# ASQUAM Guideline for the Management of Diminished or Altered Fetal Movements (DFM)

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- Midwife
- Head of Midwifery/Matron
- Clinical Governance Midwife
1. Aim

This guideline aims to provide midwives and obstetricians with a clear pathway to follow when dealing with women who report either diminished, absent or altered fetal movements. Research has shown that a change in fetal movement may sometimes precede fetal death by a day or more and as such by acting promptly when reported we may potentially avoid this outcome. (1)

2. Background

- Primigravid women may not feel fetal movements until 20 -22 weeks
- Multigravid women may feel fetal movements as early as 12-14 weeks
- Fetal activity varies between individuals and according to gestation
- Evidence suggests that fetal activity is greater between the hours of 9pm and 1am
- Women should be aware that all of the above are normal

- Most late still births occur in normal low risk pregnancies
- Mothers intuition is key (2)

3. Recognition and assessment

Women must be aware that;

- Fetal movements do not decrease before or during labour
- Healthy babies move >10 times in 12 hours
- Cigarettes/alcohol/sedatives/narcotics/methadone will all cause a reduction in fetal movement and women should be aware of this

Midwives and obstetricians should take the opportunity, at every point of contact, to enquire about fetal movement. We must ensure women are aware of the importance of monitoring fetal movement and that they are aware of whom to inform if they have any concerns. We should also make sure that comment on fetal activity is always included in the documentation of any antenatal examination.
4. Advice

<24 weeks gestation
Have they previously been aware of regular fetal movements? Reassure the woman that irregular movement patterns can be experienced in early pregnancy. She should be seen within 24 hrs by a midwife, in hospital or community, to auscultate the fetal heart.

24 – 26 weeks gestation
If reduced or absent fetal movements and/or concerns are raised with regard to the woman’s medical/obstetric history, advise to attend Maternity Assessment Unit (MAU).

Auscultate fetal heart and assess symphysis fundal height
- If normal: reassure and resume normal antenatal care. Advise to return if further concerns about movements
- If reduced symphyis fundal height: for growth scan and umbilical artery Doppler

Second episode of DFM
- Growth scan (unless performed in previous 2 weeks)

>26 weeks gestation
Diminished Fetal Movements (DFM) over 26 weeks gestation should attend MAU for fetal monitoring (computerised CTG if available).

5. Management

When a women reports concerns with fetal movements we must establish;

History
- Medical/obstetric history (e.g. diabetic/ hypertensive/ oligo/polyhydramnios/ pv bleed/ IUGR/ previous poor outcome)
- Gestation
- What is the normal pattern?
- When did the pattern change?

If DFM’s reported, a full antenatal examination should be performed.
- temperature, pulse and blood pressure
- urinalysis
- abdominal palpation to assess growth, making sure to plot on growth chart. If Interuterine Growth Restriction (IUGR) suspected an Ultrasound Scan (USS) should be arranged for growth, liquor volume and umbilical artery Doppler.
- Auscultation should be performed with a Pinnard stethoscope and the maternal pulse should be separately identified.
- If >26 weeks a CTG should be performed

**CTG**

- separately identify fetal heart rate by using Pinnard stethoscope
- If difficulty in obtaining FH, immediate senior medical review should be sought and ultrasound undertaken
- if available use computerised CTG
- if criteria met within 45 mins, reassure and allow home and advise to return if any further concerns
- if this is the second episode of DFM’s within one week and >28 weeks gestation arrange and review USS, if possible within 24 hours. If USS is normal can return to routine care if no other risk factors, however if any concerns with USS should have immediate senior obstetric review (registrar or consultant)

**If CTG abnormal**

- Urgent obstetric SpR review
- FBC and Group & Save
- Consider cannulation
- Urgent obstetric SpR review
- Consider transfer to delivery suite or maternity theatre
- If adequate CTG can not be obtained despite sitting with woman, seek obstetric SpR or consultant Obstetrician opinion

**Inability to identify fetal heart**

If on arrival the fetal heart can not be auscultated then an immediate USS should be undertaken by consultant obstetrician if available or by an obstetric trainee who has completed basic ultrasound training, and confirmation by consultant obstetrician. This scan should be performed in the scan room on the MAU. If fetal death is confirmed then the consultant on call should be informed and the fetal loss guidelines should be followed.

**Appendices**
Appendix 1  Telephone triage for reduced fetal movements.

Appendix 2. Management on arrival will vary according to findings.

6. References


7. Appendix 1

**telephone triage for reduced fetal movements**

Reduced fetal movements reported

- **Obtain history**
  - Gestation
  - What’s the normal pattern?
  - When did the pattern change?
  - Relevant medical/obstetric history
  - Assess risk

- **< 24 Weeks**
  - Low Risk
    - Not previously aware of regular fetal movements
    - Reassure to stay at home
    - Log call for audit

- **> 24/26 Weeks**
  - Low Risk
    - Previously aware of regular pattern
    - Reassure and advise that they contact CMW to check for FH (if out of hours and other factors consider MAU)
  - High Risk
    - Altered or absent fetal movements
    - Advise to attend MAU

- **> 26 Weeks**
  - Low Risk
    - Reduced fetal movements <10 in 12 hours or absent movement
    - Advise to attend MAU

  - High Risk
    - Previously aware of regular fetal movement
    - Advise to attend MAU

  - Reduced or absent FM and/or concerns are raised with regard to the woman’s medical/obstetric history, advise to attend Maternity Assessment Unit (MAU).
management of diminished fetal movement on MAU

- Asked to attend MAU (cmw/self referral/GP with reduced fetal movements)
- Admit to MAU
  - History
  - Observation
  - Palpation
  - (SFH to be plotted)
  - Pinnard auscultation
  - Assess risk low/high

- < 26/40
  - Low Risk
    - No abnormalities auscultated
    - Reassure and send home
  - High Risk
    - Abnormalities auscultated
    - Seek Reg review

- NO FH
  - Reg review
    - Stay with patient
    - Arrange USS

- > 26/40
  - Low Risk CTG
  - Normal CTG
    - Criteria met
    - Medical Review
  - Suspicious CTG
    - Pathological
    - Prepare for delivery/transfer
  - High Risk CTG
    - First episode
      - Normal CTG
      - Fetal movements felt
      - Reassure
      - Home
    - Second episode
      - Normal CTG
      - Arrange USS
      - Reg review