



Aneurin Bevan University Health Board

Investigation of Women with Reduced Fetal Movements Protocol

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

Contents:

Introduction	3
Policy Statement	3
Aims	3
Objectives	3
Scope	3
Roles and Responsibilities	3
Main Body	3
Training	3
Implementation	4
Further Information Clinical Documents	4
Standards for Health Services Wales	4
Equality	4
Environmental Impact	4
Audit	4
Review	4
References	4
Appendices	4

Introduction

Many women present at least once in their pregnancy with reduced or altered fetal movements. The aim of this guideline is to assist staff with investigating altered fetal movements and highlight those patients that require further management and surveillance.

Policy Statement

This document is a protocol designed to support safe and effective practice.

Aims

To provide support for clinical decision making regarding women with reduced fetal movements.

Objectives

Ensure that all women that present with reduced or altered fetal movements are managed effectively and to appropriate evidence based standards.

Scope

This protocol applies to all clinicians working within maternity services.

Roles and Responsibilities

The Maternity Management team

Main Body

Women present with reduced or altered fetal movements should be assessed as per appendix 2 with attention paid to their pregnancy gestation and appropriate fetal monitoring. All women should be risk assessed for risk factors for fetal growth restriction and stillbirth as listed in appendix 1.

Training

Staff are expected to access appropriate training where provided. Training needs will be identified through appraisal and clinical supervision.

Implementation

Auditable standards are stated where appropriate.

Further Information Clinical Documents

Royal College of Obstetricians and Gynaecologists, Greentop Guideline No. 57, published 25th February 2011.

Standards for Health Services Wales

This guidelines complies with standard 7 and 8.

Equality

An equality impact assessment has been carried out and is appended. No adverse impact has been identified by this assessment.

Environmental Impact

No Environmental Impact Assessment was needed to be carried out for this protocol.

Audit

Compliance with this protocol should be performed annually.

Review

3 yearly review of this document is recommended to ensure compliance with changing national standards.

References

Royal College of Obstetricians and Gynaecologists, Greentop Guideline No. 57, published 25th February 2011.

Appendices

Appendix 1 – Risk Factors for Fetal Growth Restriction and Stillbirth
Appendix 2 - Investigation of women with reduced fetal movements
Appendix 3 – Pregnant woman information sheet and alert sticker

Appendix 1: Risk Factors for Fetal Growth Restriction and Stillbirth

Consider these Background factors:

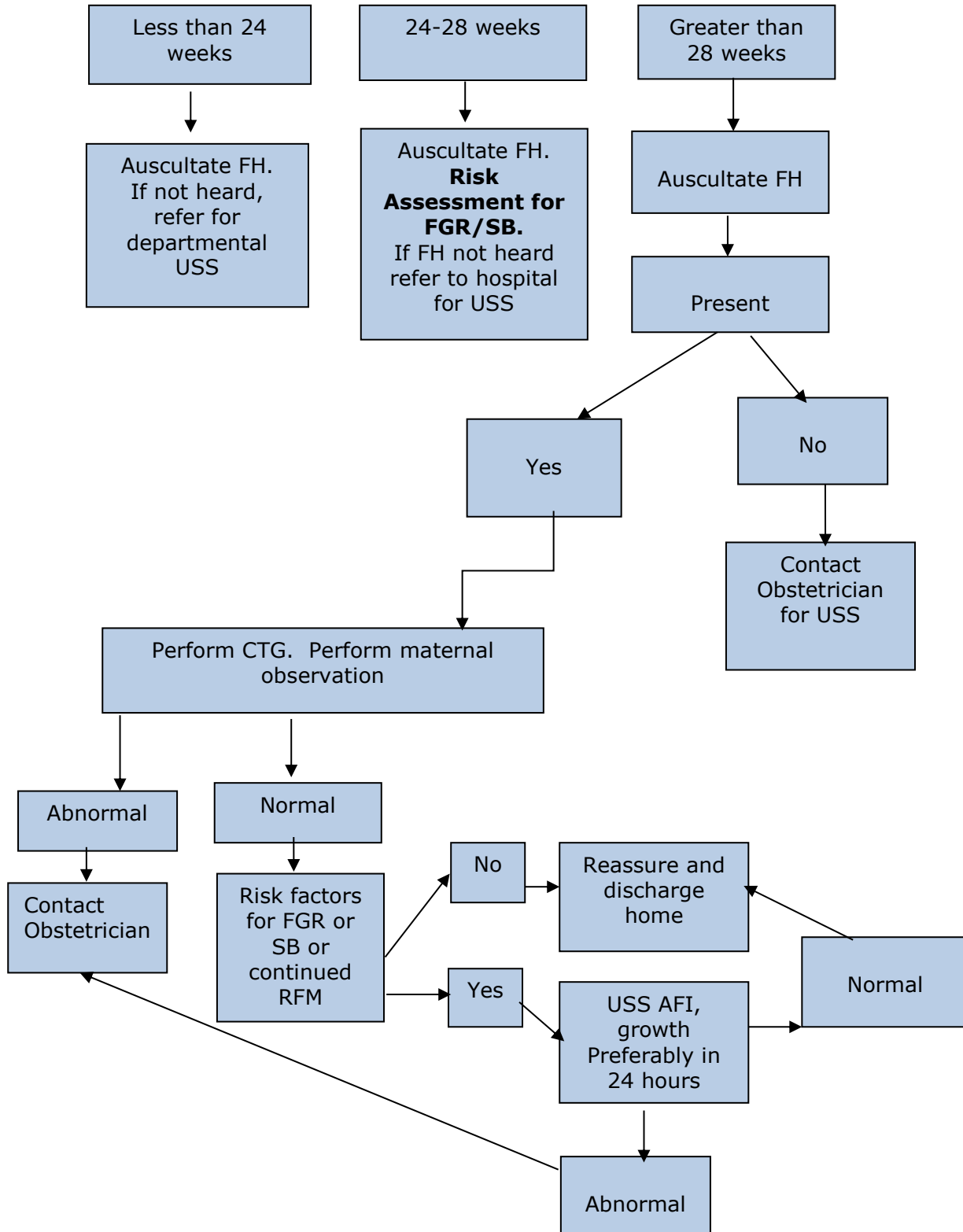
70% of reported reduced fetal movements are uncomplicated, therefore 30% have complications. Fetal movements are usually felt by 20 weeks gestation; they plateau by 32 weeks with no subsequent reduction. Fetal movements can be reduced for 48 hour post steroids, during raise maternal blood glucose. Be aware of an increased risk of poor perinatal outcome in recurrent reduced fetal movements. **CTG to be performed from 28 weeks onwards.**

Risk Factors for Fetal Growth Restriction and Stillbirth
≥ 2 consultations for reduced fetal movements Known FGR or prev SGA Chronic Hypertension Pre eclampsia Diabetes and Vascular disease PAPP-A < 0.4 MoM Auto immune disease Renal Disease Anti phospholipid syndrome Extremes of maternal age (< 16 yrs or > 40 yrs) Smoking >11 cigarettes/day Cocaine use Placental insufficiency Heavy bleeding similar to menses Previous still birth or neonatal death

Advice:

- Encourage woman to lie on their left side and focus on fetal movements for **up to** two hours, emphasising that if concerned they do not have to wait the full 2 hours before making contact. If they do not feel movements as they usually would during this time, they should contact their midwife or local maternity unit.
- If a woman is not reassured at any time and continues to be concerned, she should be encouraged to contact her Midwife or attend the unit for assessment

Appendix 2: Investigation of Women with Reduced Fetal Movements (RFM)



Appendix 3



WISER mothers

Please look at the front page of your maternity hand held records. You will see your midwife has put a WISER owl sticker on the front page. This is because you have had an episode of reduced fetal movements – you have not felt your baby move as usual or you have noticed a change in the pattern of your baby’s movement.

For 70% of mothers who do not feel their baby move, there is no need to worry, but in 30% of mothers there will be another time when you feel your baby’s movements have changed or reduced. This might be you.

So you need to be **WISER** and be prepared for another episode of reduced movements.

Talk about your baby’s movements with your family and friends so they know your situation and can help you if it happens again whatever the time of the day or night.

Ask your family and friends to be on stand by to help you by caring for your other children, or sort out your commitments should you need to come to hospital at short notice.

If your baby stops moving or you feel a change in your pattern of movements it is wise to come to hospital **straight away** – what ever the time of night or day. **Even if** you have an appointment with your midwife, hospital or GP the next day.

Please don’t delay!