Wessex Ante Natal Care Pathways 26.04.2019 V4.1

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

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)

1st EPISODE
Or previous episode > 21 days ago

CTG NORMAL *
FETAL MOVEMENTS FELT
DISCHARGE HOME
Return to routine antenatal care
Ensure woman has information

CTG NORMAL*
REDUCED OR NO FETAL MOVEMENTS FELT
Arrange USS and request obstetric review if abnormal.
Ensure woman has information

CTG ABNORMAL* or ABNORMAL MATERNAL OBSERVATIONS
Urgent obstetric review and management plan accordingly

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

CTG and SCAN NORMAL* or ABNORMAL MATERNAL OBSERVATIONS
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

2nd 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 *
BUT SCAN ABNORMAL
Continue IUD pathway

CTG ABNORMAL*
REDUCED OR NO FETAL MOVEMENTS
Arrange same day obstetric review

CTG NORMAL*
NO FH PRESENT AT ANY ATTENDANCE
Confirm by USS

Consider these risk factors when completing assessment:
Risk Factors include:-
• Multiple consultations for reduced FM
• 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

*Recommended of CTG should meet Dawes Redman criteria

**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

References:
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.