

PROTOCOL #5 - Maternal Fetal Medicine, University of New Mexico

FETAL MOVEMENT (KICK) COUNTS

A. General

The screening test for monitoring fetal well-being will be subjective counts of fetal movements carried out by the patient. This test will be used on all pregnant patients.

B. Specific

1. Method: Each gravida will be asked to count fetal movements following a main meal (breakfast, lunch or dinner) while lying (on side) or sitting quietly. She can fit this counting period into her daily schedule at the most convenient time; however, she should be encouraged to carry out the counts at about the same time each day to minimize variations due to the circadian periodicity of fetal movements. Only those fetal movements definitely felt should be included in the count.
2. Recording: The movements will be recorded on the reporting form handed to the patient at each visit.
3. Frequency of recording: Patients will record fetal movements daily starting at 28 weeks of pregnancy.
4. Reporting - alarm signal: A fetal movement count of less than 8 in a 2-hour period will be regarded as an alarm signal. Patients will be instructed to contact the clinic or Labor and Delivery immediately if they feel fewer than 8 fetal movements during a 2-hour period. Such patients should have further evaluation including NST and/or biophysical profile. A CST may also be necessary.
5. No patient with a positive movement alarm signal should leave the hospital or clinic until positive evidence of the absence of fetal distress has been established, documented, and discussed with the woman. In this connection the demonstration of vigorous fetal movements by means of real time ultrasound, with the patient also viewing the monitor, may be helpful where the problem is reduced maternal perception of fetal movements. The presence of fetal heart rate accelerations in association with fetal movements can also be detected (but obviously not easily quantitated) during the real time scan.
6. In instances when positive evidence of a healthy fetal condition cannot be obtained, but in which there is also no clear evidence of fetal distress which warrants delivery at that time, the patient should be admitted for observation and further testing until the situation becomes clear.
7. Supplemental testing: Supplemental tests of fetal well-being may be ordered if deemed necessary for management at any time, irrespective of the fetal movement counts reported by the pregnant woman.

CONSULTATION: Twenty-four hour consultation is available by calling the Maternal Fetal Medicine service at the University of New Mexico Hospital, 1-888-866-7257.