Decreased Fetal Movement (DFM) Care Pathway

for women with singleton pregnancies from 28+0 weeks' gestation

INITIAL RESPONSE	 All women who report a concern about fetal movements should undergo immediate assessment. 	 Presentation should not be delayed through efforts to stimulate the baby by food or drink.
	 Listen to fetal heart to exclude fetal death. Conduct a full antenatal assessment with addition of cardiotocograph (CTG). 	 Review clinical history and fetal movement history for risk factors for adverse outcome (see table).
CARDIOTOCOGRAPHY (CTG)	 Interpretation of antenatal CTG tracings should be in accordance with local guidelines. No further investigations are required for women if: (1) normal CTG and clinical assessment; and 	 (2) first presentation for DFM; and (3) maternal perception of normal fetal movement resumes during assessment.
FURTHER INVESTIGATION	 Ultrasound scan should be offered if: (1) clinical assessment suggests fetal growth restriction (FGR); or (2) maternally perceived fetal movements remain decreased during CTG; or (3) there are other anomolies in the clinical assessment, and there has been no ultrasound in the last 2 weeks. 	 Ultrasound assessment should include fetal biometry, estimated fetal weight, and amniotic fluid volume. If not already assessed, and the woman agrees, a fetal morphology scan should be arranged If fetomaternal haemorrhage (FHM) is suspected, and immediate birth is not indicated by CTG findings, senior obstetric input should be sought.
MANAGEMENT FOLLOWING ASSESSMENT	 Manage FGR or other abnormal findings according to existing clinical guidelines. If there is no objective evidence of fetal compromise revealed during clinical assessment, the woman can be reassured that planned birth is not required. 	 The woman should be reassured that she did the right thing and not to hesitate to report any further concerns of DFM to her care provider. Women who present multiple times for DFM are at increased risk of adverse outcomes and should have ultrasound assessment as part of subsequent investigations.

*If women have a concern of DFM prior to 28 weeks' gestation, they should be advised to contact their care provider. There is currently insufficient evidence to inform the management of women who report DFM prior to 28 weeks' gestation. Disclaimer: This DFM Care Pathway is for general guidance only and is subject to a clinician's expert judgement. The DFM Care Pathway should not be relied on as a substitute for clinical advice.



The Safer Baby Bundle resources are based on five key areas to support healthcare professionals with new strategies to help reduce stillbirths.



Smoking Cessation

#Quit4Baby



#GrowingMatters



Decreased Fetal Movements (DFM) #MovementsMatter



Side Sleeping

#SleepOnSide







If no fetal heart heard:

- Seek urgent obstetric review
- Confirm fetal death with ultrasound
- Manage as per Clinical Practice Guidelines for Care Around Stillbirth and Neonatal Death <u>https://bit.ly/2WzoSnF</u>

Medical consultation is required in the presence of any concerning findings including pre-existing medical conditions.

If CTG findings are abnormal, seek urgent obstetric review.

If ultrasound findings are abnormal or FMH is suspected, seek obstetric review.

Risk factors for adverse outcome in presentation with DFM

- Abnormal CTG
- Maternal age >35 years
- Cigarette smoking
- Overweight and obesity
- Recurrent presentation for DFM
- Previous stillbirth or SGA
- Pre-existing diabetes or hypertension
- Symphysis-fundal height <10th centile</p>
- Raised uterine atery PI in the 2nd trimester
- Delayed presentation
 (>24 hrs without movement)





For more information see the DFM Clinical Practice Guideline