

Pregnancy - Decreased Fetal Movement

After Hours Telephone Triage Protocols | Adult | 2015



DEFINITION

- Concerns that the baby is moving less
- Questions relating to fetal movement
- Questions about how to perform a kick count

Note:

- Pregnant and patient is not in labor

INITIAL ASSESSMENT QUESTIONS

1. FETAL MOVEMENT: "Has the baby's movement decreased or changed significantly from normal?" (e.g., yes, no; describe)
2. EDD: "What date are you expecting to deliver?"
3. PREGNANCY: "How many weeks pregnant are you?"
4. OTHER SYMPTOMS: "Do you have any other symptoms?" (e.g., abdominal pain, leaking fluid from vagina, vaginal bleeding, etc.)

TRIAGE ASSESSMENT QUESTIONS

Call EMS 911 Now

Sounds like a life-threatening emergency to the triager

CA: 40, 1

See More Appropriate Guideline

Injury to abdomen

Go to Guideline: Pregnancy - Abdomen Injury (Adult)

[1] Pregnant > 36 weeks AND [2] having contractions or other symptoms of labor

Go to Guideline: Pregnancy - Labor (Adult)

[1] Pregnant < 37 weeks AND [2] having contractions or other symptoms of labor

Go to Guideline: Pregnancy - Labor - Preterm (Adult)

[1] Pregnant > 20 weeks AND [2] abdominal pain

Go to Guideline: Pregnancy - Abdominal Pain Greater Than 20 Weeks EGA (Adult)

[1] Pregnant > 20 weeks AND [2] vaginal bleeding or spotting

Go to Guideline: Pregnancy - Vaginal Bleeding Greater Than 20 Weeks EGA (Adult)

Go to L&D Now

Blurred vision or visual change

R/O: preeclampsia

CA: 52, 92, 1

[1] SEVERE headache AND [2] not relieved with acetaminophen (e.g., Tylenol)

R/O: preeclampsia

CA: 52, 92, 1

Leakage of fluid from vagina

R/O: rupture of membranes

CA: 52, 92, 17, 1

Go to L&D Now (or PCP triage)

[1] Pregnant 23 or more weeks AND [2] baby moving less today by kick count (e.g., kick count < 5 in 1 hour or < 10 in 2 hours)

Reason: needs exam and fetal monitoring

CA: 55, 7, 3, 90, 1

[1] Pregnant 23 or more weeks AND [2] baby moving less today AND [3] unable or unwilling to perform kick count

Reason: needs exam and fetal monitoring

CA: 55, 7, 3, 90, 1

[1] Pregnant 23 or more weeks AND [2] normal kick count BUT [3] mother still thinks there is something wrong

Reason: needs exam and fetal monitoring

CA: 55, 7, 3, 90, 1

[1] Pregnant 23 or more weeks AND [2] No movement of baby for 8 hours

Reason: needs exam and fetal monitoring

CA: 55, 6, 7, 10, 90, 1

Fever > 100.4 F (38.0 C)

R/O: chorioamnionitis, pyelonephritis, viral illness

CA: 55, 76, 80, 1

New hand or face swelling

R/O: preeclampsia

CA: 55, 92, 1

Patient sounds very sick or weak to the triager

Reason: severe acute illness or serious complication suspected

CA: 55, 80, 1

See Physician within 24 Hours

[1] Pregnant 20-22 weeks AND [2] no movement of baby > 24 hours AND [3] has felt baby move previously

Reason: needs exam and fetal monitoring

CA: 44, 6, 7, 10, 90, 1

Discomfort when passing urine (e.g., pain, burning or stinging)

R/O: UTI, cystitis

CA: 44, 13, 14, 407, 7, 3, 15, 1

See PCP When Office is Open (within 3 days)

[1] Pregnant 20 or more weeks AND [2] has not felt baby move yet

Reason: needs exam to determine dates

CA: 45, 12, 6, 7, 89, 1

Home Care

[1] Pregnant 23 or more weeks AND [2] baby moving normally OR normal kick count (all triage questions negative)

CA: 48, 5, 7, 3, 4, 1

[1] Pregnant 23 or more weeks AND [2] baby moving less today AND [3] willing to perform kick count (all triage questions negative)

CA: 48, 2, 3, 7, 4, 1

[1] Pregnant 23 or more weeks AND [2] has felt baby move in past 24 hours (all triage questions negative)

CA: 48, 9, 10, 7, 11, 1

[1] Pregnant < 20 weeks AND [2] has not felt baby move yet (all triage questions negative)

CA: 48, 18, 6, 7, 8, 1

CARE ADVICE (CA) -

1. **Care Advice** given per Pregnancy - Decreased Fetal Movement (Adult) guideline.
2. **Reassurance:** Given what you have told me, it sounds like you do not need to go to Labor and Delivery at the hospital right now. But I want to make certain that you are comfortable with this and give you instructions on performing a kick count.
3. **Kick Count Instructions:**
 - Pick the time of the day that the baby is most active.
 - Sit back in a comfortable chair or lay down on your side (preferably left) in bed, in a quiet room with no distractions (e.g., radio, TV, cell phone, computer, children).
 - Count any baby movements (even small ones). Count up to 10.
 - Normal kick count - 5 or more in one hour or 10 or more in 2 hours.
 - Low kick count - less than 5 in one hour or under 10 in 2 hours.
4. **Call Back If:**
 - Low kick count (under 5 in 1 hour or under 10 in 2 hours)
 - Normal kick count but you still are worried that something is wrong
 - You have other questions or concerns.
5. **Reassurance:** Given what you have told me, it sounds like you do not need to go to Labor and Delivery at the hospital right now. But I want to make certain that you are comfortable with this and to answer any questions that you have.

6. **Quickening:**
 - Quickening is the term used to describe when a woman first feels baby movement.
 - This usually occurs between the 18th-20th weeks of pregnancy.
 - Thin women feel movements earlier in pregnancy than overweight women.
 - Women use many different terms to describe their babies' movements. Early in pregnancy women may describe a "fluttering", a "nudge", a "butterfly", or a slight "twitch".
7. **Fetal Movement and Pregnancy Dates:**
 - *1-15 Weeks:* Baby is too small for mother to feel the baby move.
 - *16-18 Weeks:* Some women begin to feel the baby move, especially if they had a baby before.
 - *18-20 Weeks:* Most women begin to feel baby move around this time.
 - *24 Weeks:* All women should feel the baby move by this time.
 - *Over 28 Weeks:* Some doctors advise that women check kick counts each day.
8. **Call Back If:**
 - No baby movement felt by 20 weeks (or see your physician)
 - You have any other questions or concerns.
9. **Reassurance:** Given what you have told me, it sounds like you do not need to be worried. This early in pregnancy some women may not feel their babies move at all for many hours.
10. **Fetal Movement Decreased:** During the day when you are most active the baby is often the most quiet. Perhaps the baby is rocked to sleep by the rhythmic motion of your walking and activity. **Increased:** Many women report that their babies are most active at night. Others note that the baby's movements increase after meals or in response to a stressful situation.
11. **Call Back If:**
 - No baby movement felt for more than 24 hours
 - You have any other questions or concerns.
12. **Reassurance:** This may not be serious. Some women do not feel their babies move until after 20 weeks. Some women find that their pregnancy dates were wrong. But, it is time for you to see a physician and get an examination.
13. **Fluids:** Drink extra fluids. Drink 8-10 glasses of liquids a day. (Reason: to produce a dilute, non-irritating urine.)
14. **Cranberry Juice:**
 - Some people think that drinking cranberry juice may help in fighting urinary tract infections. However, there is no good research that has ever proved this.
 - Dosage Cranberry Juice Cocktail: 8 oz (240 ml) twice a day.
 - Dosage 100% Cranberry Juice: 1 oz (30 ml) twice a day.
 - Do not drink more than 12 oz (360 ml). Here is the reason: too much cranberry juice can also be irritating to the bladder.
15. **Call Back If:**
 - Abdominal pain or fever over 100.4 F (38.0 C) occurs
 - Any vaginal bleeding or spotting occurs
 - Low kick count (if pregnant over 24 weeks)
 - You become worse.

17. **Leakage:** Place menstrual pad in underwear. Bring towel; you may wish to put it on the seat of your car.
18. **Reassurance:** Given what you have told me, it sounds like you do not need to be worried. Many women do not feel their babies move until after 20 weeks.
40. **Call EMS 911 Now:** Immediate medical attention is needed. You need to hang up and call 911 (or an ambulance). (Triager Discretion: I'll call you back in a few minutes to be sure you were able to reach them.)
41. **Go To ED Now:** You need to be seen in the Emergency Department. Go to the ER at _____ Hospital. Leave now. Drive carefully.
42. **Go To ED Now (or PCP triage):**
 - **If No PCP Triage:** You need to be seen. Go to the ER/UCC at _____ Hospital within the next hour. Leave as soon as you can.
 - **If PCP Triage Required:** You may need to be seen. Your doctor will want to talk with you to decide what's best. I'll page him now. If you haven't heard from the on-call doctor within 30 minutes, go directly to the ER/UCC at _____ Hospital.
43. **See Physician Within 4 Hours (or PCP triage):**
 - **If No PCP Triage:** You need to be seen. Go to _____ (ED/UCC or office if it will be open) within the next 3 or 4 hours. Go sooner if you become worse.
 - **If PCP Triage Required:** You may need to be seen. Your doctor will want to talk with you to decide what's best. I'll page the doctor now. If you haven't heard from the on-call doctor within 30 minutes, call again. (Note: If PCP can't be reached, send to ED/UCC or office.)
44. **See Physician Within 24 Hours:**
 - **If Office Will Be Open:** You need to be examined within the next 24 hours. Call your doctor when the office opens, and make an appointment.
 - **If Office Will Be Closed And No PCP Triage:** You need to be examined within the next 24 hours. Go to _____ at your convenience.
 - **If Office Will Be Closed And PCP Triage Required:** You may need to be seen within the next 24 hours. Your doctor will want to talk with you to decide what's best. I'll page the doctor now. (**Exception:** from 10 pm to 7 am. Since this isn't serious, we'll hold the page until morning.)
45. **See PCP Within 3 Days:** You need to be examined within 2 or 3 days. Call your doctor during regular office hours and make an appointment. (Note: if office will be open tomorrow, tell caller to call then, not in 3 days).
46. **See PCP Within 2 Weeks:** You need an evaluation for this ongoing problem within the next 2 weeks. Call your doctor during regular office hours and make an appointment.
47. **Home Care - Information or Advice Only Call.**
48. **Home Care:** You should be able to treat this at home.
49. **Call PCP Now:** You need to discuss this with your doctor. I'll page him now. If you haven't heard from the on-call doctor within 30 minutes, call again.

50. **Call PCP Within 24 Hours:** You need to discuss this with your doctor within the next 24 hours.
- **If Office Will Be Open:** Call the office when it opens tomorrow morning.
 - **If Office Will Be Closed:** I'll page him now.
(Exception: from 9 pm to 9 am. Since this isn't urgent, we'll hold the page until morning.)
51. **Call PCP When Office Is Open:** You need to discuss this with your doctor within the next few days. Call him/her during regular office hours.
52. **Go To L&D Now:** You need to be seen. Go to the Labor and Delivery Unit or the Emergency Room at _____ Hospital. Leave now. Drive carefully.
55. **Go To L&D Now** (or PCP triage):
- **If No PCP Triage:** You need to be seen. Go to the Labor and Delivery Unit at _____ Hospital within the next hour. Leave as soon as you can.
 - **If PCP Triage Required:** You may need to be seen. Your doctor will want to talk with you to decide what's best. I'll page him now. If you haven't heard from the on-call doctor within 30 minutes, go to the Labor and Delivery Unit at _____ Hospital.
76. **Fever Medicine - Acetaminophen:**
- Fever above 101° F (38.3° C) should be treated with acetaminophen (e.g., Tylenol). This can be taken by mouth as pills or per rectum using a suppository. Both are available over the counter. Usual adult dose is 650 mg by mouth or per rectum every 6 hours.
 - The goal of fever therapy is to bring the fever down to a comfortable level. Remember that fever medicine usually lowers fever 2-3° F (1-1.5° C).
80. **Driving:** Another adult should drive.
89. **Call Back If:**
- You become worse.
90. **Call Back If:**
- You have more questions.
92. **Note to Triager - Driving:**
- Another adult should drive.
 - If immediate transportation is not available via car or taxi, then the patient should be instructed to call EMS-911.
- 407 **Caution - Cranberry Juice:**
- Do not drink more than 16 oz (480 ml) of cranberry juice cocktail per day (Reason: too much cranberry juice can also be irritating to the bladder).
 - There have been a couple cases reported of interactions between cranberry juice and Coumadin (warfarin). In these cases the INR level increased for a period of days while the person was drinking cranberry juice. The INR is a test that is used to determine if a person is taking the right amount of Coumadin. At higher INR levels there is an increased risk of bleeding.
 - Remember, antibiotics are needed to treat a urine infection!

FIRST AID



N/A

BACKGROUND INFORMATION

Key Points

- Quickening is the term used to describe when a woman first feels baby movement. This usually occurs between the 18th-20th weeks of pregnancy. Women who have been pregnant previously can sometimes feel the baby move as early as the 16th or 17th week. Thin women feel movements earlier in pregnancy than overweight women.
- Women use many different terms to describe their babies' movements. Early in pregnancy women may describe a "fluttering", a "nudge", a "butterfly", or a slight "twitch". Later in pregnancy the baby is larger and the movements are more forceful. Women may then describe "hard kicking", "punching", or "rolling".
- Feeling the baby move is a great source of happiness for the mother to be. The fetal movements provide ongoing reassurance that all is going well with the pregnancy. A decrease or absence of fetal movement can cause significant maternal anxiety regarding the well-being of her baby, and may be a sign of fetal compromise.

Fetal Movement Dates

- *1-15 Weeks:* Baby is too small for mother to feel the baby move.
- *16-18 Weeks:* Some women begin to feel the baby move, especially if they had a baby before.
- *18-20 Weeks:* Most women begin to feel baby move around this time.
- *24 Weeks:* All women should feel the baby move by this time.
- *Over 28 Weeks:* Some doctors advise that women check kick counts each day.

Performing Kick Counts

- Performing a daily "kick count" or using a "kick chart" is one way to track your baby's movement.
- Some doctors recommend kick counts and some doctors do not.
- In some cases (such as a high risk pregnancy), it may be more important to perform daily kick counts.
- Research has shown that performing kick counts does not reduce stillbirths [Grant reference].

Kick Count Instructions

- Pick the time of the day that your baby is most active.
- Sit back in a comfortable chair or lay down on your left side in bed.
- Do this in a quiet room (no TV, cell phone, computer, or children).
- Count any baby movement (kicks, rolls, flutters). Count up to 10.
- **Normal Kick Count:** 5 or more in one hour or 10 or more in 2 hours.
- **Low Kick Count:** Less than 5 in one hour or less than 10 in 2 hours.

Calculating the Estimated Date of Delivery (EDD)

- EDB (estimated date of birth) and EDC (estimated date of confinement) mean the same thing as EDD.
- LNMP is the last normal menstrual period.
- *Nagele's rule:* $EDD = (LNMP - 3 \text{ months}) + 7 \text{ days}$.

Calculating the Estimated Gestational Age (EGA)

- Gestational age is the number of weeks since the LNMP.
- A normal full-term pregnancy lasts 37-42 weeks.
- **Wheel:** Generally, the wheel is the best method for the triager to calculate the gestational age. The

patient must be able to give you a relatively accurate LNMP. A wheel and a calculator are available on the internet at www.medcalc.com.

- **Ultrasound:** An ultrasound during early pregnancy can be very accurate in setting the EDD, if patient has had one performed and can remember the results.
- **Fundal height:** The top of the uterus can be palpated at the level of the navel at 20 weeks of gestational age.
- **Fetal Heart Tones:** Can be first heard with a doppler stethoscope at 10-12 weeks gestational age.

REFERENCES

1. American College of Obstetricians and Gynecologists (ACOG). Antepartum fetal surveillance. Number 9, October 1999 (replaces Technical Bulletin Number 188, January 1994). Clinical management guidelines for obstetrician-gynecologists. *Int J Gynaecol Obstet.* 2000;68(2):175-85.
2. American College of Obstetricians and Gynecologists. ACOG Practice Bulletin. Clinical Management Guidelines for Obstetrician-Gynecologists, Number 70, December 2005. Intrapartum fetal heart rate monitoring. *Obstet Gynecol.* 2005;106(6):1453-60.
3. American College of Obstetricians and Gynecologists. ACOG Practice Bulletin No. 80: premature rupture of membranes. Clinical management guidelines for obstetrician-gynecologists. *Obstet Gynecol.* 2007 Apr;109(4):1007-19.
4. Christensen FC. Fetal movement counts. *Obstet Gynecol Clin North Am.* 1999;26(4):607-21.
5. Del Mar C, O'Connor V. Should we stop telling well pregnant women to monitor fetal movements? How to use and interpret guidelines. *Br J Gen Pract.* 2004 Nov;54(508):810.
6. Froen JF. A kick from within, fetal movement counting and the cancelled progress in antenatal care. *J Perinat Med* (2004) 32 : pp 13-24.
7. Global Health Council. Making Childbirth Safer; Through Promoting Evidenced-Based Care. Technical Report - May 2002.
8. Grant A. Routine formal fetal movement counting and risk of antepartum late death in normally formed singletons. *Lancet.* 1989; 2(8659): 345-9.
9. Graves J. Preconceptual and prenatal care. *Clin Fam Pract.* 2000;2(2);467-483.
10. Herbert WN, Bruninghaus HM, Barefoot AB, Bright TG. Clinical aspects of fetal heart auscultation. *Obstet Gynecol.* 1987 Apr;69(4):574-7.
11. Holm Tveit JV, Saastad E, Stray-Pedersen B, Børdahl PE, Frøen JF. Maternal characteristics and pregnancy outcomes in women presenting with decreased fetal movements in late pregnancy. *Acta Obstet Gynecol Scand.* 2009;88(12):1345-51.
12. Mangesi L, Hofmeyr GJ. Fetal movement counting for assessment of fetal wellbeing. *Cochrane Database Syst Rev.* 2007 Jan 24;(1):CD004909.
13. Moore TR, Piacquadio K. A prospective evaluation of fetal movement screening to reduce the incidence of antepartum fetal death. *Am J Obstet Gynecol.* 1989;160:1075.
14. Morgan MA, Goldenberg RL, Schulkin J. Obstetrician-gynecologists' practices regarding preterm birth at the limit of viability. *J Matern Fetal Neonatal Med.* 2008 Feb;21(2):115-21.
15. National Institute for Clinical Effectiveness. CG6 - Antenatal care - Routine care for health pregnant women, full guideline. Available at: <http://www.nice.org.uk/page.aspx?o=93992>. Last accessed December 2006.

16. Nuthalapaty F, Lu G, Ramin S, Nuthalapaty E, Ramin KD, Ramsey PS. Is there a preferred gestational age threshold of viability?: a survey of maternal-fetal medicine providers. *J Matern Fetal Neonatal Med*. 2007 Apr;20(4):293-7.
17. Phelan JP. Perinatal risk management: obstetric methods to prevent birth asphyxia. *Clin Perinatol*. 2005; 32(1): 1-17, v.
18. Saastad E, Froen JF. Reduced fetal movements--clinical management, recommendations and information. *Tidsskr Nor Laegeforen*. 2005 Oct 6;125(19):2627-30.
19. Salihu HM, Salinas-Miranda AA, Hill L, Chandler K. Survival of pre-viable preterm infants in the United States: a systematic review and meta-analysis. *Semin Perinatol*. 2013 Dec;37(6):389-400
20. Velazquez MD, Rayburn WF. Antenatal evaluation of the fetus using fetal movement monitoring. *Clin Obstet Gynecol*. 2002;45(4):993-1004.
21. Winje BA, Saastad E, Gunnes N, Tveit JV, Stray-Pedersen B, Flenady V, Frøen JF. Analysis of 'count-to-ten' fetal movement charts: a prospective cohort study. *BJOG*. 2011 Sep;118(10):1229-38.

SEARCH WORDS

BABY
BABY MOVEMENT
DECREASED FETAL MOVEMENT
DECREASED MOVEMENT
FETAL MOVEMENT
FETUS
KICK
KICK CHART
KICK COUNT
MOVEMENT
PREGNANCY
PREGNANT
QUICKENING
UTERUS
WOMB

AUTHOR AND COPYRIGHT

Author: David A. Thompson, MD, FACEP
Copyright: 2000-2014 David A. Thompson, MD. All rights reserved.
Company: Schmitt-Thompson Clinical Content
Content Set: After Hours Telephone Triage Protocols - Standard | Adult
Version Year: 2015
Last Revised: 5/7/2014
Last Reviewed: 1/18/2015