



AN AUDIT ON THE RECENT NATIONAL GUIDELINES OF WOMEN PRESENTING TO A SECONDARY CARE HOSPITAL WITH REDUCED FETAL MOVEMENTS.

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Introduction

Reduced fetal movements (RFM) refers to any change in maternal perception of fetal movements, including pattern, strength, or frequency. Clinicians should be aware of the outcomes associated with RFM including the increased risk of stillbirth and/or fetal growth restriction (FGR) 123. Women reporting RFM should undergo a comprehensive assessment of fetal wellbeing

Aim

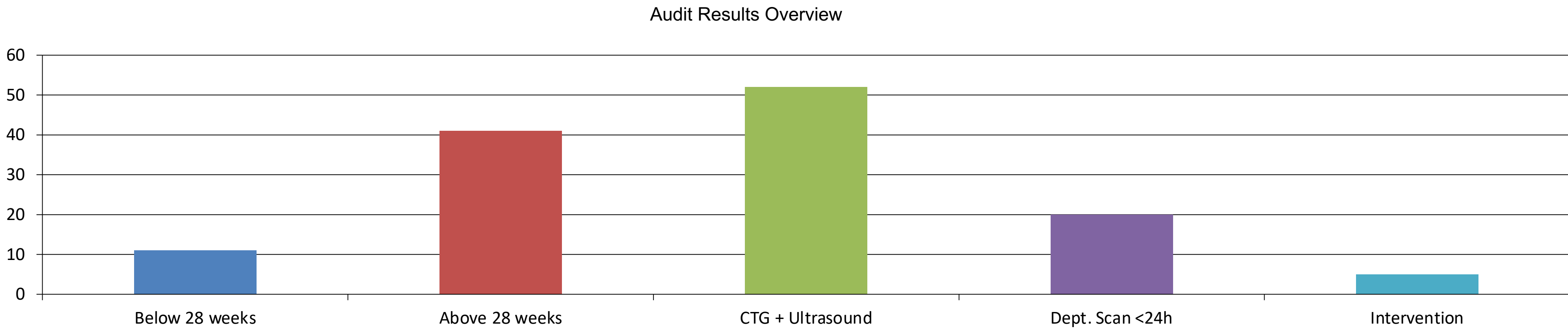
We conducted an audit **from May to September 2024** to assess alignment with recent Irish guidelines. We examined the number of women presenting with RFM, their gestational ages, those not eligible for discharge, and the number receiving an ultrasound within 24 hours. We also reviewed those requiring interventions during their visit.

Methods

This was a retrospective data analysis of **all women who visited the hospital with RFM**. All patient information was anonymized and entered into a Excel and later analysed. The **NWHIP National Clinical Practice Guideline for Reduced Fetal Movements (2024)** was the standard used.

Results

A total **of 52 women** were seen. Eleven **(21%)** were below 28 weeks gestation, while 41 **(78.8%)** were above 28 weeks. All women **(100%)** underwent CTG and ultrasound as per guidelines. Of those not eligible for discharge, **20 (38.4%)** received a departmental scan within the next working day. Five women (9.6%) required intervention, including induction of labor before or after 39 weeks. Among the women reporting RFM beyond 28 weeks, **5** had prior gestational diabetes and polyhydramnios, and one case of oligohydramnios was newly diagnosed.



Conclusion

The audit reflects a **100% compliance** with the new recommendations despite an increased demands on our services. It highlights the importance of comprehensive verbal and written information on fetal movements to all women at booking or at 24 weeks gestation, as well as the distribution of patient information leaflets during their initial visit with RFM, accompanied by complete documentation. Additionally, the inclusion of RFM education in antenatal classes should be considered. A re-audit in 6months time will be ideal.

References

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