NHS
Isle of Wight
NHS Trust

Standard Operational Procedure for the Management of Reduced Fetal Movements(RFM)

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Prepared by:	Jo Pennell/Yvonne Harris
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Wessex Ante Natal Care Pathways 26.04.2019 V4.1

No 6 COMMUNITY AND SECONDARY CARE PATHWAY FOR REDUCED/ABSENT FETAL MOVEMENTS

Consider these risk factors when completing assessment:
Risk Factors include:-

- Multiple consultations for reduced FMs
- Hypertension
- Known IUGR
- Diabetes
- Smoking/ Elevated CO Reading
- Social concerns-inc Domestic Abuse
- Mental Health concerns
- Poor obstetric history
- Congenital Malformations
- Low PAPP A
- Age <16 and >40
- BMI >35

INITIAL PHONE CALL: MOTHER REPORTS CONCERNS REGARDING REDUCED FETAL MOVEMEMENTS
TAKE FULL HISTORY AND RISK ASSESS. ASCERTAIN USUAL FETAL MOVEMENTS PATTERN

<26 WEEKS 1st EPISODE
Midwife to review and auscultate using hand held Doppler
If FM never felt by 24 weeks, refer to obstetric team

≥ 26 WEEKS or RECURRENT EPISODES <26 weeks
See in DAU for review
Perform full antenatal assessment with careful assessment of fundal height
Follow SGA pathway if any concerns
Commence CTG as soon as possible (if greater than 26 weeks)

1ST EPISODE
Or previous episode > 21 days ago

- CTG NORMAL * — FETAL MOVEMENTS FELT → DISCHARGE HOME. Return to routine antenatal care. Ensure woman has information
- CTG NORMAL* — REDUCED OR NO FETAL MOVEMENTS FELT → Arrange USS and request obstetric review if abnormal. Ensure woman has information
- CTG ABNORMAL* or ABNORMAL MATERNAL OBSERVATIONS → Urgent obstetric review and management plan accordingly

2ND EPISODE or recurrent within 21 days
Arrange USS (if no scan within previous 14 days)
If scan in last 14 days obstetric review following CTG

- CTG ABNORMAL* or ABNORMAL MATERNAL OBSERVATIONS → Urgent obstetric review and management plan accordingly
- CTG and SCAN NORMAL* — FETAL MOVEMENTS FELT. If >39 weeks for senior obstetric review following scan ** → DISCHARGE HOME. Return to routine antenatal care. Ensure and document woman has information such as Kicks Count, Wessex healthier together
- CTG and SCAN NORMAL* — REDUCED OR NO FETAL MOVEMENTS → Arrange same day obstetric review
- CTG NORMAL* BUT SCAN ABNORMAL → Arrange same day obstetric review

NO FH PRESENT AT ANY ATTENDANCE
Confirm by USS
Continue IUD pathway

**Induction of labour is not recommended below 39 weeks unless other signs of fetal compromise or maternal conditions

After 39 weeks any presentation of RFM warrants discussion of induction including risks and benefits of induction alongside risk of stillbirth

*Recommended of CTG should meet Dawes Redman criteria

References: RCOG (2011) reduced fetal Movements Green Top Guideline No. 57. AFFIRM Study Protocol Version 6 27/02/17.
This guidance does not replace the need for application of clinical judgment by clinicians to each individual presentation and specifics of the situation. Pathways current at time of Publication.

1. Purpose/Background:

Women should be made aware of the importance of becoming familiar with their baby's pattern of moving and to report any changes as soon as possible A significant reduction or sudden alteration in fetal movements is a potentially important clinical sign and an assessment should be made.

Purpose

To provide prompt surveillance for fetal wellbeing, to detect those babies that may be compromised in pregnancy and maximise the potential for a safe outcome.

2. Scope:

This document is for use by all obstetricians and midwives and it applies to all women cared for by St Mary's Hospital Maternity Services.

3. Responsibilities

It is the responsibility of all Midwifery and medical staff to:

- Access read understand and apply this standard operating procedure (SOP).
- Complete any mandatory training pertaining to the document.

It is the responsibility of the department to:

- Ensure the SOP is reviewed as required in line with Trust and national recommendations
- Ensure the SOP is accessible to all relevant staff

4. Procedure:

4.1 Antenatal information

ADVICE:

- Women should be provided with information related to reduced fetal movements between 24 -28 weeks The infographic insert (Appendix 1) should be discussed and documented at every contact
- Women **SHOULD NOT** be advised to simply rest and reassess their fetal movements. Nor should women be advised to eat or drink cold fluids as there is no evidence to support this

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- Women who are concerned about RFM should be asked to come to attend or contact the maternity unit where they can access midwifery care and assessment 24 hours a day .
- Tommy's leaflet in languages other than English can be found on the website
- https://www.tommys.org/pregnancy-information/health-professionals/free-pregnancy-resources/leaflet-and-banner-feeling-your-baby-move-sign-they-are-well

4.2 Antenatal attendance

On receiving a call from a woman reporting a history of reduced fetal movement,

ASK:

- Confirm there is maternal perception of RFM
- How long has there been RFM?
- Is this the first episode?
- When were movements last felt?

ASSESS:

- Take detailed history of the pregnancy to include gestation and any risk factors.
- All women should be given an appointment to attend either the Day Assessment Unit (DAU) or the maternity ward depending on availability of prompt appointments.
- Complete a telephone contact sheet. Ensure the triage sheet is uploaded onto e care logic when completed.
- Women less than 26 weeks gestation can attend a community midwifery clinic if available

ACT:

- On arrival in the maternity unit, a full history of the nature and duration of the episode of RFM should be taken; a history of previous episodes should also be noted.
- A full antenatal assessment should be made including any additional risk factors and assessment of fundal height. Follow Small for gestational Age (SGA) pathway if any concerns about fundal height.

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- If the gestation is < 26 weeks, auscultate the fetal heart with hand held Doppler. If fetal movements have not been felt by 24 weeks refer to obstetrician.
- For women greater than 26 weeks follow the Wessex Antenatal Care Pathway no.6 For RFM.

First episode:

- For first episode of reduced fetal movements (or a previous episode that is 21 days or more) undertake a CTG(Cardiotocograph) assessment with a Dawes Redman computerised Cardiotocograph (cCTG)
- Induction of labour could be discussed (risks, benefits and mother's wishes) with women presenting with a single episode of RFM after 38+6 weeks
- Once the Dawes Redman Criteria has been met and the mother has reported that she has felt fetal movements and no other risk factors have been identified she may be discharged. CTG trace must be assessed and signed off by 2 members of staff. She should be advised to report any further reduction of movements and this should be emphasised and documented in the DAU notes. It should also be recorded that the mother has felt fetal movements whilst on the cCTG. The RFM sticker (Appendix 2) should be placed in the DAU notes.
- If a Dawes Redman cCTG is not available, a standard CTG trace should be performed for at least 20 mins and assessed by 2 members of staff .An Ultra sound scan (USS) for fetal growth, liquor volume and umbilical artery Doppler should be offered for the same day but no later than 72 hours therefore should be classified as urgent. If USS cannot be performed on the same day consider further cCTG surveillance.
- If reduced or no movements are felt during CTG then an obstetric review should take place for an ongoing management plan which should be clearly documented
- If the CTG trace is abnormal then an urgent obstetric review is required and a management plan clearly documented

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Second episode or recurrent within 21 days:

- Dawes Redman cCTG to be commenced and USS organised (if no scan within last 14 days). If USS in last 2 weeks refer to Obstetrician.
- If the cCTG and USS are normal and fetal movements have been felt, by the mother then she may be discharged. Ensure that further information is given regarding the need for further assessment if reduced fetal movements persist this should be documented in the notes
- Women after 38+6 weeks should be informed of the association with an increased risk of stillbirth and given the option for delivery
- If the cCTG and USS are normal but reduced or no movements are identified on the cCTG or USS. An urgent obstetric review should take place in DAU for an ongoing plan of care.
- If the cCTG and movements are normal but USS abnormal then same day Obstetric review for plan of care.

4.3 Follow up

Between 24 and 38+6 weeks follow up should be based on clinical progression and additional presentations with reduced fetal movements

- The woman should be advised to continue observing the fetal movements and advised to contact the unit if worried. Additional information should be offered and women redirected to the reduced fetal movement's information provided in the hand held notes.

If gestation is greater than or equal to 39+0 weeks:

- The timing of the delivery and option of Induction of labour (IOL) should be discussed and delivery offered to women with a single episode or recurrent RFM after 38+6.

  Induction of labour for RFM alone is not recommended prior to 39 weeks.
- If IOL is declined a Consultant review should be arranged at the earliest opportunity to discuss ongoing plan of care.

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5 Implementation/training/awareness

- This is a review of a current document and it formalises current practice.
- Once ratified it will be available in all clinical areas within the Maternity Unit and on the intranet.
- All new, reviewed and ratified documents are notified to staff.

6. Auditable Standards

What aspects of compliance with the document will be monitored	What will be reviewed to evidence this	How and how often will this be done	Detail sample size (if applicable)	Who will coordinate findings	Which group or report will receive findings
Number of women receiving FMS information by 28 weeks (as identified in AN notes page 13)	Maternal Notes	yearly	20 sets	Audit Midwife	MCSG
Reduced fetal movements pathway followed	Maternal notes	yearly	20 sets	Audit Midwife	MCSG
Number of women induced after 39 weeks with RFM as sole reason for induction.	Euroking data	yearly	All records	Risk Midwife	MCSG

7. Related Documents:

SOP's/Guidelines:

- SOP- Antenatal care
- SOP- Dawes Redman
- SOP- Fetal Growth, Risk Assessment, Prevention and surveillance

Patient Information:

- Appendix 1: Infographic page from AN notes from Tommy's
- https://www.tommys.org/pregnancy-information/health-professionals/free-pregnancy-resources/leaflet-and-banner-feeling-your-baby-move-sign-they-are-well

8. References:

- Norman JE et al. Awareness of fetal movements and care package to reduce fetal mortality (AFFIRM): a stepped wedge, cluster-randomised trial. Lancet.2018
- NHS England 2019) Saving babies Lives (Version 2) - a care bundle for reducing stillbirths.

9. DISCLAIMER

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It is the responsibility of staff to check the Trust intranet to ensure that the most recent version/issue of this document is being referenced.

DOCUMENT HISTORY					
Date of Issue	**Version No.**	**Next Review Date**	**Date Approved**	**Director Responsible for Change**	**Nature of Change**
Dec 2006	1	Dec 2009	Dec 2006	Executive Director of Nursing and Workforce	New Document
Sept 10	1.1		Sept 10	Executive Director of Nursing and Workforce	
October 2010	2	October 2012	October 2010	Executive Director of Nursing and Workforce	Maternity CSG
April 2014	3	April 2017	29th April 2014	Executive Director of Nursing and Workforce	Reviewed no changes. Approved at Maternity CSG
March 2017	4	Oct 2019	March 2017	Clinical Director of Surgery, Women's & Children's Health	Ratified at Maternity CSG
July 2020	SOP v1.3	July 2023	20th July 2020	MCSG	Converted to SOP, reviewed and Ratified
Aug 2020	1.4	July 2023	26th Aug 2020	MCSG	Minor word changes addition of new infographic/leaflets
Oct 2020	1.5	July 2023	22nd Oct 2020	MCSG	Minor word changes at request of Mr Kenney

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Appendix 1 Tommy's Infographic

Tommy's PregnancyHub
Pregnancy expertise at your fingertips

NHS

English

Feeling your baby move is a sign that they are well

Most women usually begin to feel their baby move between 16 and 24 weeks of pregnancy. A baby's movements can be described as anything from a kick, flutter, swish or roll. The type of movement may change as your pregnancy progresses.

How often should my baby move?

There is no set number of normal movements.

From 16-24 weeks on you should feel the baby move more and more up until 32 weeks then stay roughly the same until you give birth.

DO NOT WAIT until the next day to seek advice if you are worried about your baby's movements

It is **NOT TRUE** that babies move less towards the end of pregnancy or in labour.

You should **CONTINUE** to feel your baby move right up to the time you go into labour and whilst you are in labour too.

Get to know your baby's movements

Why are my baby's movements important?

A reduction in a baby's movements can be an important warning sign that a baby is unwell.

Around half of women who had a stillbirth noticed their baby's movements had slowed down or stopped.

If you think your baby's movements have slowed down or stopped, speak to your midwife or maternity unit **immediately** (midwives are available 24 hours a day 7 days a week). There is always a midwife available, even at night.

- **Do not** put off getting in touch with a midwife or your maternity unit.
- **Do not worry about phoning,** it is important you talk to a midwife or your maternity unit for advice even if you are uncertain. It is very likely that they will want to see you straight away.

What if my baby's movements become reduced again?

If, after your check up, you are still not happy with your baby's movement, you must contact either your midwife or maternity unit straight away, even if everything was normal last time.

NEVER HESITATE to contact your midwife or the maternity unit for advice, no matter how many times this happens. There are midwives on duty in the maternity unit 24 hours a day.

Do not use hand-held monitors, Dopplers or phone apps to check your baby's heartbeat.

Even if you detect a heartbeat, this does not mean your baby is well.

This leaflet is available in other languages: tommys.org/pregnancyresources

Find out more at **tommys.org/pregnancy-hub**

Reporting reduced fetal movements

What should I expect?

This leaflet outlines the care that you should expect to receive, depending on which stage of the pregnancy you are at.

Less than 24 weeks pregnant

Most women first become aware of their baby moving when they are 16–24 weeks pregnant. If by 24 weeks you have never felt your baby move, you should contact your midwife, who will check your baby's heartbeat. An ultrasound scan may be arranged and you may be seen by a specialist to check your baby's wellbeing if a problem is suspected.

24-28 weeks pregnant

You should contact your midwife and they should see you the same day if possible. If they can't see you, they may refer you to the hospital maternity unit. Your baby's heartbeat will be checked and you will have a full check-up that should include:

1. Checking the size of your baby by measuring your bump
2. Checking your blood pressure
3. Testing your urine for protein

If your baby is smaller than expected, an ultrasound scan may be arranged to check on your baby's growth.

Over 28 weeks pregnant

You must contact your midwife or local maternity unit. You must not wait until the next day to seek help and you should be seen on the same day. If it is out of hours you may be asked to go to the labour ward and wait to be seen.

1. You will be asked about your baby's movements
2. You will have an antenatal check-up, including checking your baby's heartbeat and measuring the size of your bump
3. Your baby's heart rate will be monitored using a machine called a CTG, usually for at least 20 minutes

You should not be discharged until you are happy with your baby's movements again.

You may also have an ultrasound scan if:

- your baby is smaller than expected
- your pregnancy has other factors that are associated with a higher risk of stillbirth

The ultrasound scan is normally done within 24 hours.

These checks usually show that all is well. Most women who have one episode of reduction in their baby's movements go on to have a healthy baby.

What if my baby's movements become reduced again?

If, after your check up, you are still not happy with your baby's movement, you must contact either your midwife or maternity unit straight away, even if everything was normal last time.

NEVER HESITATE to contact your midwife or the maternity unit for advice, no matter how many times this happens. There are midwives on duty in the maternity unit 24 hours a day.

Do not use hand-held monitors, Dopplers or phone apps to check your baby's heartbeat.

Even if you detect a heartbeat, this does not mean your baby is well.

Find out more at **tommys.org/pregnancyhub**

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Tommy's is registered charity no 1060508 and SC039280

Appendix 3 – RFM sticker for notes

Reduced Fetal Movements

Date | Time

Ask

Gestation

Previous episode in last 21 days

How long have the movements been reduced?

When were movements last felt?

Were the movements normal? Yes No

Assess

Are there any risk factors for FGR or SB?

- Smoking
- Known FGR/SGA
- Multiple episodes of RFM
- Hypertension
- Vulnerable women
- BMI (>35)
- Maternal age
- Diabetes
- Congenital malformation
- Poor obstetric history

Act and Advise

- Auscultate FH
- Assess fetal growth/Check growth chart/Perform SFH
- Perform Dawes Redman cCTG
- cCTG abnormal – IMMEDIATE MEDICAL REVIEW
- cCTG/Maternal obs abnormal – medical review
- cCTG normal FM felt – home

Woman should be encouraged to re attend if she has concerns about RFM

Offer USS within 72hrs if;

- cCTG unavailable
- Risk factors identified
- cCTG abnormal or no FMs felt
- Recurrent RFM ≥2 episodes within 21 days after 28 + 0 weeks

(USS NOT required if performed within last 2 weeks and reassuring)

- RFM after 38+6 discussion IOL
- Recurrent RFM after 38+6 offer delivery

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