

**REDUCED FETAL MOVEMENTS AT ≥ 28+0 WEEKS ASSESSMENT**

NAME:

ADDRESS: *FIX ADDRESSOGRAPH*  
*LABEL HERE*

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

DOB

GESTATION: \_\_\_\_\_

CHI:

\*RFM visit number

ANY FACTORS WHICH INCREASE THE RISK OF STILLBIRTH?			
	FACTOR	DEFINITION	Y or N
<b>PMH</b>	Extremes of maternal age	<16 or > 40 y	
	Hypertension	>140/90	
	Diabetes mellitus		
	Obesity	BMI >35	
<b>Current pregnancy</b>	<b>Multiple consultations with RFM*</b>	2 or more	
	Congenital abnormality	On US	
	Genetic abnormalities		
	Known placental insufficiency	On US	
	Fetal Growth Restriction (FGR)	Fundal Height <10 <sup>th</sup> centile	
<b>Past OBs History</b>	Poor past obstetric history	Previous FGR/stillbirth	
<b>Social History</b>	Smoker	CO level > 4	
	Issues with access to care	Substance misuse, asylum seeker, failure to attend 2 or more appointments	

**ASSESSMENT:**

Fundal height: \_\_\_\_\_ cm      FHR \_\_\_\_\_ bpm

BP: \_\_\_\_\_ / \_\_\_\_\_      Temp

Urine: \_\_\_\_\_      RR

CTG: BR \_\_\_\_\_ Variability \_\_\_\_\_ Decels \_\_\_\_\_ Accels \_\_\_\_\_.

overall (circle):    NORMAL      SUSPICIOUS      PATHOLOGICAL

**Is the woman still aware of RFM?**

**IF RFM CONTINUES OR ANY RISK FACTORS ARE IDENTIFIED OR CONCERNS ON CLINICAL EXAMINATION (PIH/SGA) THEN US SHOULD BE PERFORMED IDEALLY WITHIN 24 HOURS IF A SCAN HAS NOT BEEN PERFORMED IN THE PREVIOUS 3 WEEKS. DURING TIMES WHEN US CANNOT BE PERFORMED, DAILY CTG'S SHOULD BE PERFORMED UNTIL AN US CAN BE CARRIED OUT**

US INDICATED?    Y or N      US REQUESTED?    Y or N      US DATE: \_\_\_\_\_.

Signature:

Designation: