

Management of reported decreased fetal movements

A.Karoui, A.Kammoun, I.Akrimi, S.Menjli, MB.Channoufi, HS.Abouda.

Service C, Centre de maternité et de néonatalogie, Tunis, Tunisia.

Objective: The aim of the study was to assess pregnancy outcome of reduced fetal movement and its determinant factors.

Design: We conducted a retrospective descriptive study from January 2015 to December 2020.

Method: We analyzed all patients consulting for reduced fetal movement after 20 weeks of gestation with a non-anomalous singleton pregnancy. A total of 150 participants were included.

Results: The main age of cases was 30 years old. Women waited 48 hours with reduced movements before contacting health care in 28.7% of cases. Fetal heart rate was abnormal in 22.7% of cases and 3.3 % (5) of women were diagnosed with an intra-uterine fetal death. 17 patients (11.3%) had a fetal growth restriction and 27.3 % were classified as having abnormalities of the amniotic fluid volume. 8 umbilical Doppler (5.3%) were highly pathological. Multivariate analysis demonstrate that the factors associated with adverse outcome were the term of the pregnancy (20 Vs 5; OR: 9.42; $p < 0.0001$), the delay from onset of symptom to a first consultation (33 , 3% Vs. 14.3%; OR: 1.29; $p = 0.009$), quality of thpregnancy monitoring (46.2% Vs. 16.2%; OR: 2.85; $p = 0.001$), pregnancy complications (32.8% Vs 10.9%; OR: 3.01; $p = 0.001$), fetal heart rate recording (86% Vs 13.4%; OR: 1.66; $p = 0.0001$) and the umbilical arterial flow Doppler (12.5% Vs. 87.5%; OR: 6.51; $p = 0.0001$).

Conclusions: Reduced fetal movement is frequently associated with poor perinatal outcomes. Screening for fetal vitality remains necessary.