



## A case report of near still birth (near miss), baby saved by mother's attention to fetal movements and intervention by the obstetric team

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## Abstract

Stillbirth affects over 2.64 million families worldwide annually. Stillbirths are often preceded by maternal perception of decreased fetal movement (DFM). DFM is also strongly linked to adverse perinatal outcomes such as neurodevelopmental disability, infection, fetal to maternal haemorrhage (FMH), emergency delivery, umbilical cord complications, small for gestational age (SGA) and fetal growth restriction (FGR /IUGR). Decreased fetal movements for some women may be associated with placental dysfunction, which could lead to fetal growth restriction and/or stillbirth. While evidence is still emerging in this area, some studies indicate that a reduction in stillbirth rates may be achieved by increasing maternal, clinician and community awareness about the importance of DFM. Fetal movements are an important simple maker of fetal wellbeing, while reduced fetal movements can be the early symptom of fetal compromise and failure to respond by a mother or maternity provider might lead to intrauterine fetal death (IUFD). Fetal movement counting (Fetal Kicks monitoring) is very controversial, maternal anxiety has been highlighted as a big issue in those who follow fetal kick counting advice. The value of maternal fetal movements (FM) monitoring has been assessed in a number of studies of pregnant women. There are conflicting results with most showing no overall reduction in perinatal losses even when fetal movement monitoring has been recommended. Fetuses that are experiencing sub acute and slow progressing fetal compromise can be saved if mothers detect reduced fetal activity and present to their midwife or Obstetrician.

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## **Biography**

Etwell Mari is a Fellow in Rural and remote Medicine. She had also completed FACRRM, Adv. DRANZCOG; MBchB; AMC courses. Her research interest includes: Fetal movements, Fetal kicks monitoring, fetal compromise, stillbirth (IUFD).

## **Publication**

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