

Plain language summary

Reduced Fetal Movements

Who is this summary for?

This summary is for pregnant women and their partners

What is this summary about?

The National Women and Infants Health Programme, Health Service Executive has developed a number of clinical guidelines to help healthcare professionals to deliver evidence-informed care. One of these guidelines is around the assessment and management of reduced fetal movements during pregnancy. This plain language summary describes the key points and important take home messages from this Guideline.

What are reduced fetal movements?

Reduced fetal movements occur when a pregnant woman feels that her baby is not moving or kicking as much as usual, or if the baby's movements have become weaker, or stopped. Reduced fetal movements can be an early sign, and sometimes the only warning sign, that a baby needs to be checked at hospital.

Every baby is different and there is no set number of times a baby should move in a specific period of time. A baby's movements should increase throughout the day with stronger movements often felt in the evening.

Pregnant women should be advised to get to know their baby's normal pattern of movements paying attention to when the baby is usually most active or quiet, the strength of the movements and how the movements feel. Pregnant women should not be given non-evidence based advice about reduced fetal movements from healthcare staff.

Women should be provided with information about baby's movements by 24 weeks of pregnancy by healthcare staff. They should also be provided with contact information for their maternity unit/hospital so that they can report any concerns about the baby's movements.

What should a woman do if she experiences reduced fetal movements?

Women who are concerned about a change or reduction to their baby's normal pattern of movements should go to their maternity unit/hospital immediately for review and assessment of their baby's wellbeing.

If a woman has concerns around her baby's movements she should not delay getting checked at a maternity unit/hospital.

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/>

<https://www.rcpi.ie/Faculties-Institutes/Institute-of-Obstetricians-and-Gynaecologists/National-Clinical-Guidelines-in-Obstetrics-and-Gynaecology>

What will happen at the maternity unit/hospital?

A midwife and doctor will talk to the woman about the change in her baby's movements, her medical history, other symptoms such as pain or bleeding, risk factors for stillbirth, and other medical conditions.

The midwife and doctor will advise tests based on the woman's history including:

- Checking and monitoring the baby's heartbeat
- Measuring the size of the baby's bump (fundal height)
- A tracing of the baby's heart rate (a CTG).
- Ultrasound scan to measure the baby's size, amount of amniotic fluid around the baby and blood flow between the baby and mother.
- Urine and blood tests
- A blood test to check for any bleeding that may have occurred between mother and baby. (feto-maternal haemorrhage; this test is not always needed or available)
- How many weeks' pregnant she is – over 28 weeks or between 24 and 28 weeks, where the best way to manage a change in the baby's movements is not as clear.
- Whether she presented previously with the same concerns.

The woman will go home if her baby is found to be healthy and she has no concerns. She should not leave the hospital if she has any concerns. Some women may be admitted to the hospital for further monitoring.

What happens based on the test results?

Depending on the medical history, risk factors for stillbirth and the number of times the woman has felt reduced fetal movements, the doctor may advise increasing the monitoring of the baby's well-being to include extra clinic/hospital visits or scans or have a discussion with the woman about the timing of birth.

If the woman is over 39 weeks pregnant, the doctor will discuss the risks and benefits of inducing labour and/or delivery of the baby.

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What else is important for women and their partners to know?

Self-checking or assessing the baby's heart beat (for example using phone apps, a home handheld monitor or Doppler) at home is not recommended.. Even if a heartbeat is detected, this does not mean the baby is well.

- Pregnant women should not follow advice on ways to stimulate baby's movements such as consuming certain foods or drinks or concentrating on movements for a period of time as these practices are not supported by research or evidence.
- Pregnant women should not delay getting checked at a maternity unit/hospital by drinking cold water or eating something sugary to get the baby moving.
- Babies do not run out of room
- Babies' movements do not slow down towards the end of pregnancy.
- Babies continue to move during labour.
- The use of "kick-charts" or "kick counting" for monitoring a baby's movements is not recommended

Where to go for more information?

<https://m.youtube.com/watch?v=YQUHSXvGQ30>

<https://www.tommys.org/pregnancy-information/pregnancy-symptom-checker/baby-fetal-movements>

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/>

<https://www.rcpi.ie/Faculties-Institutes/Institute-of-Obstetricians-and-Gynaecologists/National-Clinical-Guidelines-in-Obstetrics-and-Gynaecology>

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