

Information for you

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Your baby's movements in pregnancy

About this information

This information is for you if you would like to know about your baby's movements during pregnancy. It may also be helpful if you are concerned that your baby has not been moving as much as usual or if you feel that your baby's movements have changed.

It tells you about:

- what are normal movements for an unborn baby
- what affects how much you feel your baby move
- what you should do if your baby's movements are reduced or changed
- what care you will have if your baby's movements are reduced or changed.

This information aims to help you and your healthcare team make the best decisions about your care. It is not meant to replace advice from a doctor or midwife about your own situation.

What are normal movements for an unborn baby in pregnancy?

Most women are first aware of their baby moving when they are 18–20 weeks pregnant. However, if this is your first pregnancy, you may not become aware of movements until you are more than 20 weeks pregnant. If you have been pregnant before, you may feel movements as early as 16 weeks. Pregnant women feel their unborn baby's movements as a kick, flutter, swish or roll.

As your baby develops, both the number and type of movements will change with your baby's activity pattern. Usually, afternoon and evening periods are times of peak activity for your baby. During both day and night, your baby has sleep periods that mostly last between 20 and 40 minutes, and are rarely longer than 90 minutes. Your baby will usually not move during these sleep periods.

The number of movements tends to increase until 32 weeks of pregnancy and then stay about the same, although the type of movement may change



as you get nearer to your due date. Often, if you are busy, you may not notice all of these movements. Importantly, you should continue to feel your baby move right up to the time you go into labour. Your baby should move during labour too.

Why are my unborn baby's movements important?

During your pregnancy, feeling your baby move gives you reassurance of his or her wellbeing.

If you notice your baby is moving less than usual or if you have noticed a change in the pattern of movements, it may be the first sign that your baby is unwell and therefore it is essential that you contact your midwife or local maternity unit immediately so that your baby's wellbeing can be assessed.

How many movements are enough?

There is no specific number of movements which is normal. During your pregnancy, you need to be aware of *your* baby's individual pattern of movements. A reduction or a change in *your* baby's movements is what is important.

What factors can affect me feeling my baby move?

You are less likely to be aware of your baby's movements when you are active or busy.

If your placenta (afterbirth) is at the front of your uterus (womb), it may not be so easy for you to feel your baby's movements.

Your baby lying head down or bottom first will not affect whether you can feel it move. If your baby's back is lying at the front of your uterus, you may feel fewer movements than if his or her back is lying alongside your own back.

What can cause my baby to move less?

Certain drugs such as strong pain relief or sedatives can get into an unborn baby's circulation and can make your baby move less. Alcohol and smoking may also affect your baby's movements.

In some cases, a baby may move less because he or she is unwell. Rarely, a baby may have a condition affecting the muscles or nerves that causes him or her to move very little or not at all.

Should I use a chart to count my baby's movements?

There is not enough evidence to recommend the routine use of a movement chart. It is more important for you to be aware of your baby's individual pattern of movements throughout your pregnancy and you should seek immediate help if you feel that the movements are reduced.

What if I am unsure about my baby's movements?

If you are unsure whether or not your baby's movements are reduced, you should lie down on your left side and focus on your baby's movements for the next 2 hours. If you do not feel ten or more separate movements during these 2 hours, you should take action (see below).

What should I do if I feel my baby's movements are reduced or changed?

Always seek professional help immediately. Never go to sleep ignoring a reduction in your baby's movements. Do not rely on any home kits you may have for listening to your baby's heartbeat.

The care you will be given will depend on the stage of your pregnancy:

- **Less than 24 weeks pregnant**

Most women first become aware of their baby moving when they are 18–20 weeks pregnant. If by 24 weeks you have never felt your baby move, you should contact your midwife, who will check your baby's heartbeat. An ultrasound scan may be arranged and you may be referred to a specialist fetal medicine centre to check your baby's wellbeing.

- **Between 24 weeks and 28 weeks pregnant**

You should contact your midwife, who will check your baby's heartbeat. You will have a full antenatal check-up that includes checking the size of your uterus, measuring your blood pressure and testing your urine for protein. If your uterus measures smaller than expected, an ultrasound scan may be arranged to check on your baby's growth and development

- **Over 28 weeks pregnant**

You must contact your midwife or local maternity unit immediately. You *must not* wait until the next day to seek help.

You will be asked about your baby's movements. You will have a full antenatal check-up, including checking your baby's heartbeat.

Your baby's heart rate will be monitored, usually for at least 20 minutes. This should give you reassurance about your baby's wellbeing. You should be able to see your baby's heart rate increase as he or she moves. You will usually be able to go home once you are reassured.

An ultrasound scan to check on the growth of your baby, as well as the amount of amniotic fluid around your baby, may be arranged *if*:

- your uterus measures smaller than expected
- your pregnancy has risk factors associated with stillbirth
- the heart-rate monitoring is normal but you still feel that your baby's movements are less than usual.

The scan is normally performed within 24 hours of being requested.

These investigations usually provide reassurance that all is well. Most women who experience one episode of reduction in their baby's movements have a straightforward pregnancy and go on to deliver a healthy baby.

If there are any concerns about your baby, your doctor and midwife will discuss this with you. Follow-up scans may be arranged. In some circumstances, you may be advised that it would be safer for your baby to be born as soon as possible. This would depend on your individual situation and how far you are in your pregnancy.

What should I do if I find my baby's movements are reduced again?

When you go home you will be advised to keep an eye on your baby's movements and, should your baby have another episode of reduced movements, you must again contact your local maternity unit immediately. Never hesitate to contact your midwife or local maternity unit for advice, no matter how many times this happens.

Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee. It is based on the RCOG guideline *Reduced Fetal Movements* (February 2011). The guideline contains a full list of the sources of evidence we have used. You can find it online at: www.rcog.org.uk/womens-health/clinical-guidance/reduced-fetal-movements-green-top-57.

The RCOG produces guidelines as an educational aid to good clinical practice. They present recognised methods and techniques of clinical practice, based on published evidence, for consideration by obstetricians and gynaecologists and other relevant health professionals. This means that RCOG guidelines are unlike protocols or guidelines issued by employers, as they are not intended to be prescriptive directions defining a single course of management.

This information has been reviewed before publication by women attending clinics in Newcastle, Exeter and Manchester.

A glossary of all medical terms is available on the RCOG website at: www.rcog.org.uk/womens-health/patient-information/medical-terms-explained.

A final note

The Royal College of Obstetricians and Gynaecologists produces patient information for the public. The ultimate judgement regarding a particular clinical procedure or treatment plan must be made by the doctor or other attendant in the light of the clinical data presented and the diagnostic and treatment options available. Departure from the local prescriptive protocols or guidelines should be fully documented in the patient's case notes at the time the relevant decision is taken.

All RCOG guidelines are subject to review and both minor and major amendments on an ongoing basis. Please always visit www.rcog.org.uk for the most up-to-date version of this guideline.