise to the pregnant woman the importance of being aware of fetal movement patterns as a method of self-monitoring fetal well-being and her need to report any concerns.

- **20-24 weeks**- if never felt any movements, to contact community midwife

- **From 24-28 weeks**
    - Advise the woman to contact her Community Midwife if she is worried about a perceived reduction in her fetal movements. The midwife should confirm the presence of a fetal heart using a hand held Doppler. If the fetal heart is unable to be auscultated the woman should be referred to the maternity unit.

    - 24-28 weeks: community midwife or Day Assessment Unit (DAU) or delivery suite if midwife not available.

    - Women from Weston can be reviewed at Ashcombe, by any midwife working that day, if needed.

- **After 28 weeks gestation:**
    - If a woman reports a reduction in her perception of fetal movements- advise her to contact the St. Michael's Hospital Day Assessment Unit (DAU) or Central Delivery Suite (CDS) **on the same day and should be invited for a clinical assessment**. All women, including women from Weston booked for birth at Ashcombe or St. Michael's, should be reviewed at St. Michael's Hospital. However if a women reports reduced fetal movements during a consultation with an obstetrician at an antenatal clinic at Weston she can be reviewed in Ashcombe DAU.

    - If a woman makes contact for another reason (not reduced movement) and on wellbeing questioning reports she is unsure as to whether movements are reduced- advise her to lie on her left side and focus on movements for 2 hours. If 10 or more discrete movements are not felt in two hours, they should contact the maternity unit. Ensure the woman has the appropriate contact details. If she then reports reduced

fetal movement she should be invited in for review.

Action to be taken when a woman reports reduced fetal movements (RFM) from 24 weeks

- Management of the following women must be discussed with a senior obstetrician
  - multiple pregnancy,
  - baby with congenital abnormality
  - women with previous Intrauterine Growth Restriction or
  - Underlying medical problem etc.

The following guidance relates to women with an uncomplicated pregnancy:

- Careful history taking, assessment and documentation in the handheld notes

- Full clinical assessment, including auscultation of the fetal heart, assessment of fetal size in relation to gestation using symphysis fundal height (SFH) measurement and BP and urinalysis. If clinical concerns are identified, refer for obstetric opinion

Action to be taken from 28 weeks

- Computerised Cardiotocograph (cCTG) to be performed for all women experiencing reduced fetal movements as a single indication for attendance, or alongside other presenting complaints – but not experiencing painful uterine contractions or diagnosed as being in the latent phase of labour, (in this instance a standard CTG should be performed). See clinical guideline: *Computerised Cardiotocograph (cCTG) using Dawes Redman (DR) Analysis* for details http://nww.avon.nhs.uk/dms/download.aspx?did=25215
- If a cCTG enabled machine is not available a standard Cardiotocograph (CTG) should be performed for at least 20 minutes as well as clinical assessment. A normal antenatal CTG MUST have accelerations, and NO decelerations. See Antenatal CTG guideline for full assessment criteria.
- If facing difficulty in obtaining a good quality CTG, ask for urgent ultrasound scan to assess fetal heart rate.

N.B. Bear in mind the limitations of CTG. It does **not** replace clinical assessment.

Table 1. Initial management of women with reduced fetal movements

• **CTG is not normal and/or** • **The fetus is clinically small for dates or small on growth scan and/or** • **Any concerns re maternal or fetal well-being**	• Obtain obstetric opinion (ST3 or above) • If a growth scan has not been carried out with in the last 3 weeks, arrange an urgent growth scan (within 24hours) at St. Michael's Ultrasound department
• **If persistent reduced fetal movements and/or** • **High risk (see page 5)**	• Scan by appropriately trained person to look for FMs and measurement of amniotic fluid index (AFI). • If admitted to CDS,refer to DAU for AFI the same day or the next working day if no trained doctor available to scan on CDS. If a weekend discuss with the on call ST3 or above prior to discharge from CDS • Refer to table 2 for further management

• **Low risk for stillbirth (see page 5)** • **Normal CTG** • **Now feeling good movements**	• Refer back to normal care.

Table 2. Management of women with persistent reduced fetal movements or High risk women and a normal CTG

• **If no fetal movements seen on ultrasound** • **AFI below 5th percentile**	• refer for obstetric review on the same day
• **Fetal movements seen on USS** • **AFI normal**	• Arrange a growth scan (the scan will be performed within five working days). The scan can be carried out at Ashcombe unit. • Arrange follow up in the DAU for review within 2 working days until normal movements felt by woman or a growth scan is performed • For obstetric review with the growth scan if persistent reduced fetal movements. • For consultant follow up if more than 2 presentations with reduced fetal movement

Women living in Weston should be booked for growth scan at Ashcombe Unit at Weston General Hospital if the AFI is normal and fetal movements are seen on Ultrasound. If an urgent growth scan is needed, it should be carried out at St.Michael's Hospital. The Ashcombe scans will be reviewed by Ashcombe DAU midwife and a follow up with Obstetric consultant at Weston.

- If more than two presentations with RFM within a month, or if the clinician is otherwise concerned refer to consultant care and ensure obstetric plan is documented before the woman leaves the unit
    - Frequency of surveillance
    - Consider growth scans
    - Consideration regarding timing of the birth. Induction of labour should be offered from 39 weeks if no other clinical concerns.
    - A senior obstetrician (ST6 or above) should make the decision regarding the timing of the birth.

Gestation >37 weeks (high risk group)

- Growth scans not as reliable at term
- Consultant clinic appointment often not available
- Discuss with an obstetrician (ST6 or above) regarding the plan of care and timing of birth. Induction of labour should be offered from 39 weeks if no other clinical concerns.
- If under consultant care already and does not have a planned follow up, discuss with the team or the senior registrar on call.

Intrapartum Care

- Women with two or more episodes of reduced fetal movements in the last six weeks OR women reporting reduced fetal movement in the last 24 hours should have a CTG on Central Delivery Suite
    - If the woman has had a review as per flowchart, including normal CTG and is now feeling normal movements, the woman is suitable for midwife-led care in labour (St. Michael's MLU or Ashcombe Unit)
    - If there is any concern regarding ongoing reduced fetal movements or CTG trace, continuous intrapartum CTG should be recommended.

Women should be advised not to use the doptone devices at home to listen to fetal heart rate as these devices can give false reassurance. The home doptone device cannot replace a full clinical evaluation.

Consider other possible issues around repeated self-referrals with RFM e.g. domestic violence.

N.B. Ensure findings are reviewed, acted on and appropriate management plan made where appropriate.

Version 6
Authors of version 1
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Review led by [redacted], Practice Development Midwife

Version 7
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Consultation process
Antenatal Working Party
[redacted], Consultant Obstetrician
Ratified by Antenatal Working Party
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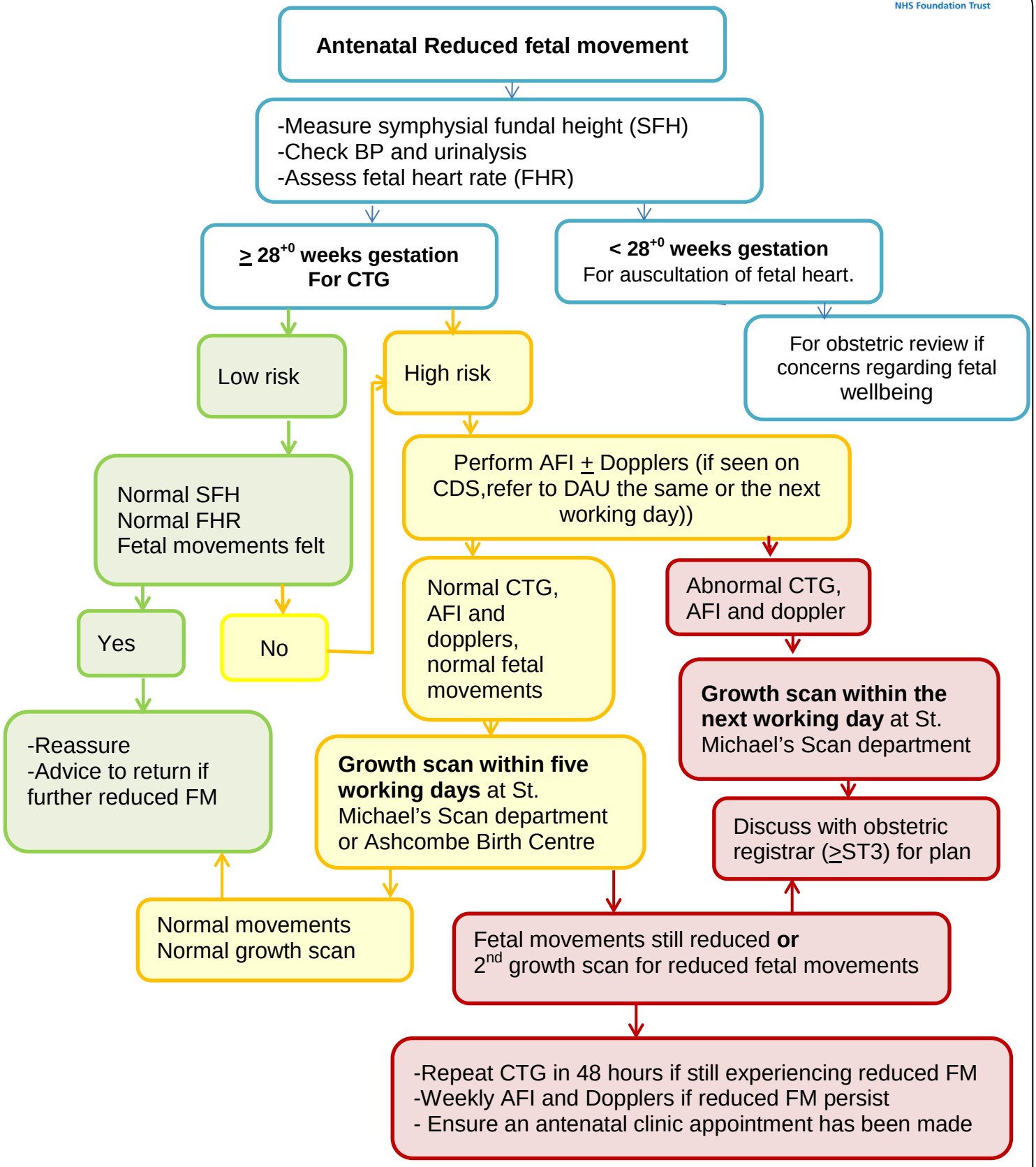
References

- Confidential Enquiry into Stillbirths and Deaths in Infancy 8th Annual Report 2001 (CESDI) Page 37 Para 1
- CESDI Page 31 3.2.4
- UBHT Guidelines for Symphysis – Fundal Height measurement July 2002
- [redacted], [redacted]. Cardiotocography for antepartum fetal assessment (Cochrane Review) quoted in CESDI Page 39
- RCOG (Feb 2011) Reduced Fetal Movements Green Top Guidleins number 57. RCOG.

RELATED DOCUMENTS	Your baby's movements (patient information leaflet) http://nww.avon.nhs.uk/dms/download.aspx?did=2926
AUTHORISING BODY	Antenatal Working Party
SAFETY	None identified
QUERIES	Contact Day Assessment Unit Ext 25395 in hours, Central Delivery Suite Ext 25213 / 25214 out of hours



High risk:

Second presentation with reduced FM within a month
Multiple pregnancy
First pregnancy
Extremes of age (<18 and >40)
Smoking during pregnancy
Pre-eclampsia
Diabetes/ maternal medicine client
Previous or known IUGR
Previous stillbirth
BMI >35

The intervals between the growth scans should not be less than three weeks
Not for growth scan if <28 weeks unless recommended by an obstetrician