

Pregnancy - Decreased or Abnormal Fetal Movement

After Hours Telehealth Triage Guidelines | Adult | 2022

DEFINITION

- Concerns that the baby is moving less, moving too much, or not moving at all
- Concerns about an abnormal kick count (less than 5 in one hour or less than 10 in 2 hours)
- Concerns and questions about 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) "When was the last time you felt the baby move?" (e.g., minutes, hours)
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, fever, leaking fluid from vagina, vaginal bleeding, widespread itching, etc.)

TRIAGE ASSESSMENT QUESTIONS (TAQs)

Call EMS 911 Now

Sounds like a life-threatening emergency to the triager

CA: 40, 1

See More Appropriate Guideline

[1] Pregnant 20 or more weeks AND [2] abdominal pain

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

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

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

[1] Pregnant 37 or more weeks (term) 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)

Injury to abdomen

Go to Guideline: Pregnancy - Abdomen Injury (Adult)

Go to L&D Now

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

R/O: preeclampsia

CA: 52, 92, 1

New blurred vision or vision changes

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] no movement of baby > 2 hours (Exception: Mother was distracted by other activities)

Reason: needs exam and fetal monitoring

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

[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, 1040, 90, 1

[1] Pregnant 23 or more weeks AND [2] mother thinks baby is moving less (e.g., even if kick count is normal or not performed) (Exception: Mother was distracted by other activities)

Reason: needs exam and fetal monitoring.

CA: 55, 7, 1040, 90, 1

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

Reason: needs exam and fetal monitoring

CA: 55, 7, 1040, 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

Being seen by a specialist for a high-risk pregnancy condition (e.g., cord or placenta abnormalities, gestation 41 or more weeks, oligohydramnios or polyhydramnios, preeclampsia, twins)

CA: 55, 80, 1

Patient sounds very sick or weak to the triager

Reason: Severe acute illness or serious complication suspected.

CA: 55, 80, 1

Call PCP Now

[1] Pregnant 23 or more weeks AND [2] increased fetal movement (extra wiggly) AND [3] mother thinks there is something wrong

Note: Usually, increased fetal activity is considered a positive sign of fetal well-being. Talking with the PCP may help reassure an anxious mother who has very rapid fetal movements.

CA: 49, 3, 1040, 89, 1

[1] Pregnant 20 to 22 weeks AND [2] has felt baby move previously AND [3] no movement of baby > 8 hours

Reason: patient counseling and reassurance; may need exam and fetal monitoring

CA: 49, 6, 7, 10, 90, 1

Hand itching, foot itching, or widespread itching

R/O: Intrahepatic Cholestasis of Pregnancy (ICP)

CA: 49, 89, 1

See PCP Within 24 Hours

Pain or burning with passing urine (urination)

R/O: UTI, cystitis

CA: 44, 1154, 408, 407, 7, 1040, 15, 1

See PCP Within 3 Days

[1] Pregnant 20 to 22 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

Reason: Mother reports normal fetal movement.

CA: 48, 5, 7, 1040, 4, 1

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

R/O: normal variability of baby movement, mother may have been distracted by other activities

CA: 48, 2, 1040, 7, 4, 1

[1] Pregnant 20 to 22 weeks AND [2] has felt baby move in past 8 hours

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

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

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

Fetal hiccups, questions about

CA: 48, 16, 1040, 4, 1

CARE ADVICE (CA)

1. **Care Advice** given per Pregnancy - Decreased or Abnormal Fetal Movement (Adult) guideline.
2. **Reassurance and Education - Baby Moving Less Today:**
 - 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.
 - Some women report that the baby's movements may feel different from one pregnancy to the next. Depending on the position of the baby or placenta it may be harder to feel movement.
 - *Here is some care advice that should help.*
3. **Increased Fetal Movement:**
 - Most often increased baby movement is a positive sign of fetal well-being.
 - 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.
 - 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 something serious.
 - *You should talk with your doctor (or NP/PA).*
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 and Education - Normal Fetal Movement and Kick Count:**
 - 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.
 - Some women report that the baby's movements may feel different from one pregnancy to the next. Depending on the position of the baby or placenta it may be harder to feel movement.
 - *Here is some care advice that should help.*

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:* 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.

8. **Call Back If:**
 - No baby movement felt by 20 weeks (or see your physician)
 - You have any other questions or concerns

9. **Reassurance and Education - Baby Movement in Past 8 Hours:**
 - 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.
 - Some women report that the baby's movements may feel different from one pregnancy to the next. Depending on the position of the baby or placenta it may be harder to feel movement.
 - *Here is some care advice that should help.*

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.

11. **Call Back If:**
 - No baby movement felt for more than 2 hours
 - You have any other questions or concerns

12. **Reassurance and Education:**
 - 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.
 - Some women report that the baby's movements may feel different from one pregnancy to the next. Depending on the position of the baby or placenta it may be harder to feel movement.
 - *Here is some care advice that should help.*

15. **Call Back If:**
- Abdomen pain or fever over 100.4 F (38.0 C) occurs
 - Any vaginal bleeding or spotting occurs
 - Low kick count (if pregnant 23 or more weeks)
 - You become worse
16. **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".
17. **Leakage:**
- Place menstrual pad in underwear.
 - Bring towel; you may wish to put it on the seat of your car.
18. **Reassurance and Education:**
- 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 ED at _____ Hospital.
 - Leave now. Drive carefully.
42. **Go to ED Now (or PCP Triage):**
- **If No PCP (Primary Care Provider) Second-Level Triage:** You need to be seen within the next hour. Go to the ED/UCC at _____ Hospital. Leave as soon as you can.
 - **If PCP Second-Level Triage Required:** You may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the provider on-call now. If you haven't heard from the provider (or me) within 30 minutes, go directly to the ED/UCC at _____ Hospital.

43. **See HCP (or PCP Triage) Within 4 Hours:**
- **If Office Will Be Open:** You need to be seen within the next 3 or 4 hours. Call your doctor (or NP/PA) now or as soon as the office opens.
 - **If Office Will Be Closed and No PCP (Primary Care Provider) Second-Level Triage:** You need to be seen within the next 3 or 4 hours. A nearby Urgent Care Center (UCC) is often a good source of care. Another choice is to go to the ED. Go sooner if you become worse.
 - **If Office Will Be Closed and PCP Second-Level Triage Required:** You may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again. **Note:** If on-call provider can't be reached, send to UCC or ED.
- Note to Triager:**
- Use nurse judgment to select the most appropriate source of care.
 - Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.
- Sources of Care:**
- **ED:** Patients who may need surgery or hospital admission need to be sent to an ED. So do most patients with serious symptoms or complex medical problems.
 - **UCC:** Some UCCs can manage patients who are stable and have less serious symptoms (e.g., minor illnesses and injuries). The triager must know the UCC capabilities before sending a patient there. If unsure, call ahead.
 - **OFFICE:** If patient sounds stable and not seriously ill, consult PCP (or follow your office policy) to see if patient can be seen NOW in office.
44. **See PCP Within 24 Hours:**
- **If Office Will Be Open:** You need to be examined within the next 24 hours. Call your doctor (or NP/PA) when the office opens and make an appointment.
 - **If Office Will Be Closed:** You need to be seen within the next 24 hours. A clinic or an urgent care center is often a good source of care if your doctor's office is closed or you can't get an appointment.
 - **If Patient Has No PCP:** Refer patient to a clinic or urgent care center. Also try to help caller find a PCP for future care.
- Note to Triager:**
- Use nurse judgment to select the most appropriate source of care.
 - Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.
45. **See PCP Within 3 Days:**
- You need to be seen within 2 or 3 days.
 - **PCP Visit:** Call your doctor (or NP/PA) during regular office hours and make an appointment. A clinic or urgent care center are good places to go for care if your doctor's office is closed or you can't get an appointment. **Note:** If office will be open tomorrow, tell caller to call then, not in 3 days.
 - **If Patient Has No PCP:** A clinic or urgent care center are good places to go for care if you do not have a primary care provider. **Note:** Try to help caller find a PCP for future care (e.g., use a physician referral line). Having a PCP or "medical home" means better long-term care.

46. **See PCP Within 2 Weeks:**
- You need to be seen for this ongoing problem within the next 2 weeks.
 - **PCP Visit:** Call your doctor (or NP/PA) during regular office hours and make an appointment.
 - **If Patient Has No PCP:** A primary care clinic is where you need to be seen for chronic health problems. **Note:** Try to help caller find a PCP (e.g., use a physician referral line). Having a PCP or "medical home" means better long-term care.
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 (or NP/PA).
 - I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again.
50. **Call PCP Within 24 Hours:**
- You need to discuss this with your doctor (or NP/PA) 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 the on-call provider 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 (or NP/PA) within the next few days.
 - Call the office when it is open.
52. **Go to L&D Now:**
- You need to be seen.
 - Go to the Labor and Delivery Unit or the Emergency Department at _____ Hospital.
 - Leave now. Drive carefully.
55. **Go to L&D Now (or PCP Triage):**
- **If No PCP (Primary Care Provider) Second-Level 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 Second-Level Triage Required:** You may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the on-call provider now. If you haven't heard from the on-call provider (or me) 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. **Another Adult Should Drive:**
- It is better and safer if another adult drives instead of you.
89. **Call Back If:**
- You become worse
90. **Call Back If:**
- You have more questions
92. **Note to Triager - Driving:**
- Another adult should drive.
 - Patient should not delay going to the emergency department.
 - If immediate transportation is not available via car, rideshare (e.g., Lyft, Uber), or taxi, then the patient should be instructed to call EMS-911.
407. **Cranberry Juice - Extra Notes and Warnings:**
- Do not drink more than 16 oz (480 ml) of cranberry juice cocktail per day. Too much cranberry juice can 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!
408. **Cranberry Juice:**
- Some people think that drinking cranberry juice may help in fighting urinary tract infections. While there is some research that shows cranberry juice *might help prevent* a urine infection, there is not much evidence that it helps treat the infection. However, if you wish to drink cranberry juice, here are some instructions.
 - *Dosage Cranberry Juice Cocktail:* 8 oz (240 ml) twice a day.
 - *Dosage 100% Cranberry Juice:* 1 oz (30 ml) twice a day.
1040. **Kick Count Instructions:**
- Most women will be able to feel the baby move by the 18 to 20th week of pregnancy. All women should feel the baby move by the 24th week of pregnancy. *Here are kick count instructions.*
 - Pick the time of the day that your baby is most active.
 - If you have not eaten much today, eating a snack or drinking some juice can make the baby more active.
 - Sit back in a comfortable chair or lie 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. Talk with your doctor (or NP/PA) right away, or go in to L&D and have the baby checked.

1154. **Drink Extra Fluids:**

- Drink extra fluids.
- Drink 8 to 10 cups (1,800 to 2,400 ml) of liquids a day.
- *Reason:* This will water-down your urine and make it less painful to pass. If there is an infection, this will help wash out the germs from your bladder.

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

- *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.

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.
- If you have not eaten much today, eating a snack or drinking some juice can make the baby more active.
- Sit back in a comfortable chair or lie 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

Sometimes women will report that the baby is moving more or is "extra wiggly". Most often increased fetal activity is a positive sign of fetal well-being.

- 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.
- 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.
- **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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SEARCH WORDS

BABY
BABY HICCUP
BABY MOVEMENT
DECREASED FETAL MOVEMENT
DECREASED MOVEMENT
FETAL HICCUP
FETAL MOVEMENT
FETUS
HICCUP
INCREASED FETAL MOVEMENT
INCREASED MOVEMENT
KICK
KICK CHART
KICK COUNT
MOVEMENT
PREGNANCY
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QUICKENING
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