Altered fetal movements

Maternal concerns about altered fetal movements

- Advise woman to present for assessment
- If ≥ 28 weeks advise urgent presentation
  - Do not wait until next day

Assess woman as soon as possible within 2 hours of presentation

Perform clinical assessment
- Review history—current pregnancy, medical, previous obstetric, recent obstetric USS findings/growth (within last 2 weeks) and risk factors for SB
- Baseline maternal observations
- Abdominal examination—symphysis fundal height, uterine activity or tenderness, fetal movement, vaginal loss or bleeding

Perform FHR monitoring/CTG
- < 24 weeks—hand-held Doppler
- 24–27+6 weeks—hand-held Doppler
  - CTG as per local protocols
- ≥ 28 weeks—CTG for minimum 20 minutes
  - If available use fetal movement recorder
- If < 32 weeks—interpret CTG with caution

Perform obstetric USS
- Individualise timing based on SB risk, clinical assessment, CTG, gestational age and recent USS findings:
  - If fetal compromise suspected clinically, perform urgently
  - Confirm biometry and fetal wellbeing, Doppler studies, amniotic fluid volume

Abnormal

- Consider Kleihauer-Betke or flow cytometry to exclude feto-maternal transfusion (consult with haematology service)
- If signs of fetal anaemia or sudden cessation of FM perform urgently

Individualise plan of care
- High risk pregnancy care
- Consider MFM consultation
- Plan obstetric intervention for birth based on usual indicators including:
  - Evidence of fetal compromise
  - Gestational age

Normal/woman reassured

- Reassure woman
- Routine antenatal care

If recurrent presentation

CTG: cardiotocograph; FHR: fetal heart rate; FM: fetal movements; MFM: maternal fetal medicine; SB: stillbirth; USS: ultrasound scan; ≥: greater than or equal to; <: less than

Queensland Clinical Guideline. Fetal movements Flowchart: F18.46-1-V2-R23