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"Better safe than sorry"—Reasons for consulting care due to decreased fetal movements

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ABSTRACT

Background: Experience of reduced fetal movements is a common reason for consulting health care in late pregnancy. There is an association between reduced fetal movements and stillbirth.
Aim: To explore why women decide to consult health care due to reduced fetal movements at a specific point in time and investigate reasons for delaying a consultation.
Methods: A questionnaire was distributed at all birth clinics in Stockholm during 2014, to women seeking care due to reduced fetal movements. In total, 3555 questionnaires were collected, 960 were included in this study. The open-ended question; "Why, specifically, do you come to the clinic today?" was analyzed using content analysis as well as the complementary question "Are there any reasons why you did not come to the clinic earlier?"
Results: Five categories were revealed: Reaching dead line, Receiving advice from health care professionals, Undergoing unmanageable worry, Contributing external factors and Not wanting to jeopardize the health of the baby. Many women stated that they decided to consult care when some time with reduced fetal movements had passed. The most common reason for not consulting care earlier was that it was a new experience. Some women stated that they did not want to feel that they were annoying, or be perceived as excessively worried. Not wanting to burden health care unnecessarily was a reason for prehospital delay.
Conclusion: Worry about the baby is the crucial reason for consulting care as well as the time which has passed since the women first experienced decreased fetal movements.

Statement of significance

Problem or issue

There is an association between reduced fetal movements and stillbirth and it is important to avoid delaying a consultation when the woman experience reduced fetal movements. It is unknown why women decide to consult care at a specific time point.

What is already known

Experience of reduced fetal movements is a common reason for consulting health care in late pregnancy.

What this paper adds

Worry about the baby is the crucial reason for consulting care as well as the time which has passed since the women first experienced decreased fetal movements.
Not wanting to burden health care unnecessarily was a reason for 'pre-hospital' delay.

1. Introduction

Worry about reduced fetal movements is common, and increases with advanced gestational age. Half of all pregnant women worry about reduced fetal movements some time during pregnancy.[1] Further, women's experience of decreased fetal movements is a common reason for consulting acute care during pregnancy.[2,3] In the third trimester, four to sixteen percent consult health care due to reduced fetal movements.[4] A review by Hijazi and East[5] shows that

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about seven percent of all pregnant women consult health care at some time due to worry about reduced fetal movements. In most cases these are uncomplicated pregnancies with a viable fetus. Reduced fetal activity may appear normal in a healthy fetus and is not necessarily a threat to the health of the fetus.[5] However, a reduction of the frequency and power in the fetal movements may be a sign of a compromised fetus. About half of the women who suffer a stillbirth report reduced fetal movements in the days before the baby died.[5,6,7] According to guidelines from the Royal College of Obstetricians and Gynecologists, RCOG,[6] the recommendation is not to wait but to consult care services promptly in order to confirm the well-being of the baby.

A study by Tveit et al.[3] showed that pregnant women waited before consulting care when they experienced reduced fetal movements. One third of the women waited until the fetal movements ceased and one quarter waited another 24 h after the movements had disappeared. When the women received information about reduced fetal movements the delay before consulting care decreased. Further, the same study showed that when the clinic complied with uniform information and clear guidelines about fetal movements, the number of stillbirths was reduced by almost 50%.

Women receive disparate information from different caregivers about the normal frequency of fetal movements,[1,3,6] and are not offered evidence-based advice.[8] An Australian prospective study included 526 women, of whom two thirds stated that they received information about normal fetal movements from health care professionals. Women who expected their first child had received information to a greater extent compared to women who already had children. Barely 80% stated that they had received the information from a midwife and 40% from an obstetrician. Slightly more than half of the women stated that they had searched for information on the internet. The women expressed a wish for more extensive information from health care professionals including written information early in pregnancy.[9]

In a Norwegian study from 2008, the relation between information to pregnant women about fetal movement, the awareness and worry about the fetal movements, and outcome of the pregnancy were explored. In this study 99.9% of the women stated that it was important to experience fetal movements every day, and almost all, 99%, regarded fetal movements as an indicator of a healthy baby. Further, the women described the great responsibility they felt about the well-being of their unborn child. The study found a relation between low awareness of fetal activity and an increased risk to give birth to a baby small for gestational age (SGA).[1] The importance of information, awareness of fetal movements and what to do if the movements decrease or cease, is emphasized by the Royal College of Obstetricians and Gynecologists.[6]

Decreased fetal movements are associated with worry among pregnant women. Lack of guidelines and disparate information may lead to uncertainty for the pregnant woman. The aim of this study was to explore why women decide to consult care due to reduced fetal movements at a specific point in time, as well as to investigate reasons for delaying a consultation.

2. Methods

2.1. Methodology

Malterud's method of analyzing qualitative data in several steps was used with the first question. This qualitative content analysis is a systematic condensation of the text.[10]

2.2. Sampling and setting

Pregnant women who consulted care due to reduced fetal movements during January–December 2014 at one of the seven birth clinics in Stockholm, Sweden were requested to fill in the questionnaire. The questionnaire was distributed by the health care professionals at the birth clinics after obtaining informed consent. Before asking the woman about participation all women had a CTG or ultrasound examination to verify a healthy fetus. The inclusion criteria were: women in gestational week 28 + 0 or above who could read and write at least one of the following languages: Swedish, English, Spanish, Sorani, Farsi, Arabic or Somali. Only Swedish and English answers were included in this study because the authors only master these languages. Further, only singleton pregnancies were included. In total, 3555 questionnaires were completed, of which 3058 fulfilled the inclusion criteria. In this study 960 women's answers were included in the analysis which is an extensive but reasonable number, giving a broad representation of the material. The first 80 completed questionnaires every month during the data collection period were selected. The selection was spread to avoid the results being affected by the season or the work load on the birth clinics. The responses of the 960 selected women who answered the first question, "Why, specifically, do you come to the clinic today?" as well as those of the 872 women who answered the attendant question, "Are there any reasons why you don't come to the clinic earlier?"

The characteristics of the participants are presented in Table 1. The mean age of the women was 31.6 years and the median age was 32 years (range 16–50). Most of the women were native Swedes, a quarter were born in another country. Slightly more than half of the women were in gestational week 37 or later. The majority, 67%, had a college or university level of education (Table 1).

2.3. Data collection

This study was based on two multiple choice and open ended questions included in a 22-item questionnaire.

2.4. Data analysis

The answers to this question ranged from several sentences to a few words. The first step entailed a careful reading and re-reading

Table 1
Sociodemographic characteristics.

Native country N = 959	N (%)
Sweden	727 (76)
Nordic countries (not Sweden)	14 (2)
Europe (not the Nordic countries)	68 (7)
Asia	96 (10)
South America	19 (2)
USA/Canada	1 (0.1)
Africa	31 (3)
Australia/New Zealand	2 (0.2)
Other	1 (0.1)
Age N = 960	
Mean (Md)	31.6 (32)
<19	3 (0.3)
20–24	80 (8.3)
25–29	260 (27)
30–34	340 (35)
>35	277 (29)
Gestational week N = 960	
28–32	133 (14)
33–37	335 (35)
>37	492 (51)
Education N = 958	
Elementary school	29 (3)
High school	286 (30)
College or university 1–3 years	203 (21)
College or university >3 years	440 (46)