

2 COMPLICATIONS OF PREGNANCY

Date Issued: February 2005
Date Revised: June 2009
Review Date: June 2012
Authorised by: OGCCU
Review Team: OGCCU

2.15 MFAU Quick reference guide decreased fetal movements
Section B
Clinical Guidelines
King Edward Memorial Hospital
Perth Western Australia

2.15 MATERNAL FETAL ASSESSMENT UNIT – QUICK REFERENCE GUIDE DECREASED FETAL MOVEMENTS

AIM

The appropriate management of a woman with reduced fetal movements.

CRITERIA FOR REFERRAL

Reduced fetal movements \geq 23 weeks.

Prior to this gestation it is appropriate for the local health provider to auscultate the fetal heart rate and reassure the woman.

ASSESSMENT

- Perform baseline maternal observations including urinalysis and assess the fetal heart rate.
- Note history – e.g. duration/pattern of decreased fetal movements, palpation assessment of fetal size for gestation and amniotic fluid volume, any alcohol or sedating drug use.

ASSESS FETAL WELL BEING

If gestation is \geq 34 weeks perform a CTG:

- if the CTG is reactive reassure the woman, notify the obstetric registrar or above, then discharge home continuing antenatal care with the usual health care provider.
- if the CTG is non-reactive with no sinister features arrange an ultrasound (US) for fetal wellbeing including:
 - fetal activity
 - amniotic fluid index (AFI) and umbilical artery (UA) Doppler and / or
 - biophysical profile score

If the gestation is $<$ 34 weeks confirm the fetal heart is present by auscultation and arrange for an ultrasound assessment including documentation of fetal activity, AFI and UA Doppler. The ultrasound should be performed by a sonographer or by a credentialed obstetric registrar or consultant.

If there is to be significant delay in obtaining an ultrasound ($>$ 1 hour), a CTG should be performed. At the limits of viability (between 23-25 weeks) this should be discussed with a registrar or consultant.

If an ultrasound is not performed by a credentialed registrar / consultant, a departmental scan should be arranged at a time that is clinically appropriate.

- If the AFI is $>$ 5 and
 - normal UA Doppler **and**
 - normal fetal activity on the scan, the woman may go home after notifying the obstetric registrar

- If the AFI is <5 **and / or**
 - Elevated systolic/diastolic (S/D) ratio **and/or**
 - Inactive fetus on scan, then commence a CTG and arrange medical review by the obstetric registrar or above.
- If the CTG is non-reactive and the ultrasound is not reassuring then perform a full blood picture, group and hold, and urgent Kleihauer test. Arrange urgent medical review by the obstetric registrar or above.

FLOW CHART FOR THE MANAGEMENT OF REDUCED FETAL MOVEMENTS

See flow chart on the following page.

FLOW CHART FOR REDUCED FETAL MOVEMENTS

