Guideline for Management of Altered Fetal Movements

Speciality: Maternity

Approval body: Antenatal Forum

Approval date: 14th September 2018

Date of Review: 14th September 2021

Amendment Nov 2020 – Clarification on when episodes of AFM count

Amendment April 2022 – Removal of advice depending on whether a woman is sure.

This guideline is intended to supplement the All Wales Guideline on Fetal Movements in Pregnancy (issued July 2016) to provide further guidance and clarification on management within the ABMU health board.

Introduction

It is well recognised that women experiencing a stillbirth commonly report a reduction in fetal movements in the days leading up to the fetal death. Some studies have shown that an inappropriate response by clinicans to maternal concerns about the movements was a contributing factor. As part of national strategies to reduce stillbirth rates and the Each Baby Counts project it is important to recognise maternal concerns as a risk factor for poor outcomes. Unfortunately there are many reasons why women perceive an alteration in fetal movements, and little research into management strategies that are effective.

For most women fetal movements are felt from 18-20 weeks gestation, and gradually increase in frequency up to 32 weeks when the number of movements plateaus. Fetal activity tends to be greatest in the afternoon and evening periods. Most movements are perceived when the woman is lying down rather than standing. Obesity, anterior fetal spine position, and an anterior placenta may make fetal movements more difficult to feel. Smoking, sedating drugs such as opioids, and steroids can all be associated with a reduction in fetal movements. Women should be aware of their own baby's normal pattern of movements, and report any significant changes, rather than count a certain number of movements.

Under 28/40 gestation

If a woman reports she has NEVER felt movements by 24/40 then she should be referred to fetal medicine for consideration of assessment of fetal neurological conditions.

If a woman reports concerns about a change in movements for the first time then it is appropriate for the community midwife to perform an antenatal assessment including bp and urinalysis (for evidence of pre-eclampsia) and auscultation of the fetal heart. It is important to document the maternal pulse also and that the fetal heart was differentiated from the maternal heart beat.

If a woman reports concerns about a change in fetal movements for the second time then she should be referred to Antenatal Assessment Unit (AAU) for an Ultrasound Scan to assess growth, Liquor volume and umbilical artery Doppler.

Between 28/40 and 37/40 gestation

If a woman reports concerns about a change in fetal movements for the first time then she should be seen in AAU (Antenatal Assessment Unit) as soon as possible for an antenatal assessment including bp and urinalysis, and CTG. Where appropriate (ie not done in the preceeding 2 weeks) the symphysis fundal height should be measured for evidence of a small for gestational age baby.

During this pregnancy, if a woman reports concerns for a second or subsequent time she should also report to AAU for a CTG and antenatal assessment, but in addition should be offered an ultrasound for liquor volume and umbilical artery Doppler +/- growth UNLESS she has had a normal scan within the preceeding 2 weeks. Ideally the ultrasound should be performed within 24 hours or the next working day.

Beyond 37/40 gestation

If a woman presents for the first time with altered fetal movements she should be seen in AAU for a CTG and antenatal assessment.

During this pregnancy, if a woman presents for the second or subsequent time with altered fetal movements she should be seen in AAU for a CTG, antenatal assessment and ultrasound scan UNLESS she has had a normal scan within the last 2 weeks. In addition she can be offered a cervical membrane sweep.

If a woman presents beyond her EDD then it is also appropriate to offer induction of labour.

Midwifery Discharge Criteria

It is not necessary for an obstetrician to review all these women. Where the CTG and / or Ultrasound scan is normal and the woman is now feeling fetal movements the woman can return to routine care as previous planned.

An obstetric registrar or consultant should be asked to review in any case where the midwife feels it is required, and in addition

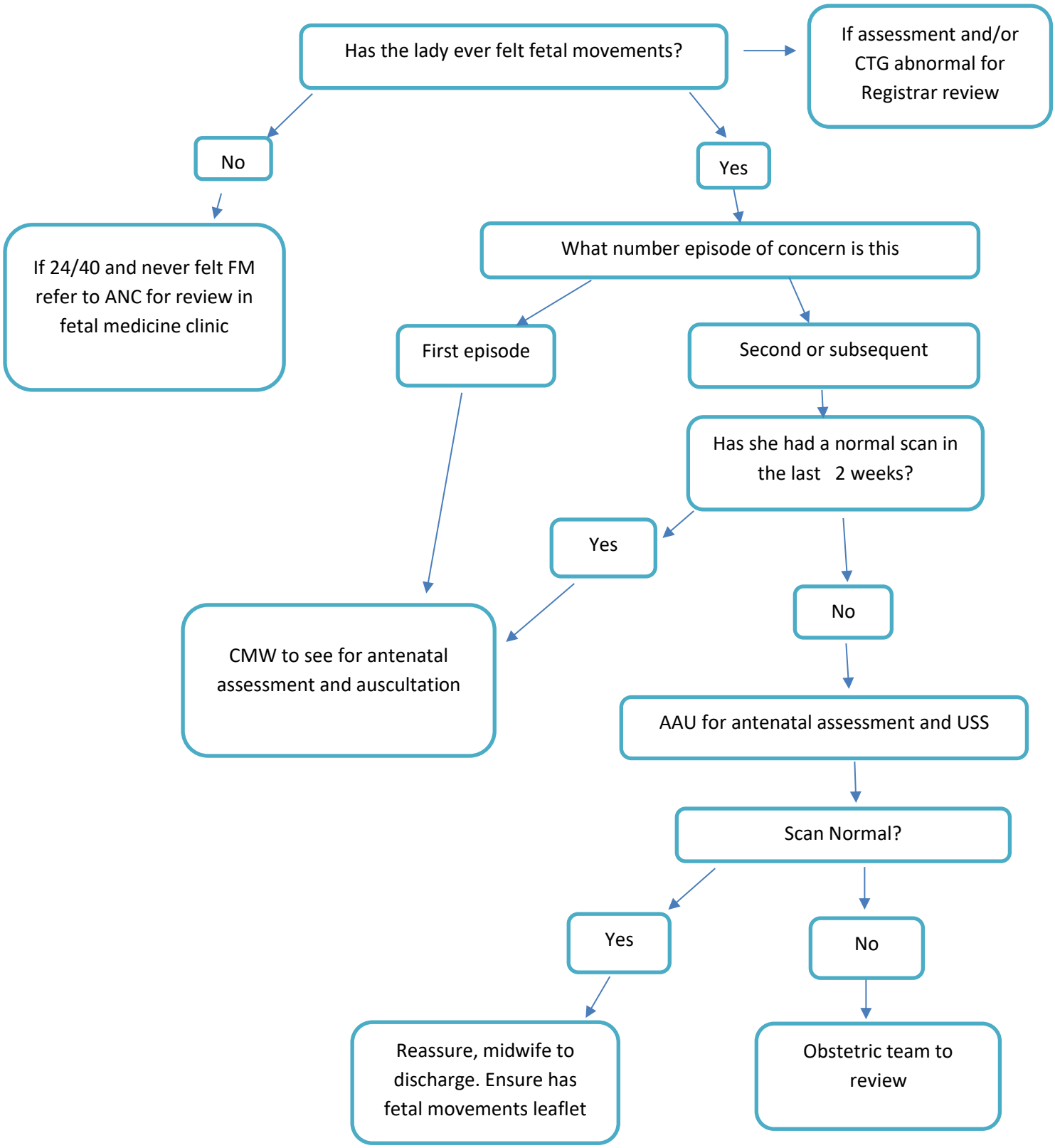
- If the woman is presenting for the second time within a week
- If the woman is known to have a risk factor for stillbirth such as small for gestational age, reduced liquor volume or abnormal Doppler, or has another complication such as diabetes, pre-eclampsia or obstetric cholestasis
- If the woman has an abnormal finding during this assessment
- If the woman presents beyond her EDD

Persistently Reduced Fetal Movements

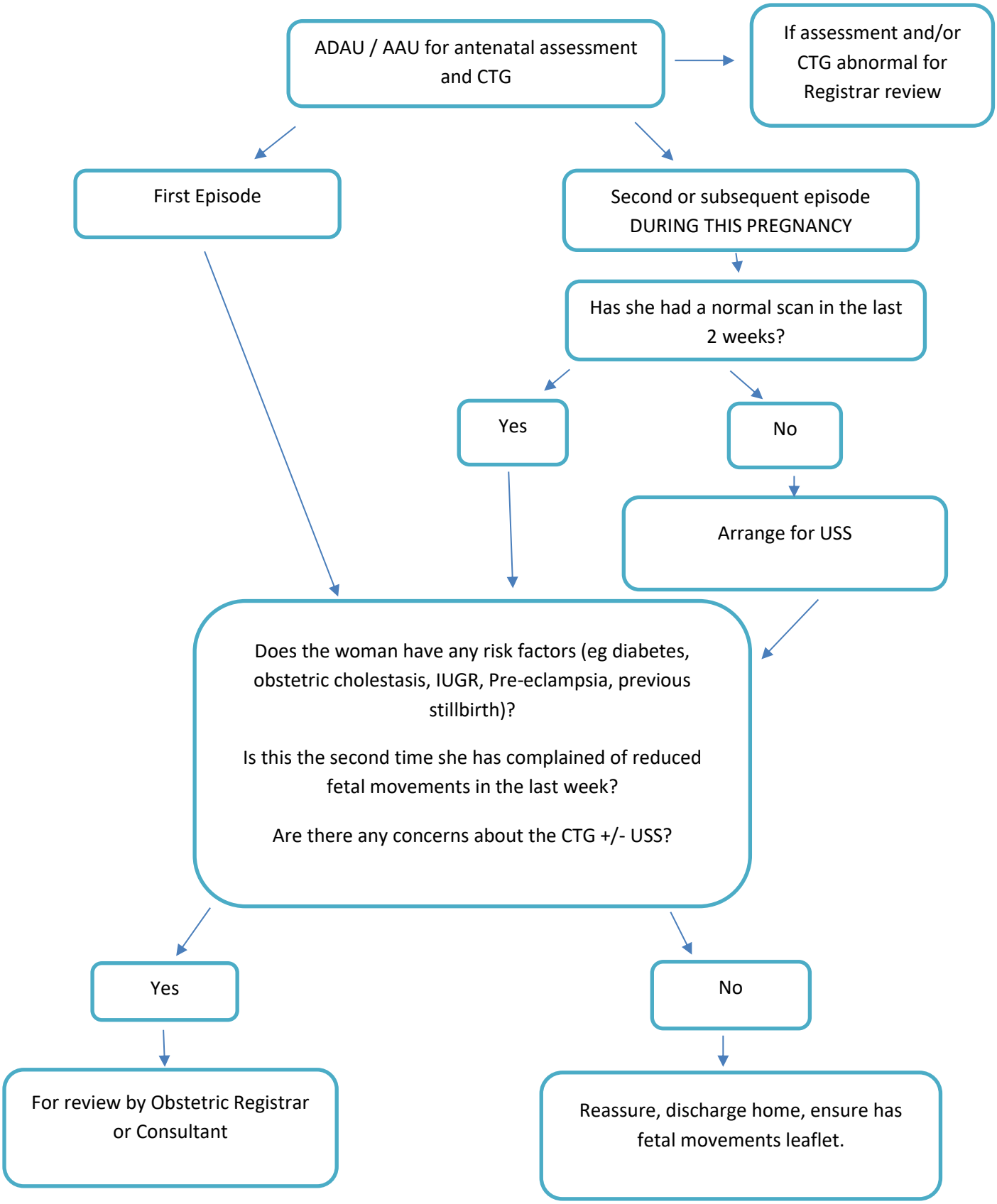
Some women have a persistent perception of reduced movements (ie most days), and the reasons for this is not always clear. This may be a woman with domestic violence or other social issues that she does not feel able to disclose, and so each

woman she be seen on her own to enquire about domestic violence. There is no evidence that planned CTGs improve outcomes, and women should be encouraged to ring when concerned even if that is every day. In addition to the management outlined above they should be referred to the consultant antenatal clinic for review. These women may be offered an induction of labour prior to their EDD but this must be a consultant decision.

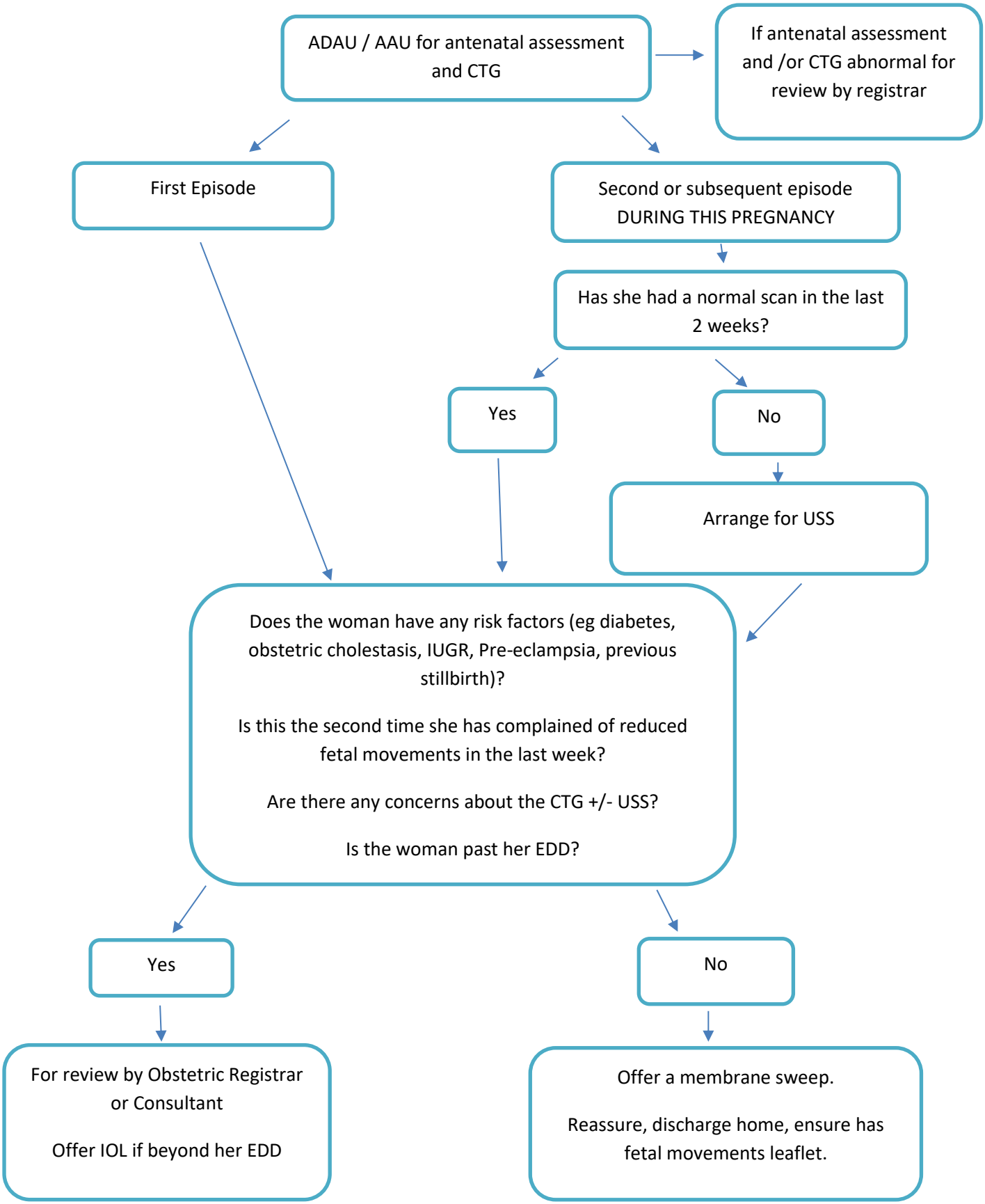
Up to 28 weeks



28 – 37 weeks Gestation



Beyond 37 weeks Gestation



References:

Reduced Fetal Movements, Green-top guideline 57. Feb 2011. Royal College of Obstetricians and Gynaecologists.

All Wales Guideline Fetal Movements in Pregnancy. July 2016. Maternity Network Wales

Prevention of Stillbirth. Smith, G. March 2015; 17:183-7. The Obstetrician and Gynaecologist.

Management of reported decreased fetal movements for improving pregnancy outcomes. Hofmeyr, G., Novikova, N. April 2012. The Cochrane Library.

Maternity Services

Checklist for Clinical Guidelines being Submitted for Approval

Title of Guideline:	Guideline for Management of Altered Fetal Movements
Name(s) of Author:	Dr Louise-Emma Shaw, Consultant Obstetrician
Chair of Group or Committee approving submission:	Antenatal Forum
Brief outline giving reasons for document being submitted for ratification	All Wales Guidance found to be lacking clarity with regards to subsequent presentations of altered fetal movements when a complaint reviewed.
Details of persons included in consultation process:	Dr Louise-Emma Shaw, Consultant Obstetrician Members of the Antenatal Forum
Name of Pharmacist (mandatory if drugs involved):	N/A
Issue / Version No:	1
Please list any policies/guidelines this document will supercede:	• Adjunct to All Wales Reduced Fetal Movements Policy
Date approved by Group:	Approved by Antenatal Forum on 14th September 2018
Next Review / Guideline Expiry:	14th September 2021
Please indicate key words you wish to be linked to document	Reduced Fetal Movements, Altered Fetal Movements
File Name: Used to locate where file is stores on hard drive	Z:\npt_fs2\Maternity Incidents Stats Etc\Policies\Ratified - Obs