

South Australian Perinatal Practice Guideline Decreased Fetal Movements

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Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

SA Health does not accept responsibility for the quality or accuracy of material on websites linked from this site and does not sponsor, approve or endorse materials on such links.

Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Note: The words woman/women/mother/she/her have been used throughout this guideline as most pregnant and birthing people identify with their birth sex. However, for the purpose of this guideline, these terms include people who do not identify as women or mothers, including those with a non-binary identity. All clinicians should ask the pregnant person what their preferred term is and ensure this is communicated to the healthcare team.

Explanation of the aboriginal artwork:

The aboriginal artwork used symbolises the connection to country and the circle shape shows the strong relationships amongst families and the aboriginal culture. The horse shoe shape design shown in front of the generic statement symbolises a woman and those enclosing a smaller horse shoe shape depicts a pregnant woman. The smaller horse shoe shape in this instance represents the unborn child. The artwork shown before the specific statements within the document symbolises a footprint and demonstrates the need to move forward together in unison.



Australian Aboriginal Culture is the oldest living culture in the world yet Aboriginal people continue to experience the poorest health outcomes when compared to non-Aboriginal Australians. In South Australia, Aboriginal women are 2-5 times more likely to die in childbirth and their babies are 2-3 times more likely to be of low birth weight. The accumulative effects of stress, low socio economic status, exposure to violence, historical trauma, culturally unsafe and discriminatory health services and health systems are all major contributors to the disparities in Aboriginal maternal and birthing outcomes. Despite these unacceptable statistics the birth of an Aboriginal baby is a celebration of life and an important cultural event bringing family together in celebration, obligation and responsibility. The diversity between Aboriginal cultures, language and practices differ greatly and so it is imperative that perinatal services prepare to respectively manage Aboriginal protocol and provide a culturally positive health care experience for Aboriginal people to ensure the best maternal, neonatal and child health outcomes.

Purpose and Scope of PPG

The purpose of this guideline is to provide clinicians with guidance for the care of women who are concerned about decreased fetal movements from 28 weeks gestation with the aim of reducing stillbirth rates.



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Decreased Fetal Movement (DFM) Care Pathway for women with singleton pregnancies from 28+0 weeks' gestation



Management of Decreased Fetal Movements

Advice to Pregnant Women

- Be aware of baby's movement daily
- Provide patient information brochure
- Women with concerns about decreased or absent fetal movements should be advised to contact their health care provider immediately
- Women with concerns about decreased or absent fetal movements should be assessed by a health care provider immediately

Risk Factors for Stillbirth

- Previous stillbirth
- Fetal growth restriction and Small for gestation age
- Antepartum haemorrhage
- Diabetes
- Hypertension
- Parity of 0 or >3
- Advanced maternal age (> 35 years)
- IVF
- Indigenous ethnicity
- Maternal obesity (BMI >25)
- Smoking or illicit drug use
- Low socioeconomic status

Examination

- Abdominal palpation to assess uterine tone and tenderness, fetal lie/presentation
- Symphyseal fundal height (SFH) to be measured in centimetres and plotted on growth chart
- Handheld ultrasound Doppler is recommended, not auscultation with a stethoscope or Pinards
- Record maternal pulse rate and confirm as different to fetal hear rate
- Blood pressure and temperature

CTG

- Perform within 2 hours of presentation
- Perform for at least 20 minutes or until satisfactory
- Use maternal fetal movement recorder during CTG

Ultrasound

- Consider ultrasound within 24 hours
- Include fetal biometry, amniotic fluid volume and morphology (if not already performed)
- Placental and fetal Doppler assessment as indicated
- The timeframe to perform this investigation will depend on the clinical circumstances and availability of appropriate expertise

Fetal to maternal haemorrhage

Perform Kleihauer test or flow cytometry test, where indicated
MCA Doppler assessment may be performed where expertise in ultrasonography is available

Introduction

The Perinatal Society of Australia and New Zealand (PSANZ), has given permission to SA Health through the Maternal, Neonatal and Gynaecology Community of Practice to publish links to information on their website: <https://psanz.com.au/>

The Stillbirth and Neonatal Death Alliance (SANDA) of the PSANZ in partnership with the National Health and Medical Research Council (NHMRC) Centre of Research Excellence in Stillbirth and the Stillbirth Foundation Australia have developed a “*Clinical Practice Guideline for the Care of Women with Decreased Fetal Movements*”, which has been endorsed by a number of peak bodies and stakeholders in women’s health. As such, the guideline is relevant for the management of decreased fetal movements in South Australia and has therefore been endorsed as the SA Health Perinatal Practice Guideline for Decreased Fetal Movements.

Decreased Fetal Movements Guideline

Guideline

[Clinical practice guideline DFM \(stillbirthcre.org.au\)](https://stillbirthcre.org.au/)

PSANZ website

<https://www.psanz.com.au/guidelines/>

Information for Women

Women should be provided with information consistent with the “*Getting to Know My Baby’s Movements*” Brochure. Clinicians should emphasise the importance of maternal awareness of fetal movements at each visit. Women with a concern about decreased fetal movements should be advised to contact their health care provider immediately².

Patient Information Brochure in English

[MovementsMatter_flyer_A5.pdf \(stillbirthcre.org.au\)](https://stillbirthcre.org.au/MovementsMatter_flyer_A5.pdf)

Patient Information Brochure in other languages

[Translated Resources | The Centre of Research Excellence in Stillbirth \(stillbirthcre.org.au\)](https://stillbirthcre.org.au/TranslatedResources)

eLearning Resource for Health Professionals

An eLearning program has been developed to familiarise clinicians with the guidelines. Register and create a new account using the following link:
<http://perinatal.matereducation.qld.edu.au/login/index.php>

References

1. Gardener G, Daly L, Bowring V, Burton G, Chadha Y, Ellwood D, Frøen F, Gordon A, Heazell A, McDonald S, Mahomed K, Norman JE, Oats J, Flenady V. *Clinical practice guideline for the care of women with decreased fetal movements*. Centre of Research Excellence in Stillbirth. Brisbane, Australia, September 2019.
2. Daly LM, Gardener G, Bowring V, Burton G, Chadha Y, Ellwood D, Frøen F, Gordon A, Heazell A, Mahomed K, McDonald S, Norman JE, Oats J, Flenady V. *Care of pregnant women with decreased fetal movements: Update of a clinical practice guideline for Australia and New Zealand*. Australia and New Zealand Journal of Obstetrics and Gynaecology. 2018; 1-6.

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Decreased Fetal Movements

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09/02/22	V4.1	Clinical Governance, Safety and Quality Policy Domain Custodian	Updated Care Pathway to align with SANDA and PSANZ recommendations
10/07/18	V4.0	SA Safety and Quality Strategic Governance Committee	Formally reviewed in line with 3 year scheduled timeline for review.
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