# Fetal Kick Count

## Definition
Fetal kick counting is a quantitative method used in the third trimester to assess fetal wellbeing. A reduced fetal kick count (FKC) may be an expression of fetal distress and/or dysfunction of the feto-placental unit. The utility of daily fetal kick counts has not been consistently demonstrated. It has not been shown to decrease fetal deaths when applied to low risk women routinely, but it is most valuable with higher risk pregnancies.

## Subjective
Must include the mother acknowledging that she has felt fetal movement previously in this pregnancy. May include:
1. A previous history of stillbirth (that occurred at the age of viability), preterm delivery, diabetes or other problems with current or previous pregnancy.
2. Normal pregnancy.

## Objective
Must include fetal heart tones.

## Laboratory
None

## Assessment
Candidates for fetal kick count testing.

## Plan
1. Start daily kick counts in patient according to the following schedule:
   a. Low risk prenatal patients may start kick counts at 34-36 weeks gestational age.
   b. Patients who have suspected IUGR may start kick counts as soon as the IUGR is detected and testing is clinically interpretable (generally not before 28 weeks gestational age).
   c. Patients with previous stillbirth may start kick counts 2 weeks prior to the gestational age at which the previous fetus died (but not prior to 28 weeks).
   d. Patient with other medical indications for fetal kick count testing may start kick counts as outlined in other specific protocols.
2. If fetal kick counts are being done, the results should be assessed at each visit.
   a. Compare recent fetal kick count log with previous log to determine standard interval for adequate movement (e.g., for a given patient there should be less than 50% difference in time it takes to feel 10 fetal movements between visits).
   b. If any signs of fetal compromise are detected, patient should be referred for more complete fetal testing.

## Patient Education
1. Inform the patient that fetal kick counts do not replace the formal testing that may be recommended to monitor the wellbeing of her fetus.
2. Tell her that there is some controversy about the utility of doing fetal kick counting in low risk pregnancies on a routine basis.
3. For women who want to do fetal kick counts and those for whom the clinician recommends fetal kick counting, advise patient to:
   a. Lie on her side at the same time each day (left side is preferred). Patient should note the time it takes the fetus to make 10 movements. She should count each individual fetal movement. For example, if the baby kicks and rolls at the same time, the patient can count that as two movements. The patient should keep a record of the time each day that it takes her fetus to move 10 times as described. She should be instructed to bring this log with her to each encounter with health care provider.
      1) If the fetus does not move at all during a two-hour period, the patient should go to the ER immediately.
      2) If the fetus moves less than 10 times during that initial 2 hour test period, the patient should have something to eat and repeat fetal kick count test. If the fetus fails to move 10 times during the second 2 hour test, the patient should go for formal fetal testing (e.g. ER) promptly.