

## DEFINITION

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

Note:

- Pregnant and patient is not in labor

## TRIAGE ASSESSMENT QUESTIONS

### Call EMS 911 Now

- Sounds like a life-threatening emergency to the triager

### See More Appropriate Protocol

- Pregnant > 36 weeks (i.e., term) and having contractions or other symptoms of labor  
*Go to Protocol: Pregnancy - Labor (Adult)*
- Pregnant < 37 weeks (i.e., preterm) and having contractions or other symptoms of labor  
*Go to Protocol: Pregnancy - Labor - Preterm (Adult)*
- Pregnant > 20 weeks and having abdominal pain  
*Go to Protocol: Pregnancy - Abdominal Pain Greater Than 20 Weeks EGA (Adult)*
- Pregnant > 20 weeks and having vaginal bleeding or spotting  
*Go to Protocol: Pregnancy - Abdominal Pain Greater Than 20 Weeks EGA (Adult)*

### Go to L&D Now

- Blurred vision or visual change  
*R/O: preeclampsia*
- SEVERE headache and not relieved with acetaminophen (e.g., Tylenol)  
*R/O: preeclampsia*
- Leakage of fluid from vagina  
*R/O: rupture of membranes*

### Go to L&D Now (or to Office with PCP Approval)

- Pregnant 23 or more weeks and 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*

- Pregnant 23 or more weeks and baby moving less today AND unable (or unwilling) to perform kick count

*Reason: needs exam and fetal monitoring*

- Pregnant 23 or more weeks with normal kick count BUT mother still thinks there is something wrong

*Reason: needs exam and fetal monitoring. Note: this disposition may also be appropriate for reassuring an anxious mother who has very rapid fetal movements. Usually, increased fetal activity is considered a positive sign of fetal well-being.*

- Pregnant 23 or more weeks with no movement of baby > 8 hours

*Reason: needs exam and fetal monitoring*

- Fever > 100.4° F (38.0° C)

*R/O: chorioamnionitis, pyelonephritis, viral illness*

- New hand or face swelling

*R/O: preeclampsia*

- Patient sounds very sick or weak to the triager

*Reason: severe acute illness or serious complication suspected*

## See Today in Office

- Pregnant 20-22 weeks and has felt baby move previously, and no movement of baby > 8 hours

*Reason: needs exam and fetal monitoring*

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

*R/O: UTI, cystitis*

- Patient wants to be seen

## See Within 3 Days in Office

- Pregnant 20 or more weeks and has not felt baby move yet

*Reason: needs exam to determine EGA*

## Home Care

- Baby moving normally OR normal kick count

- Pregnant 23 or more weeks and baby moving less today AND willing to perform kick count

- Pregnant 20 or more weeks and has felt baby move in past 8 hours

- Pregnant < 20 weeks and has not felt baby move yet

*Reason: too early in pregnancy, incorrect EGA*

- Fetal hiccups, questions about

## HOME CARE ADVICE

1. **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".
2. **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:* Many women begin to feel baby move around this time.
  - *20-23 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.
3. **Fetal Hiccups:**
  - Fetal hiccups are common. Women usually first feel them in the second trimester. They become even more noticeable in the last trimester of pregnancy.
  - *What does it feel like?* Women use terms like "tapping" or a "regular beating" or just plain "baby hiccups".
  - *Are they normal?* While they may feel strange, they are normal and harmless. There is no reason for concern. Some doctors tell their patients that this is the baby "practicing breathing and swallowing".
4. **Kick Count Instructions (For Women 24 or more Weeks Pregnant):**
  - 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. Speak with your PCP right away.
5. **Call Back If:**
  - Low kick count (less than 5 in 1 hour or less than 10 in 2 hours).
  - Normal kick count but you still are worried that something is wrong.
  - You have other questions or concerns.

## 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 Hiccups**

- Fetal hiccups are common. Women usually first feel them in the second trimester. They become even more noticeable in the last trimester of pregnancy.
- *What does it feel like?* Women use terms like "tapping" or a "regular beating" or just plain "baby hiccups".
- *Are they normal?* While they may feel strange, they are normal and harmless. There is no reason for concern. Some doctors tell their patients that this is the baby "practicing breathing and swallowing".

### **Fetal Movement Dates**

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- *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.

### **Increased Fetal Movement**

- Usually, increased fetal activity is considered a positive sign of fetal well-being.
- Babies have regular periods during a day when their movements increase.
- Too much caffeine or sugar can possibly cause a baby to move more.
- Rarely, increased fetal movement can be a sign of fetal distress (hypoxia). Typically, in such a circumstance, the increased movement is followed by decreased fetal movement (e.g., a low kick

count). For an anxious mother, the simplest and safest thing to do is to refer her in to L&D for fetal monitoring or arrange a call with her PCP.

### 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](http://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.

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