

Factsheet - Induction of Labour for Reduced Movements

What does 'reduced fetal movements (RFM)' mean?

RFM means your baby is moving less than usual or has stopped moving. It's important to get checked quickly.

About 2 in 10 pregnant people (15–22%) notice reduced movements during pregnancy. Most babies are born healthy, but reduced movements can be a sign that your baby needs help.

📞 Call the Triage Team straight away if you notice RFM: 01772 524495

Your Choices

- ✅ Accept induction or plan caesarean birth
- ✅ Say no to induction or caesarean and have extra checks instead.
- 💬 Talk about other options with your midwife or doctor.

Key Facts:

How is your baby's wellbeing assessed?

- CTG: A monitor that checks your baby's heartbeat pattern.
- Ultrasound: To look at your baby's growth, the fluid levels around your baby, and the blood flow through the cord.

It is important to note that these tests only provide an overview of your baby's health at the time of the test. Subsequent tests may be offered or needed to check on progress.

When is induction offered?

After 39 Weeks: Usually offered to reduce the chance of stillbirth, even if tests are normal.

Before 39 Weeks: Depends on your baby's growth, the fluid levels around your baby, the placental blood flow and your health (e.g. diabetes, high blood pressure, smoking)

What if movements are reduced more than once?

If this happens 2 or more times in 3 weeks, it's called recurrent RFM. This is more concerning and may mean your baby isn't growing well and this increases the chance of stillbirth.

Induction may be advised earlier.

Stillbirth Comparison Table:

Here's a summary of evidence-based UK data, individual risk may vary.

Pregnancy Type	Stillbirth Rate after 39 weeks	Comparison
Uncomplicated Pregnancy	1 in 250 births (0.4%)	Baseline
One Episode of RFM	1 in 125 births (0.8%)	2 times higher
Recurrent RFM (2+ episodes in 3 wks)	1 in 50 births (2.0%)	5 times higher

Why might movements be reduced?

- You may simply have been busy or other factors that mean you have not noticed the movements.
- 3 in 10 babies with RFM are smaller than expected
- If your placenta or cord isn't functioning well this can affect the movements
- Other causes may be related to bleeding or undetected conditions

What Happens if you decide not to be induced?

If your preference deviates from recommended care, you will be offered an appointment to discuss this further with your obstetrician who will discuss your options and any extra support and monitoring you will need.

**Need Help or Have Questions?
Speak to your midwife or call Triage**

Here's a practical BRAIN Decision Tool. It's designed to help clarify thought processes and support informed choices:

How to Use It:

Write down your thoughts under each heading.

Discuss them with your midwife or healthcare team.

Use this as a guide, not a rule - your choice matters.

Some examples have been added to the table to help you get started.

B - What are the potential benefits of induction for me and my baby?

Examples:

May reduce incidence of stillbirth

Planned timing for birth.

R – What are the possible risks or downsides?

Examples:

Longer labour process.

Increased chance of interventions (e.g., assisted birth).

Possible discomfort from induction methods.

Longer stay in hospital

A – What other alternatives do I have?

I – What does my intuition tell me?	
N – What happens if I do nothing right now?	