Guideline for the Management of Reduced Fetal Movements

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1.0 Introduction

Maternal perception of fetal movement is one of the first signs of fetal life and is regarded as a manifestation of fetal wellbeing. A significant reduction or sudden alteration in fetal movements is a potentially important clinical sign and can be a concern for both the mother and those providing care for her during pregnancy.

Confidential Enquiries into stillbirth have consistently described a relationship between episodes of reduced fetal movements (RFM) and stillbirth. In all of these case reviews unrecognised or poorly managed episodes of RFM have been highlighted as contributory factors to avoidable stillbirths. In addition, a growing number of studies have confirmed a correlation between episodes of RFM and stillbirth. (Confidential Enquiry into Stillbirths and Deaths in Infancy 2001, Draper, Kurinczuk et al 2015).

Maternal perception of RFM affects up to 15% of pregnancies (Sergent, Lefevre et al 2005). The majority, 70%, of these mothers will have a normal pregnancy outcome (O'Sullivan Stephen et al 2009). Up to 29% of women complaining of RFM have a small for gestational age baby and there is an increased risk of subsequent stillbirth (O'Sullivan, Stephen et al. 2009)

Fetal movement patterns are individual but are usually perceived by the mother between 18- and 20-weeks' gestation. Movements can be described as any discrete kick, flutter, swish or roll. Fetal movements generally plateau at around 32 week's gestation but should continue up to delivery. There is no evidence to suggest that fetal movements are reduced in the late third trimester.

2.0 Objective

To provide a standardised approach for all pregnant women who present to Barnsley maternity services who perceive they have reduced fetal movements

3.0 Scope

This guideline applies to all medical, midwifery and ultrasound staff working in all areas of Barnsley maternity services.

4.0 Main body of the document

4.1 Definition of reduced fetal movements

RFM is defined as maternal perception of reduced 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.

There is no established definition of recurrent episodes of RFM. For the purpose of this guideline, a consensus of two or more episodes of RFM occurring within a 21 day period, after 26 weeks gestation is agreed.

4.2 Advice for all women regarding fetal movements

Women will be given information and an advice leaflet on reduced fetal movements by 24 weeks of pregnancy (a copy of the leaflets is printed on the back of the customised growth chart, and should be printed in the woman's first language).

Women will be asked about their perception of fetal movements and patterns at each antenatal contact.

Women should be advised to ring a health care professional when experiencing reduced fetal movements without delay. Women < 28 weeks should be advised to contact their community midwife, after 28 weeks, women should be reviewed on the Antenatal Day Unit or Maternity Assessment Unit (MAU).

4.3 Reduced fetal movements before 24 weeks gestation

If a woman is worried regarding reduced fetal movements before 24 weeks gestation she can be reviewed by a community midwife and the fetal heart rate auscultated using a pinnard or hand-held Doppler. All findings MUST be documented.

NB women should be referred for an obstetric review if they have not felt fetal movements by 24 weeks gestation to rule out neuromuscular conditions.

4.4 Reduced fetal movements between 24 weeks to 27+6 weeks gestation

If a woman becomes concerned regarding her fetal movements during this gestation she can be seen by her community midwife (in hours) or in hospital (out of hours) for an antenatal assessment and auscultation of the fetal heart.

Midwives will perform an abdominal palpation and auscultate the fetal heart using a pinnard or hand-held Doppler.

If the woman is 26 – 27+6 weeks gestation:

- If the Symphysis Fundal Height (SFH) measurement has not been undertaken in the last 2-3 weeks – the midwife must measure and plot on the customised GROW chart
- If the fundal height measurement **has** been undertaken in the last 2-3 weeks the midwife will only measure and plot on the customised GROW chart if following abdominal palpation/assessment there are clinical suspicions of a small baby
- Undertake routine observations

No further actions are needed if the fetal heart is heard and all other findings are within normal limits.
Encourage the woman to continue to monitor movements and report any concerns.

4.5 First presentation of reduced fetal movements from 28 weeks to 38+6 weeks gestation

If after 28 weeks gestation a woman becomes concerned regarding fetal movements she should be advised to attend the maternity unit for review. The following should be undertaken on arrival:

- A full antenatal examination, to include BP, pulse, urinalysis, CO monitoring, SFH measurement (if not undertaken within last 2-3 weeks, or following abdominal palpation/assessment there are clinical suspicions of a small baby)
- Confirm there is a maternal perception of RFM – discuss how long RFM have been felt, confirm this is the first presentation and when movements were last felt
- Auscultate the Fetal Heart (FH) with a pinnard/hand held Doppler
- Undertake computerised CTG using Dawes Redman criteria
- A fetal movement indicator should also be given to the woman to record on the cCTG when she feels any movements

If no fetal heart has been heard, immediate medical review is required and care will be delivered in accordance with the guideline for the Management of Fetal /Early Neonatal Loss

Ultrasound scan for fetal growth, liquor volume and umbilical artery Doppler should only be offered on first presentation of RFM if there is no computerised CTG; or if there is another indication for scan (e.g. the baby is SGA on clinical assessment) (NHS England 2019)

**Please note the risk assessment tool within paperwork used in Antenatal Day Unit/Maternity Assessment Unit is no longer required to be completed when women attend with the first episode of reduced fetal movements.

Best practice is to perform any required scan within 24 hours. If this is not possible, a computerised CTG should be performed daily until a scan can be arranged and reviewed.

- Following scan, the woman will be reviewed in Antenatal Day Unit (ANDU) or Antenatal Clinic if it is performed alongside her Consultant clinic

- If the scan is normal the woman will continue with her planned care. She will be advised to contact the maternity unit if she has further concerns regarding fetal movements

- The woman will be reviewed by an obstetrician and a plan of care made if there are concerns regarding fetal wellbeing following the scan

If the woman does not feel fetal movements during her assessment and CTG monitoring, her case must be discussed with the obstetrician.

4.6 Management of repeat episodes of reduced fetal movements > 28 weeks gestation and < 38+6 weeks gestation

- A full antenatal examination should be undertaken to include BP, pulse, urinalysis, CO monitoring, SFH measurement (if not undertaken within last 2-3 weeks, or following abdominal palpation/assessment there are clinical suspicions of a small baby)
- Auscultate the FH with a pinnard/hand held Doppler
- Confirm there is a maternal perception of RFM – discuss how long RFM have been felt, confirm how many previous reduced fetal movement episodes they have had and when were movements last felt.
- Undertake a computerised CTG using Dawes Redman criteria.
- A fetal movement indicator should also be given to the woman to record on the cCTG when she feels any movements
- Assess for risks of FGR /stillbirth using the risk assessment tool (see appendix 2).

- Request **urgent** USS on ICE for growth, liquor volume and Doppler. The scan should be undertaken within 24 hours. If this is not possible, daily computerised CTG using Dawes Redman criteria should be undertaken until the USS can be performed.

Following USS, the woman should be reviewed on the Antenatal Day Unit/ MAU, by the obstetric team for a management plan regarding monitoring and possible delivery of the fetus.

4.7 Management of reduced fetal movements after 39 weeks gestation

- A full antenatal examination should be undertaken to include BP, pulse, urinalysis, CO monitoring, SFH measurement (if not undertaken within last 2-3 weeks, or following abdominal palpation/assessment there are clinical suspicions of a small baby)
- Auscultate FH with a pinnard/hand held Doppler; Undertake computerised CTG using Dawes Redman criteria. A fetal movement indicator should also be given to the woman to record on the cCTG, when she feels any movements. Assess for risks of FGR /stillbirth using the risk assessment tool (see appendix 2).
- Obstetric review is required to discuss and offer induction of labour

4.8 Induction of Labour

≤ 38+ 6 weeks gestation

Induction of labour should not be recommended prior to 39 weeks gestation for women presenting with a single episode of RFM in isolation

≥ 39 weeks gestation

Risks and benefits of induction of labour should be discussed with the mother, when presenting with a single episode of RFM after 38+6 gestation.

Induction of labour at 39 weeks gestation and beyond is not associated with an increased risk of caesarean section, instrumental vaginal delivery, fetal morbidity or admission to the neonatal intensive care unit.

Women presenting with *recurrent* RFM should additionally be informed of the association with an increased risk of stillbirth and given the option of delivery for RFM alone after 38+6 weeks.

5.0 Associated documents and references

Draper, E. S., J. J. Kurinczuk, S. Kenyon and o. b. o. MBRRACE-UK. (2015). MBRRACE-UK Perinatal Confidential Enquiry: Term, singleton, normally formed, antepartum stillbirth. Leicester, the Infant Mortality and Morbidity Studies, Department of Health Sciences, University of Leicester.

Greater Manchester and eastern Cheshire (GMEC) strategic clinical network; reduced fetal movement guideline – February 2019

NHS England (2019) Saving Babies' Lives version 2 a care bundle 2 for reducing perinatal mortality. NHS England: Leeds. Available from: https://www.england.nhs.uk/wp-content/uploads/2019/07/saving-babies-lives-carebundle-version-two-v5.pdf

O'Sullivan, O G, Stephen, E. A. Martindale and A E Heazell (2009), "Predicting Poor Perinatal Outcome in Women who Present with Decreased Fetal Movements – A Preliminary Study "Journal of Obstetrics and Gynaecology 29 (8) 705-710

Royal College of Obstetricians and Gynaecologists (RCOG). Green-top guideline No. 57. Reduced Fetal Movements (2011) [online] https://www.rcog.org.uk/globalassets/documents/guidelines/gtg_57.pdf

Royal College of Obstetricians and Gynaecologists (RCOG). Information for you. Your baby's movements in pregnancy (2012) https://www.rcog.org.uk/en/patients/patient-leaflets/your-babys-movements-in-pregnancy/

Sergent, F., A. Lefevre, E. Verspyck and L. Marpeau (2005). "Decreased fetal movements in the third trimester: what to do?" Gynecol Obstet Fertil 33(11): 861-869

6.0 Training and resources

Training will be facilitated as outlined in the Maternity Training Needs Analysis. This is updated on an annual basis.

7.0 Monitoring and audit

Any adverse incidents relating to the guideline for the management of reduced fetal movements will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the risk midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly risk meetings to ensure that appropriate action has been taken to maintain safety.

The guideline for the management of reduced fetal movements will be audited in line with the annual audit programme, as agreed by the CBU. The audit action plan will be reviewed at the monthly risk management meetings on a quarterly basis and monitored by the risk midwife to ensure that improvements in care are made.

8.0 Equality and Diversity

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This guideline should be implemented with due regard to this commitment.

To ensure that the implementation of this guideline does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This guideline can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this guideline. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

8.1 Recording and Monitoring of Equality & Diversity

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all guidelines will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.

Appendix 1
Glossary of terms

ANC	Antenatal Clinic
ANDU	Antenatal Day Unit
BMI	Body Mass Index
BP	Blood Pressure
CESDI	Confidential Enquiry into Stillbirths and Deaths in Infancy
CTG	Cardiotocograph
DNA	Did Not Attend
FGR	Fetal Growth Restriction
GROW	Growth Related Optimal Weight
IUGR	Intrauterine Growth Restriction
MAU	Maternity Assessment Unit
RFM	Reduced Fetal Movements

Appendix 2
(must always be the last appendix)
Maintain a record of the document history, reviews and key changes made (including versions and dates)

Version	Date	Comments	Author
1	08/04/2013		Maternity guideline group
2	15/08/2016		Maternity guideline group
3	16/10/2017		Maternity guideline group
4	23/04/2018		Maternity guideline group
8	22/4/2021		K Bushell, M Fawzy, N Khanem

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Reviewed by Maternity Guideline Group	22/04/2021
Reviewed at Women's Business and Governance meeting	21/05/2021
Approved by CBU 3 Overarching Governance Meeting	26/05/2021
Approved at Medicines Management Committee (if document relates to medicines)	N/A

Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

Document type (policy, clinical guideline or procedure)	Guideline
Document title	Management of Reduced Fetal Movements
Document author (Job title and team)	Kerry Bushell Matron for Community and Antenatal Outpatients Maternity Guideline Group
New or reviewed document	Reviewed
List staff groups/departments consulted with during document development	**Maternity Guideline Group involving Obstetric Consultants, and midwives**
Approval recommended by (meeting and dates):	Maternity guideline group — Date: 22/04/2021 Women's Business and Governance Meeting — Date: 21/05/2021 CBU 3 Overarching Governance Meeting — Date: 26/05/2021
Date of next review (maximum 3 years)	26/05/2024
Key words for search criteria on intranet (max 10 words)	Reduced Fetal Movements
Key messages for staff (consider changes from previous versions and any impact on patient safety)	Updated to comply with recommendations in Saving Babies Lives V2.
I confirm that this is the <u>FINAL</u> version of this document	**Name: Kerry Bushell** **Designation: Matron**

FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

Approved by (group/committee): CBU3 Governance **Date approved:26/05/2021**

Date Clinical Governance Administrator informed of approval: 06/06/2021

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