

WOMEN'S & NEWBORN HEALTH PROGRAM

Clinical Practice Guideline

TITLE: Decreased Fetal Movement	NUMBER: 6802
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Approved by: Childbirth Care Team	Approval Date: May 9 th , 2016 Effective Date: March 13 th , 2017
Applies To: Birth Unit Registered Nurses, Midwives, and Physicians	

GUIDING PRINCIPLES AND VALUES

A significant reduction or sudden alteration in fetal movement is a potentially important clinical sign. Ultrasound studies of fetal physiology have demonstrated an association between decreased fetal movement and poor perinatal outcome.

Most women are aware of fetal movement by 20 weeks gestation (RCOG, 2011). Perceived fetal movements are the maternal sensation of any discrete kick, flutter, swish or roll by fetus (es). Such fetal activity provides an indication of the integrity of the central nervous and musculoskeletal systems. The normal fetus is active and capable of physical movement and goes through periods of both rest and sleep. The majority of women perceive fetal movements and intuitively view their experience of fetal activity as normal (RCOG, 2011). Although fetal movements tend to plateau by 32 weeks gestation there is no reduction in the frequency of fetal movements in the late third trimester.

If patient has concerns regarding decreased fetal movement assessment is required regardless of gestation. After 26 weeks gestation, women who do not perceive 6 movements in a two hour period require further antenatal testing and should contact their health care provider or hospital as soon as possible (SOGC, 2007). *Refer to IWK Policy #7068 Antenatal Fetal Health Surveillance.*

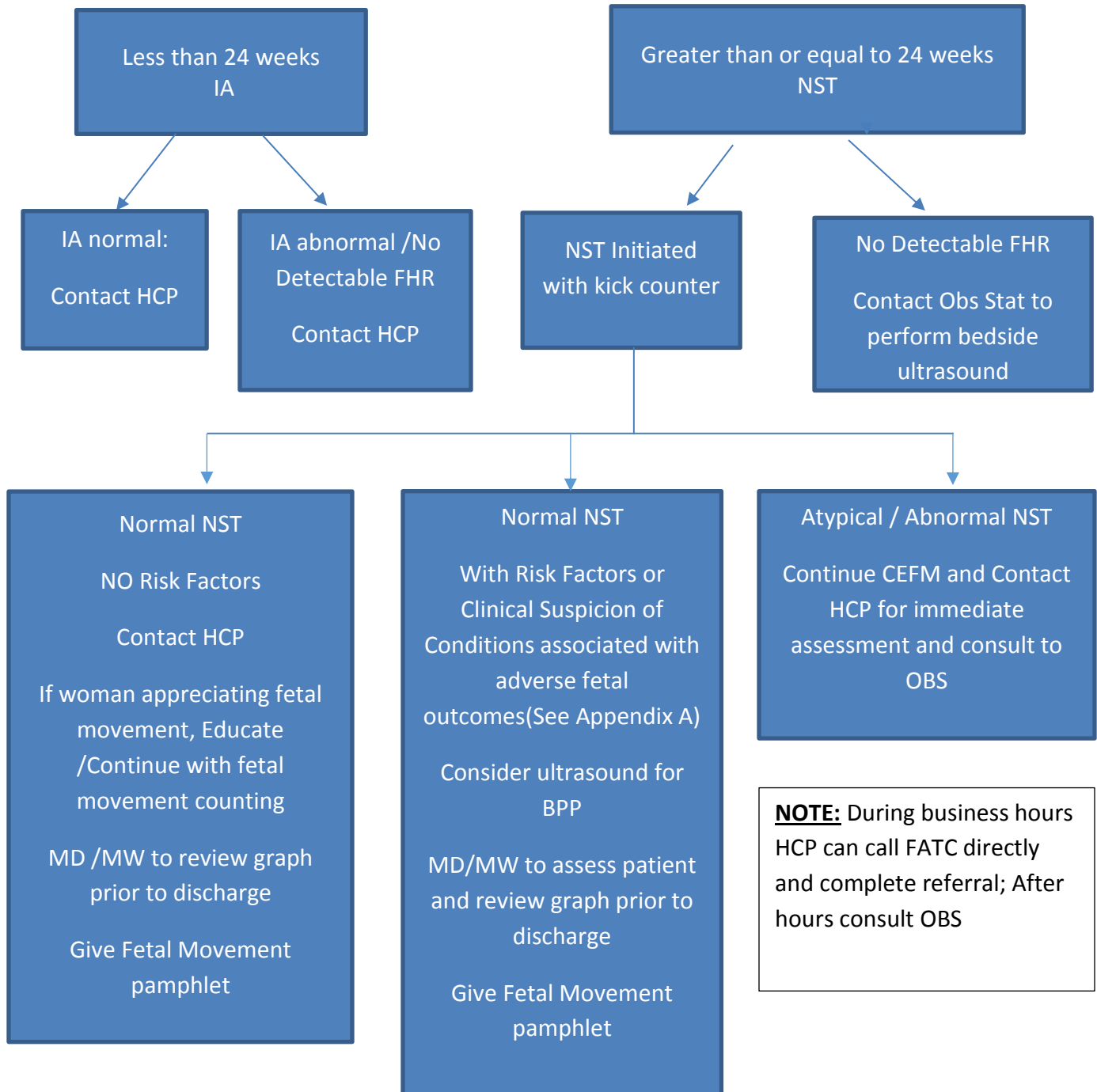
CLINICAL PRACTICE GUIDELINES

The following clinical practice guidelines outline the assessment and nursing care management of patients presenting through Early Labour Assessment Unit (ELAU) and triage for assessment of decreased or absent fetal movement. This includes when the collaboration and consultation with the patient's physician/midwife occurs and appropriate management as labour progress.

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Decreased Fetal Movement Clinical Practice Guideline

Complete the initial Triage assessment (includes determination of gestational age, vital signs, FHR, chief complaint and history). Additional things to consider: gestation, history prior to arrival, presence of bleeding and/or pain. Transfer to the most appropriate area based on the assessment. (Refer to IWK Policy #6801 Triage Assessment).



REFERENCES

- Australian and New Zealand Stillbirth Alliance (2010). Clinical Practice Guideline for the Management of Women who report Decreased Fetal Movements. Retrieved from.....on March 24th, 2016.
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- Fretts, R.C. (2016). Decreased fetal movement: Diagnosis, evaluation and management. Retrieved March 24th, 2016 from www.uptodate.com
- Kamalifard, M., Abbasalizadeh, S., Ghojzadeh, M. Samani, F.G., & Rabiei L. (2013). Diagnostic Value of Fetal Movement Counting by Mother and the Optimal Recording Duration, *Journal of Caring Sciences*, 2(2), 89-95.
- Royal College of Obstetrics & Gynecology (2011) Reduced Fetal Movements. Green-top Guideline #57. February 2011. Retrieved on March 18th, 2016 from https://www.rcog.org.uk/globalassets/documents/guidelines/gtg_57.pdf.
- Society of Obstetrics & Gynecology Canada (2007). Fetal Health Surveillance: Antepartum and Intrapartum Consensus Guideline. *JOGC*, 29 (9); Supplement 4: S1-S56.

RELATED DOCUMENTS

Policies

IWK Health Centre Policy # TBA Triage Assessment

IWK Health Centre Policy #7070 Intrapartum Fetal Health Surveillance

IWK Health Centre Policy # 7068 Antepartum Fetal Health Surveillance

IWK Health Centre Policy # 1525 Biophysical Profile

Forms

IWK Antenatal Home Care (AHC) Services Referral Form #IWKANHOCA

Taking Care of your baby Before Birth: Your Guide to Baby Movement Monitoring PL-0814

Appendix (es):

Appendix A: SOGC Conditions Associated with Increased Risk of Adverse Fetal Outcomes

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APPENDIX A:

Conditions associated with increased risk of adverse fetal outcomes and indications for the use of continuous electronic fetal monitoring.

(Adapted from Society of Obstetrics & Gynecology Canada (2007), Fetal Health Surveillance: Antepartum and Intrapartum Consensus Guideline)

Antenatal maternal conditions	Hypertensive disorders of pregnancy Diabetes Antepartum hemorrhage Other maternal medical disease
Antenatal fetal conditions	Intrauterine growth restriction Prematurity Oligohydramnios Abnormal umbilical artery Doppler velocimetry Isoimmunization Multiple pregnancy Breech presentation
Intrapartum maternal conditions	Vaginal bleeding in labour Intrauterine infection Previous Caesarean section Prolonged membrane rupture > 24 hours term Induced labour Augmented labour Hypertonic uterus Preterm labour Post-term pregnancy (>42 weeks)
Intrapartum fetal conditions	Meconium staining of the amniotic fluid Abnormal fetal heart rate on auscultation

* Adverse fetal outcome: cerebral palsy, neonatal encephalopathy, and perinatal death. Adapted from RCOG Evidence-based Clinical Guideline Number 8, May 2001. The use of electronic fetal monitoring.

District Health Authority/IWK Policies Being Replaced

(Please List)

Version History

(To Be Completed by the Policy Office)

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)