



# Perinatal Manual of Southwestern Ontario

Southwestern Ontario Maternal, Newborn, Child & Youth Network  
(MNCYN)

Perinatal Outreach Program

## Chapter 9

### FETAL MOVEMENT COUNTS

The mother first recognizes fetal movement at 16 – 20 weeks gestation. The fetus that is felt to move by the mother is most often healthy. (Contrarily, a sudden decrease in fetal movement is an ominous sign of loss of fetal well being). Fetal movement is defined as any fetal activity perceived by the mother. On ultrasound examination, fetal activity can be divided into fetal body movements, fetal breathing activity, hiccups and other. Pregnant women without risk factors will receive information about fetal movement counting beginning at 26 weeks.

Fetal movement is episodic and is associated with fetal rest and activity cycles. These cycles become established in the last 8 – 10 weeks of gestation and are of longer duration as gestational age advances.

Counts of fetal activity, as perceived by mother, are an inexpensive and simple screening tool that allows the mother to actively participate in the antepartum monitoring of fetal well-being. Fetal movement counting is the only technique recommended for *all* pregnant women.

#### Management:

1. Pregnant women should understand that fetal activity is an indication of fetal health.
2. Instruct the woman to lie on her left side in a quiet area in the morning and in the evening. Write down the start time of the fetal movement counts and place a check mark each time the baby moves until 10 movements are counted and then write down the time the count is finished.
3. If no movements are felt, continue monitoring for fetal movement until a 2-hour-period has elapsed.

4. If, at the end of two hours, 10 movements have not been appreciated, the woman should consult her physician or midwife without delay and/or go to the birthing area directly, so that further assessment of fetal health using non-stress testing, and possibly ultrasound, can be employed.
5. If a facility cannot provide non-stress testing and ultrasound services, consultation should be made to an alternate centre for outpatient assessment and referral to a Fetal Maternal Assessment Unit.

**\*NOTE:** There are no food or drinks that have been demonstrated to promote fetal activity.

#### References:

The Canadian Perinatal Programs Coalition, Fundamentals of Fetal Health Surveillance SOGC 4<sup>th</sup> edition January 2009

#### Disclaimer

The Southwestern Ontario Maternal, Newborn, Child & Youth Network (MNCYN) has used practical experience and relevant legislation to develop this manual chapter. We recommend that this chapter only be used as a reference document at other facilities. We accept no responsibility for interpretation of the information or results of decisions made based on the information in the chapter(s)

**Appendix 2**

**Fetal Movement Algorithm  
(Adapted from September SOGC, 2007 pg. S14)**

