REDUCED FETAL MOVEMENT (RFM) - CLINICAL GUIDELINE

Summary.

Algorithm for Management of Reduced Fetal Movement > 28 weeks gestation

First telephone contact
Confirm gestation and if is 1st episode of RFM

Below 28 weeks gestation
See CMW for full A/N examination including FH auscultation.

>28 weeks and 1st episode
Community Midwife 9-5pm
(Wheat Rose out of hours)
- Obtain history / Identify risk factors
- Check observations including urinalysis
- Measure & plot fundal height measurement
- Auscultate fetal heart using Pinnard / Doppler
- Perform computerised CTG using Dawes/Redman (DR) analysis

If no fetal heart refer woman to DAU / Wheat Rose for Senior Obstetric review

Suspicious or Pathological CTG
Dawes / Redman criteria not met

Normal CTG
(D/R criteria met)

1st Episode:
- No risk factors
- Well
- SFH in normal range
- Fetal movement felt

1st Episode with:
- Risk factors identified or
- SFH below 10th centile / fall off in growth or
- Still no fetal movements

Scan for growth, liquor & Doppler if last scan > 2 weeks ago

Normal scan

2nd or more Episode

Scan abnormal or last scan < 2 weeks ago
or
Multiple episodes of RFM

Senior Obstetric review for an Individualized Management Plan (IMP).
1. **Aim/Purpose of this Guideline**

1.1. To give guidance to Midwives and Obstetricians on the management of a woman who reports reduced fetal movements (RFM).

2. **The Guidance**

This guidance is compiled from recommendations made in the Royal College of Obstetricians and Gynaecologists (RCOG) Green-top Guideline 57 - Reduced Fetal Movements (2011).

2.1. **Normal Fetal Movements**

Most women are aware of fetal movements by 20 weeks gestation. Clinicians should be aware (and should advise women) that although fetal movements tend to plateau at 32 weeks gestation, there is no reduction in the frequency of fetal movements in the third trimester. Fetal movements are usually absent during fetal “sleep” cycles, which occur regularly and usually last for 20-40 minutes in the normal healthy fetus.

All women should be advised to be aware of their baby’s individual pattern of movement. If they are concerned about a sudden change in fetal activity or a reduction in or cessation of fetal movements after 28+0 weeks gestation they should contact the on-call Community Midwife.

Written information about fetal movements should be given to women e.g. RCOG Patient Information leaflet or RCOG and Department of Health (DoH) endorsed ‘Count the Kicks’ leaflet.

Fetal movements should be discussed at each antenatal contact and the discussion recorded in the maternity notes.

Women should be advised not to use a home Doppler as this can give false reassurance, instead they should contact the on call Community Midwife if they have concerns.

2.2. **Initial Assessment by Community Midwife** (telephone or face to face)

Relevant history should be taken to assess the woman’s risk factors for stillbirth and Fetal Growth Restriction (FGR).

Risk factors include:

- Multiple consultations for RFM
- Known small for gestational age (SGA) or FGR
- Hypertension
- Diabetes
- Smoking
- Placental Insufficiency
- Congenital Malformations
- Obesity
- Ethnicity
- Poor past obstetric history
- Genetic factors
- Extremes of maternal age
- Primiparity
• Issues with access to care e.g. women who are poor attenders

If after discussion it is clear that the woman does not have RFM and there are no other risk factors for stillbirth, she can be reassured.

2.3. Clinical Assessment for all Women with Confirmed RFM
• Confirm fetal viability with handheld Doppler device

• Clinical assessment to include assessment of fetal size using a customized growth chart with the aim of detecting SGA fetuses.

• Measure blood pressure (BP) and test urine for proteinuria to exclude pre-eclampsia. Any woman with RFM and any signs of pre-eclampsia should be referred to Day Assessment Unit (DAU) for review.

• Perform a computerised CTG using the Dawes Redman criteria analysis for women over 28 weeks gestation

• If the perception of RFM remains, despite a normal CTG, or if there are any risk factors referral to DAU for scan and review should be made ideally within 24 hours. If a scan is not possible within 24 hours then for daily CTG until scan performed.

• The episode of RFM should be clearly recorded in the maternity handheld notes

2.4. Advice for Women with Normal Assessment Following an Episode of RFM
• Women should be reassured that 70% of pregnancies with a single episode of RFM are uncomplicated

• Kick charts are not advised

• There is no recommended number of fetal movements per day. Women must learn what is normal for their baby.

• Women with a normal assessment after presentation of RFM should be advised to contact the on-call Community Midwife if they have another episode of RFM.

2.5. Management of Women with Recurrent RFM
• Women who recurrently perceive RFM should be reviewed to exclude predisposing factors

• Ultrasound assessment should be performed for growth, liquor volume and umbilical artery Doppler if not performed within the last two weeks

• Clinicians should be aware of the increased risk of poor perinatal outcome in women presenting with recurrent RFM. Careful counselling of the pros and cons of induction should be made on an individual basis by a Senior Obstetrician and clearly documented in the maternity notes.
2.6. Management of RFM Before 28+0 weeks Gestation

- The presence of a fetal heartbeat should be confirmed by auscultation with a Doppler handheld device
- A full antenatal check-up should be carried out
- Comprehensive stillbirth risk evaluation should be performed
- Routine ultrasound assessment is not recommended
- If fetal movements have never been felt by 24 weeks gestation referral to the Fetal Medicine Centre should be considered to look for fetal neuromuscular conditions

2.7. Documentation

- Full details of the individualised assessment, discussion and management plan must be documented to ensure continuity of care is provided
- Clearly record how many episodes of RFM have been reported by the woman using the Reduced Fetal Movements Record in the maternity notes
- Record advice about follow up and when/where to present if a further episode of RFM is perceived

3. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Documentation and record keeping by Midwives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Supervisor of Midwives Forum and Ante natal Ward Manager</td>
</tr>
<tr>
<td>Tool</td>
<td>A fresh eyes sticker is attached to the CTG printout and the hand held notes</td>
</tr>
<tr>
<td></td>
<td>Any woman with a suspicious/pathological CTG is referred immediately to the Consultant Led Unit</td>
</tr>
<tr>
<td></td>
<td>Full details of assessment and management must be documented</td>
</tr>
<tr>
<td></td>
<td>Record advice given about follow up and where/when to present if a further episode of RFM is perceived</td>
</tr>
<tr>
<td>Frequency</td>
<td>Ongoing as part of the Supervisor of Midwives record keeping audit</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>Through the Supervisor of Midwives Forum and any deficiencies to be reported to the Maternity Risk Management Forum</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>An action plan to be developed if any discrepancies identified and the action plan monitored by the Supervisor of Midwives Forum and developed and monitored though Maternity Risk Management Forum</td>
</tr>
</tbody>
</table>
4. **Equality and Diversity**

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

4.2. **Equality Impact Assessment**

The Initial Equality Impact Assessment Screening Form is at Appendix 2.
### Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>REDUCED FETAL MOVEMENTS (RFM) – CLINICAL GUIDELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>17th December 2015</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>31st December 2015</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>31st December 2018</td>
</tr>
</tbody>
</table>
| Directorate / Department responsible (author/owner): | Karen Stoyles  
Obs and Gynae Directorate |
| Contact details: | 01872-255036 |
| Brief summary of contents | To give guidance to Midwives and Obstetricians on the management of a woman who reports reduced fetal movements (RFM). |
| Suggested Keywords: | RFM, reduced, fetal, movements, kicks, monitoring, Dawes, Redman, CTG, Scan |
| Target Audience | RCHT ✓ PCH CFT KCCG |
| Executive Director responsible for Policy: | Medical Director |
| Date revised: | 17th December 2015 |
| This document replaces (exact title of previous version): | Clinical Guideline for the management of reduced fetal movements |
| Approval route (names of committees)/consultation: | Maternity Guideline Group  
Obs and Gynae Directorate  
Divisional Board for noting |
| Divisional Manager confirming approval processes | Head of Midwifery |
| Name and Post Title of additional signatories | Not Required |
| Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings | {Original Copy Signed}  
Name: Helen Ross-McGill |
| Signature of Executive Director giving approval | {Original Copy Signed} |
| Publication Location (refer to Policy on Policies – Approvals and Ratification): | Internet & Intranet ✓ Intranet Only |
Related Documents:

- Draper ES, Kurnczuk JJ, Kenypn S (Eds) on behalf of MBRRACE-UK. MBRRACE-UK Perinatal Confidential Enquiry: Term, singleton, normally formed, antepartum stillbirth. Leicester: The Infant Mortality and Morbidity Studies, Department of Health Sciences, University of Leicester. 2015.

Training Need Identified? No

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2009</td>
<td>V1.0</td>
<td>Initial Issue of community DFM</td>
<td>Helen Ettle and Jane Stubbs Community Midwifery Team Leaders</td>
</tr>
<tr>
<td>May 2010</td>
<td>V2.0</td>
<td>Updated to clarify action to be taken on pathological CTG</td>
<td>Helen Ettle and Jane Stubbs Community Midwifery Team Leaders</td>
</tr>
<tr>
<td>June 2012</td>
<td>V2.1</td>
<td>Updated and compliance monitoring added</td>
<td>Helen Ettle and Jane Stubbs Community Midwifery Team Leaders</td>
</tr>
<tr>
<td>December 2012</td>
<td>V2.2</td>
<td>Community and hospital guideline amalgamated</td>
<td>Karen Stoyles Antenatal Ward Manager</td>
</tr>
<tr>
<td>17th December 2015</td>
<td>V2.3</td>
<td>Flow chart includes management for repeated episodes of RFM. FMs to be discussed at each visit and documented. Number of episodes to be documented. Women advised not to use home Doppler. If scan not possible to have daily CTGs. Dawes Redman CTG to be used over 28/40 gestation.</td>
<td>Karen Stoyles Antenatal Ward Manager</td>
</tr>
</tbody>
</table>
### Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as policy)</th>
<th>CLINICAL GUIDELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of individual completing assessment: Elizabeth Anderson</td>
<td>Telephone: 01872-252879</td>
</tr>
</tbody>
</table>

1. **Policy Aim**
   - **Who is the strategy / policy / proposal / service function aimed at?**
   - To give guidance to Midwives and Obstetricians on the management of a woman who reports reduced fetal movements (RFM)

2. **Policy Objectives**
   - Evidence based advice and information is given to pregnant women reporting reduced fetal movements

3. **Policy – intended Outcomes**
   - Improved fetal outcomes

4. **How will you measure the outcome?**
   - Compliance Monitoring Tool

5. **Who is intended to benefit from the policy?**
   - Pregnant women and their babies

6a) **Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?**
   - No

   b) **If yes, have these *groups been consulted?**
   - N/A

   c) **Please list any groups who have been consulted about this procedure.**
   - N/A

### 7. The Impact

Please complete the following table.

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td>X</td>
<td>All pregnant women reporting reduced fetal movements</td>
</tr>
<tr>
<td><strong>Sex (male, female, trans-gender / gender reassignment)</strong></td>
<td>X</td>
<td></td>
<td>All pregnant women reporting reduced fetal movements</td>
</tr>
</tbody>
</table>
### Race / Ethnic communities/groups
- X All pregnant women reporting reduced fetal movements

### Disability -
- Learning disability, physical disability, sensory impairment and mental health problems
- X All pregnant women reporting reduced fetal movements

### Religion / other beliefs
- X All pregnant women reporting reduced fetal movements

### Marriage and civil partnership
- X All pregnant women reporting reduced fetal movements

### Pregnancy and maternity
- X All pregnant women reporting reduced fetal movements

### Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian
- X All pregnant women reporting reduced fetal movements

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. | Yes | No | X
---|---|---|---

9. If you are not recommending a Full Impact assessment please explain why.

N/A

**Signature of policy developer / lead manager / director**
Karen Stoyles

**Date of completion and submission**
17th December 2015

**Names and signatures of members carrying out the Screening Assessment**
1. Elizabeth Anderson
2.

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**Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD**

A summary of the results will be published on the Trust’s web site.

Signed: Elizabeth Anderson

Date: 17th December 2015