



CONTACT:

Tiffan Yamen

P: 515.205.8122

E: tiffan@healthybirthday.org

www.countthekicks.org

Backgrounder

Count the Kicks, a public health and awareness campaign to improve pregnancy outcomes, is launched in Iowa.

During pregnancy, moms are accustomed to a variety of screening tests for conditions such as Down syndrome and diabetes. The rationale for these tests is not to make parents anxious about their pregnancy, but to identify potential pregnancy problems to allow for timely intervention. An expectant mother's awareness and understanding of her baby's movements in utero is also an important precaution in both low- and high-risk pregnancies.

Scientific studies indicate that kick counting, a daily record of moms' perception of her baby's movement during the third trimester, is a harmless and effective screening for the baby's well-being. The American College of Obstetricians and Gynecologists (ACOG) recommends kick counting as one of the methods to monitor pregnancy health, particularly for mothers who are past their due date or have diabetes or hypertension. **Now, with education materials provided by the non-profit organization Healthy Birth Day and Iowa's maternal healthcare providers, parents-to-be in Iowa will learn how to improve their chances of delivering a healthy baby through the *Count the Kicks* public health and awareness campaign.**

Count the Kicks teaches expectant parents how to find their unborn baby's baseline movement pattern and encourages continued daily monitoring of their baby's movement through the third trimester of pregnancy. The goal of Iowa's *Count the Kicks* campaign is to prevent unexpected birth complications and late-term stillbirths.

The motivation behind the *Count the Kicks* campaign

The driving force behind the *Count the Kicks* campaign is a group of five Des Moines, Iowa women. Kate Safris, Kerry Biondi-Morlan, Tiffan Yamen, Rep. Janet Petersen and Jan Caruthers are the co-founders of the non-profit organization Healthy Birth Day. Each of these women know all-too-well the heartache and devastation of a pregnancy that goes terribly wrong right at the end. In 2003 Safris' daughter was born with congenital heart disease and lived for just eight days. Biondi-Morlan, Yamen, Petersen and Caruthers each lost near- or full-term baby girls to stillbirth in 2005. All of these babies showed signs of something wrong in their last few days of life, but even with regular prenatal care their moms weren't aware of what signs to watch for and how to properly monitor

their babies' movement patterns for potential problems. They all learned about kick counting after it was too late.

A public health study in Norway was the inspiration for the state-wide *Count the Kicks* campaign. The Norway study looked at how a focused public health initiative promoting kick counting and awareness of decreased fetal movement would affect the country's stillbirth rates. The study concluded that Norway's stillbirth rate was reduced by one third after the implementation of their kick counting initiative.¹

Why keep track of kick counts?

Kick counting can document changes in the fetal movement pattern and can help moms-to-be alert their healthcare provider of potential problems. A timely evaluation can allow intervention and prevention of potential problems, including stillbirth.

It is important for expectant moms to discuss kick counting with their healthcare provider. An expectant mother can usually feel her baby's specific movement pattern by 26 weeks. Kick counting should be started at 28 weeks in normal pregnancies and as early as 26 weeks for high-risk pregnancies.

The early weeks of kick counting will help parents understand the personality of their baby and his or her movement patterns. Some babies tend to be more active at night, others in the morning or afternoon. As the pregnancy progresses daily kick counts will alert mom of any pattern changes, which should then be taken seriously and reported to her medical provider.

How is kick counting done?

Mom should perform kick counts every day, preferably at the same time. It's best to choose a time based on when the baby is usually active, such as after a snack or meal. Make sure baby is awake first; walking, pushing on mom's tummy or having a cold drink are good wake-up calls.

To get started, mom should sit with her feet up or lie on her side. Count each of the baby's movements as one kick and count until 10 kicks are felt. "Kicks" are any type of movement felt from the baby—twists, jabs, pokes and rolls.

Healthy babies should complete ten movements within two hours and most babies will achieve this in less than 15 minutes. If 10 movements are not felt during a usual two-hour counting period, try to wake the baby up by drinking fluids, pushing on mom's tummy or taking a brisk walk. Then, repeat the kick count. The healthcare provider should be alerted immediately of changes in the baby's normal pattern or if the baby takes more than two hours to complete ten movements.

It is important to note that all babies have frequent sleep/wake cycles and will sleep often. But very rarely does a baby kick less than 10 times during a two-hour period, as most babies don't sleep longer than an hour at a time near the end of pregnancy.

About decreased fetal movement

Decreased fetal movement occurs in five to ten percent of all pregnancies. Data from 5,000 stillbirths revealed that 50 percent of the women perceived gradual decreased fetal movement several days prior to fetal death.¹

Recent Harvard Medical School studies have found that decreased fetal movement is associated with increased risk for stillbirth and concluded that health care providers should be educating women about the importance of fetal movement in an effort to reduce intervention delays.

About stillbirth

Stillbirth is a significant public health issue in the United States, yet it remains the least talked about and researched pregnancy complication. Stillbirth is the unexpected death of a baby after 20 weeks of pregnancy. According to the National Institutes of Health, stillbirth claims the lives of 25,000 babies—70 per day—in the United States every year.² One in 160 U.S. pregnancies ends in stillbirth.² There are approximately 200 stillbirths in Iowa each year.³ More than half of all stillbirths happen after 28 weeks and most of those happen after 36 weeks in an otherwise normal pregnancy.

“Unexplained” stillbirth happens when no obvious causes are found despite thorough investigation. They represent up to half of all deaths with risk increasing after 37 weeks of pregnancy. More than half of unexplained stillbirths have suboptimal growth. This may indicate that unexplained stillbirths are not “sudden,” and suggests that there may be a window of time for intervention and prevention.

Count the Kicks can optimize the chance of delivering a healthy baby.

Kick counting is much more than just knowing that the baby moves. Kick counting can be a bonding time for mothers and their partners as they both proactively protect their baby. It is best to systematically record daily kick counting on a Kick Track Chart to learn about the baby’s baseline movement rather than rely on memory recall. A mother’s familiarity with her baby’s movements helps identify changes that may indicate potential pregnancy problems, which can allow her provider to institute timely intervention.

Kick counting is not designed to induce anxiety but to provide moms with a simple and effective screening for their baby’s well-being. By being aware of the baby’s movement baseline, moms are empowered by working together with their medical team to ensure a safe pregnancy, a healthy baby and reduce the risk of stillbirth.

References

¹ Holm Tveit JV SE, Stray-Pedersen B, Bordahl PE, Flenady V, Fretts R, Froen JF: Reduction of late stillbirth with the introduction of fetal movement information and guidelines - a clinical quality improvement. *BMC Pregnancy Childbirth* 2009, 9(32).

² American College of Obstetricians and Gynecologists: Management of Stillbirth. *ACOG Practice Bulletin* Number 102, March 2009.

³ Iowa Department of Public Health, Vital Records, 2005.