

Decreased (Reduced) Fetal Movements

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Risk of non-compliance	may result in significant harm to the patient/DHB
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Organisation(s)	Auckland District Health Board
Directorate(s)	Women's Health
Department(s)	Maternity
Used for which patients?	All pregnant women greater than 28 weeks gestation
Used by which staff?	All clinicians in maternity including access holder lead maternity carers (LMCs)
Excluded	
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Contents

1.	Purpose of guideline	2
	Guideline management principles and goals	
	Pathway for women presenting with decreased fetal movements (DFM) from 28 weeks'	
	gestation	3
	Supporting evidence	
	Associated documents	
	Disclaimer	
7	Corrections and amendments	4



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 with decreased fetal movements (DFM) from 28 weeks' gestation

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)

Clinical Practice Points

If a woman has concerns about strength or requency 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

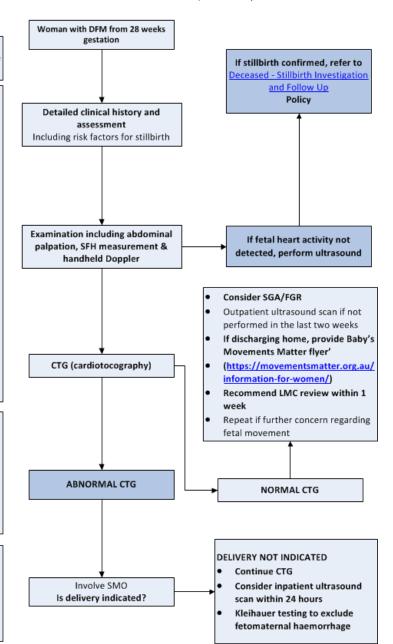
- Abdominal palpation to assess uterine tone & tenderness, fetal lie/presentation
- Symphyseal fundal height (SFH), measured in cm and plotted on customised growth chart
- Handheld Doppler auscultation of fetal heart
- Maternal pulse rate (confirm as different from fetal heart rate)
- BP, temperature 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)
- Request ultrasound scan for growth, liquor volume, and Dopplers (UA + MCA).
- If there is likely to be a delay in obtaining ultrasound scan, perform Kleihauer* (to exclude fetomaternal haemorrhage/significant fetal anaemia).
- If Dopplers cannot be obtained, USS findings to be reviewed in conjunction with on-call SMO re: ongoing management.



- 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
- Provide the PSANZ information brochure (available in English, Maori, Samoan and culturally appropriate forms)
 (https://sanda.psanz.com.au/parent-centre/pregnancy/)

^{*}Kleihauer specimen should be marked urgent (turnaround time 2-4 hours). Routine Kleihauer request turnaround time is 6 hours.



4. Supporting evidence

Daly, L.M., Gardener, G., Bowring, V., Burton, W., Chadha, Y., Ellwood, D., Frøen, F., Gordon, A., Heazell, A., Mahomed, K., McDonald, S., Norman, J.E., Oats, J. and Flenady, V. (2018). Care of pregnant women with decreased fetal movements: Update of a clinical practice guideline for Australia and New Zealand. *Australian and New Zealand Journal of Obstetrics and Gynaecology* 58 (4), 463-468. https://doi.org/10.1111/ajo.12762

5. Associated documents

- Admission to Women's Assessment Unit (WAU)
- Deceased Stillbirth Investigation and Follow Up
- Intrapartum 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 <u>Document Control</u> without delay.