

Raising Awareness of Reduced Fetal Movements- A DGH (District General Hospital) Perspective

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Introduction

Confidential Enquiry has established that women receiving sub optimal care were less likely to have been advised about fetal activity. Raising Awareness of Reduced Fetal Movement (RFM) is one of the most important factors in reducing stillbirth. We have checked how compliant our trust is in following National recommendations outlined by Saving Babies Lives Care Bundle – Version 2, Element 3.

Objectives

We compared our practices at our centre Vs National recommendations in 4 aspects:-

- Identifying Presence of High-risk factors for Stillbirth in women presenting with RFM.
- Use of antepartum computerised CTG (Dawes-Redman) to reduce human error at presentation.
- Obstetrician review for assessing the women.
- Clear documentation of management plan for them.

Materials & Methods

Method: To reduce bias of selection and observation, We did Prospective review of 20 consecutive cases presenting with RFM after 28 weeks from 20th – 31st Dec 2021.

We reviewed notes on K2 (our computerised documentation system), case notes for PAC sheets (paper notes from our maternity Triage) and CTG from our antenatal clinic, birth centre and antenatal ward.

We used Excel sheet and did statistical analysis of data.



Chesterfield Royal Hospital NHS

The Management of Reduced/Altered Fetal Movements

5A's -Checklist for Required Management of Reduced/Altered Fetal Movements

- RCOG guideline 57
- For women ≥28 weeks gestation
- Keep in medical notes if referred for fetal medicine ≤24 weeks gestation

Attendance with Reduced Fetal Movements

Please date, initial & print surname when complete

• **ASK**

Is there maternal perception of reduced fetal movements?

• **ASSESS**

Are there risk factors for fetal growth restriction or stillbirth?
Consider – multiple consultations for reduced FM, known FGR, Maternal hypertension, diabetes, maternal age <18 or >40, Primiparity, smoking, obesity, racial/ethnic factors, past obstetric history of FGR/ stillbirth and issues with access to care.

• **ACT**

Auscultate fetal heart (hand-held doppler/Pinnard)

Perform cardiotocograph to assess fetal heart rate in accordance with national guidelines.

If risk factors for FGR/Stillbirth, perform ultrasound scan for fetal growth, liquor volume and umbilical artery Doppler within 24 hours.

• **ADVISE**

Convey results of investigations to the mother.

Mother should re-attend if further reductions/alterd fetal movements at any time

• **ACT**

Act upon abnormal results promptly

APPLY PATIENT STICKER HERE

Maternity Policy Page 3 of 5

Results

- 65% (n= 13/20) had either 2nd episode / risk factor for SGA; of these 77% (n= 10/13) were reviewed by obstetrician.
- 69% (n= 9/13) ladies were already in CLC.
- 20% (n=2/10) low risk ladies were transferred to CLC.
- All the ladies either already had a scan with in 2 weeks preceding RFM episode/ were due a scan/ were given a scan.
- Only a third of documentation was done on K2.
- All ladies >39 weeks with RFM were offered IOL/ birth.
- 100% had clear documentation of plan.
- 96% patients were self-referral, 4% were referred by CMW.
- 75% attended PAC and 25% were seen at Birth centre.
- 100% patient had a CTG done at attendance.
- 96% had computerised CTG, 4% had Conventional/Traditional CTG as they were in labour.
- 80% (n=16) had normal CTG and 20% (n=4) had suspicious CTG/ didn't meet DR.
- 2 ladies >39 weeks had IOL ,other 2 had urgent scan done next day which was normal and pregnancy continued.
- The RFM leaflet was included in Bounty app and given at booking.

Conclusions

- ✓ 96% women received computerised CTG.
- ✓ Only 77% women needing obstetrician review received it.
- ✓ 100% women had a clear documented plan.
- ✓ 100% women received awareness regarding reporting RFM by 28 weeks by leaflets in their registration pack (Bounty app)
- ✓ Overall, our trust is compliant with national recommendations as per Saving babies lives bundle, hence good perinatal outcomes.

Recommendations

- All the high risk and low risk women with 2nd episode of RFM to have Obstetrician review.
- Scan need not be done in all cases if low risk with 1st episode of RFM
- Documentation on K2 rather than paper preferable.
- Using checklist for RFM as advised.
- Continue using computerized CTG to reduce human errors.

References

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