



Reduced fetal movements: Compliance with Saving Babies’ Lives 2 at Morecambe Bay

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Background

Reduced fetal movements is one of the five key elements of Saving Babies’ Lives 2¹, a care bundle developed in 2019 to combat perinatal mortality. Suboptimal management of episodes of reduced fetal movements has been closely linked to cases of stillbirth.

Objectives

Our objective was to review the management of attendances for reduced fetal movements, assess compliance with national recommendations, and to identify any areas for improvement within our trust.

Methods

- 🔍 Retrospective case review
- 👩‍⚕️ All attendances for reduced fetal movements from 1 April 2022 to 30 April 2022 within the University Hospitals of Morecambe Bay NHS Foundation Trust, which comprises two consultant-led maternity units
- 💻 Data on patient demographics and details of assessment and management of each episode of reduced fetal movements were collected from electronic patient records on BadgerNet

Results

- A total of 80 attendances for reduced fetal movements across both hospitals in the month of April 2022
- Gestational age at time of attendance ranged from 19 weeks 5 days to 40 weeks 2 days
- 46% were primiparous and 54% were multiparous

Use of the reduced fetal movements checklist (Figure 1)

- The checklist was commenced in 100% of attendances
- 83% of attendances had all three segments (Ask, Act, Advise) of the checklist completed
- The remaining 17% had incomplete checklists – most of these had Ask and Act completed but omitted the Advise segment

Use of computerised CTG

- 100% of those 28 weeks and beyond had a CTG performed
- 94% were computerised with a documented result/review
- 100% had the fetal heart auscultated to confirm viability

Scans

- 100% had scans for fetal growth, liquor volume and umbilical artery Doppler requested where indicated

Provision of RFM information leaflets

- Despite routine practice within the trust to distribute leaflets on reduced fetal movements as part of an information pack to all patients at booking, there was no consistent method of documenting this found.

Reduced fetal movements after 38+6 weeks

- 100% of those attending after 38+6 weeks had induction of labour discussed, and surveillance plans made where this was declined
- No patients had induction of labour prior to 39 weeks for reduced fetal movements as the sole indication

Suggested Checklist for the Management of Reduced Fetal Movements (RFM)	
1. Ask	
Confirm there is maternal perception of RFM? How long has there been RFM? Is this the first episode? When were movements last felt?	
2. Act	
Auscultate fetal heart (hand-held Doppler/Pinnard) to confirm fetal viability.	
Assess fetal growth by reviewing growth chart, perform SFH if not performed within last 2 weeks.	
Perform CTG to assess fetal heart rate in accordance with national guidelines (ideally computerised CTG should be used).	
Ultrasound scan for fetal growth, liquor volume and umbilical artery Doppler needs only to be offered on first presentation of RFM if there is no computerised CTG or if there is another indication for scan (e.g. the baby is SGA on clinical assessment).	
Ultrasound scan for fetal growth, liquor volume and umbilical artery Doppler should be offered to women presenting with recurrent RFM after 28+0 weeks' gestation.	
Scans are not required if there has been a scan in the previous two weeks.	
In cases of RFM after 38+6 weeks discuss induction of labour with all women and offer delivery to women with recurrent RFM after 38+6 weeks.	
3. Advise	
Convey results of investigations to the mother. Mother should be encouraged to re-attend if she has further concerns about RFM.	
IN THE EVENT OF BEING UNABLE TO AUSCULTATE THE FETAL HEART, ARRANGE IMMEDIATE ULTRASOUND ASSESSMENT	

Figure 1 | Suggested checklist from Saving Babies’ Lives Version 2

Results by Hospital (Royal Lancaster Infirmary and Furness General Hospital)

	Royal Lancaster Infirmary (n=52)	Furness General Hospital (n=28)
Assessed within 1.5 hours (arbitrary duration) of reporting RFM	35%	92%
History taken	100%	96%
Risk factors assessed	100%	96%
Fetal heartbeat auscultated (for less than 28 weeks)	100%	100%
Computerised CTG performed (for 28 weeks and beyond)	91%	96%
RFM checklist complete	86%	75%
Abdominal palpation and symphysial fundal height measurement where appropriate	80%	88%
Scan requested if required	100%	100%
Obstetric review if required	92%	92%
Plan for induction of labour/delivery made, if ongoing RFM from 39 weeks	100%	100%
Leaflet/info on RFM given before 28 weeks	Unknown	61%

Conclusion

While compliance with the Saving Babies Lives’ 2 care bundle was generally good in terms of uptake of the reduced fetal movements checklist, use of computerised CTG and appropriate induction plans being made, our trust can improve by ensuring completeness of the checklist and documenting the distribution of leaflets onto the patient’s electronic record. These findings, together with reminders in various formats, will be presented to staff and followed by a re-audit in the near future.

References

1. Saving Babies Lives’ Version Two: A care bundle for reducing perinatal mortality. Available from: <https://www.england.nhs.uk/wp-content/uploads/2019/07/saving-babies-lives-care-bundle-version-two-v5.pdf>