

How do I count my baby's movements?



- Get into a comfortable position – lying on your side or sitting. Place one or both of your hands on your abdomen.
- Count each time that you feel your baby move. If you feel many movements all at once, count each movement that you feel.
- Write down the date and the time that you start counting on the fetal movement chart.
- Make a mark on the chart each time your baby moves.

Count your baby's movements once a day. You should feel 6 or more movements in 2 hours.

- Stop counting when you have counted 6 movements.
- Write down the time you stopped counting.
- Do not count for more than 2 hours

What if I don't feel 6 movements in 2 hours?

If you count fewer than 6 movements in 2 hours *do not wait*. Go to the hospital or birthing unit.

Your baby's heart rate and movements will be checked using a fetal monitor. This is called a non-stress test or NST.

If you live too far from a hospital or birthing unit, immediately contact your health care provider for advice.

About baby's movements

An active baby is usually a healthy baby. You will feel your baby stretch, kick, roll and turn every day. Some babies are more active than others. All babies have periods of sleep during which they are not as active. You will get to know your baby's pattern of movements and when your baby is most active.

You should feel your baby's movements throughout the day, each day from 28 weeks of pregnancy until the baby is born.

When during my pregnancy should I count my baby's movements?

Your health care provider may ask you to count your baby's movements once every day.



If you think there is a decrease in your baby's movements this is an important sign that your baby may not be well. Count your baby's movements to be sure that you feel at least 6 movements in 2 hours.

Reference:

Society of Obstetricians and Gynecologists of Canada Clinical Practice Guideline No. 197a-Fetal Health Surveillance: Antepartum Consensus Guideline September 2007 (Reaffirmed April 2018).

FETAL MOVEMENT COUNT CHART

NAME: _____

ADDRESS: _____

DUE DATE: _____

IMPORTANT PHONE NUMBERS:

DOCTOR: _____

MIDWIFE: _____

HOSPITAL: _____

For nurse advice and health information 24/7, call Health Link at 811.

OTHER INSTRUCTIONS:

PLEASE BRING THIS CHART WITH YOU EACH TIME YOU SEE THE DOCTOR/MIDWIFE

