



## No 6 COMMUNITY AND SECONDARY CARE PATHWAY FOR REDUCED/ABSENT FETAL MOVEMENTS

Consider these risk factors when completing assessment:

Risk Factors include:-

- Multiple consultations for reduced FMs
- Hypertension
- Known IUGR
- Diabetes
- Smoking/ Elevated CO Reading
- Social concerns-inc Domestic Abuse
- Mental Health concerns
- Poor obstetric history
- Congenital Malformations
- Low PAPP A
- Age <16 and >40
- BMI >35

INITIAL PHONE CALL: MOTHER REPORTS CONCERNS REGARDING REDUCED FETAL MOVEMENTS  
TAKE FULL HISTORY AND RISK ASSESS. ASCERTAIN USUAL FETAL MOVEMENTS PATTERN

**<26 WEEKS 1st EPISODE**  
Midwife to review and auscultate using hand held Doppler  
If FM never felt by 24 weeks, refer to obstetric team

**≥ 26 WEEKS or RECURRENT EPISODES <26 weeks**  
See in DAU for review  
Perform full antenatal assessment with careful assessment of fundal height  
Follow SGA pathway if any concerns  
Commence CTG as soon as possible (if greater than 26 weeks)

**1<sup>ST</sup> EPISODE**  
Or previous episode > 21 days ago

**2<sup>ND</sup> EPISODE or recurrent within 21 days**  
Arrange USS (if no scan within previous 14 days)  
If scan in last 14 days obstetric review following CTG

CTG NORMAL \*  
FETAL MOVEMENTS FELT

CTG NORMAL \*  
REDUCED OR NO\_FETAL MOVEMENTS FELT

CTG ABNORMAL\* or ABNORMAL MATERNAL OBSERVATIONS

CTG and SCAN NORMAL\*  
FETAL MOVEMENTS FELT  
If >39 weeks for senior obstetric review following scan \*\*

CTG and SCAN NORMAL\*  
REDUCED OR NO\_FETAL MOVEMENTS

CTG NORMAL\* BUT SCAN ABNORMAL

**NO FH PRESENT AT ANY ATTENDANCE**  
Confirm by USS  
Continue IUD pathway

**DISCHARGE HOME**  
Return to routine antenatal care  
Ensure woman has information

Arrange USS and request obstetric review if abnormal.  
Ensure woman has information

Urgent obstetric review and management plan accordingly

**DISCHARGE HOME**  
Return to routine antenatal care  
Ensure and document woman has information such as Kicks Count, Wessex healthier together

Arrange same day obstetric review

**\*\*Induction of labour is not recommended below 39 weeks unless other signs of fetal compromise or maternal conditions**  
**After 39 weeks any presentation of RFM warrants discussion of induction including risks and benefits of induction alongside risk of stillbirth**

**\*Recommended of CTG should meet Dawes Redman criteria**

References: RCOG (2011) reduced fetal Movements Green Top Guideline No. 57. AFFIRM Study Protocol Version 6 27/02/17.

This guidance does not replace the need for application of clinical judgment by clinicians to each individual presentation and specifics of the situation. Pathways current at time of Publication.