

To be taken seriously and receive rapid and adequate care – Womens' requests when they consult health care for reduced fetal movements



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ABSTRACT

Background: decreased fetal movement is a reason for women to seek health care in late pregnancy.

Objective: to examine what pregnant women who present with decreased fetal movements want to communicate to health care professionals and to other women in the same situation.

Design: a qualitative descriptive study.

Setting and participants: questionnaires were distributed in all seven labour wards in Stockholm from 1 January to 31 December 2014 to women who consulted care due to decreased fetal movements. In total, 3555 questionnaires were completed of which 1 000 were included in this study. The women's responses to the open ended question: "Is there something you want to communicate to health care professionals who take care of women with decreased fetal movement or to women who experience decreased fetal movements?", were analysed with manifest content analysis.

Finding: three categories were revealed about requests to health care professionals: Pay attention to the woman and take her seriously, Rapid and adequate care and Improved information on fetal movements. Regarding what the women want to communicate to other pregnant women, four categories were revealed: Contact health care for check-up, Pay attention to fetal movement, Recommended source of information and Practical advice.

Conclusion: pregnant women who consult health care due to decreased fetal movements want to be taken seriously and receive rapid and adequate care with the health of the infant as the primary priority. The women requested uniform information about decreased fetal movements. They wished to convey to others in the same situation the importance of consulting care once too often rather than one time too few.

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Introduction

Most pregnant women feel fetal movements at first time around the 18th–20th gestational week. At first the movements are sporadic and not coordinated. However, with fetal growth, the muscle mass increases and the nervous system develops, resulting in the movements becoming more coordinated and stronger. At gestational week 32 the frequency of fetal movements reaches a plateau and thereafter remains at that level until birth. A sudden change or decrease of the fetal movements is a potential important

sign which may precede stillbirth (RCOG, 2011). The difference in movements between fetuses and how the movements are perceived by the pregnant woman are probably the most important reasons for declaring that there is a variation in what is regarded as a normal pattern of movements. This fact makes it problematic to define what decreased fetal movements really mean (Olesen and Svare, 2004).

Women who consult health care due to decreased fetal movements have an increased risk of an adverse outcome of the pregnancy (Olesen and Svare, 2004). Decreased fetal movement is also associated with fetal growth restriction, fetal distress, oligohydramnios and fetal malformations (Heazell and Frøen, 2008). Further, there is an increased risk of stillbirth and prematurity (Sinha et al., 2007).

Decreased or total loss of fetal movements is a reason for worry and anxiety among pregnant women (Tveit et al., 2009a).

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The Royal College of Obstetricians and Gynaecologists (RCOG, 2011) recommends that pregnant women are to be encouraged to learn the pattern of fetal movements and that the movements always should be valued from the women's perspective. When the pregnant woman who have passed gestational week 28+0 is uncertain about the fetal movements, the advice is to lie on the left side and focus on the fetal movements for two hours. If she does not feel more than ten movements per two hours she should consult her midwife or maternity unit immediately (RCOG, 2011).

When women consult care services due to decreased fetal movements it is important to take a careful history (Flenady et al., 2009). It is recommended that the history covers: the duration of decreased fetal movements, if there are movements at all, if the woman really has focused on the movements of the infant, and if there have been earlier periods of decreased fetal movements. Further, questions about known risk factors, such as fetal growth restriction, placenta insufficiency, inherited malformations, and maternal risk factors such as hypertonia, diabetes, smoking, age, obesity and previous obstetrical background should be included in the history (Franks and Nightingale, 2014).

When women consult health care due to decreased fetal movements one recommendation is to use cardiotocography (CTG) when examine the fetus (RCOG, 2011). Further, Dutton et al. (2012) even recommend an ultrasound examination after the 28th week of gestation to estimate the weight of the infant and the volume of amniotic fluid. Frøen et al. (2008), recommend both CTG-registration and an ultrasound examination within two hours if the woman has not noticed any fetal movements at all and within 12 hours if she has experienced decreased fetal movements.

There are factors that might prevent women with concerns for fetal movements to contact health care professionals. A common reason may be misleading information about fetal movement, saying that the frequency of fetal movements normally decreases in the third trimester. Also, women's unwillingness to be considered as hysterical and that she bother the health care system unnecessarily, can prevent women from seeking care (Rådestad, 2010; Malm et al., 2010–2011).

The woman's experience of the fetal movement is subjective and there are differences in the pattern of the individual fetuses (Sinha et al., 2007). About six to seven percent of all pregnant women consult health care during the third trimester of pregnancy due to decreased fetal movements (Tveit et al., 2009a). A study by Frøen (2004) report that four to sixteen percent consult care during the latter part of the pregnancy. General recommendations are requested by pregnant women (McArdle et al., 2015) and Jokhan et al. demonstrated that clinical guidance is needed (Jokhan et al., 2015).

In Sweden, pregnant women are enrolled at a maternal health clinic and following a maternal care programme free of charge. Normally, the women meet the same midwife during the pregnancy and if the women have concerns due to decrease fetal movements she has the possibility, during office hours, to contact the midwife for advice or a check-up. Women with concerns about the fetal well-being can also contact the obstetric clinic at the hospital.

The aim of this study was to examine what pregnant women who present with decreased fetal movements want to communicate to health care professionals and to women in the same situation.

Methods

Participants and setting

Pregnant women who consulted care due to decreased fetal

movements were recruited from all seven labour wards in Stockholm, Sweden from 1st January to 31st December 2014. Inclusion criteria were women with singleton pregnancies in gestational week 28 or more with a normal cardiotocography (CTG) at admission. Further, the women should have the ability to understand, read and write Swedish or English.

Data collection

A questionnaire, including 22 questions with both open-ended and multiple choice questions, was distributed. Apart from some questions about the women's sociodemographic background the questionnaire focused on fetal movements and the questions were formulated based on results from previous studies (Rådestad and Lindgren, 2012; Linde et al., 2015). The questionnaire was face-to-face validated among ten pregnant women seeking care for decreased fetal movements before the study started. The study comprises the women's responses to two requests at the end of the questionnaire: "Here you have the opportunity to write something that you would like to communicate to the health care professionals who take care of women with decreased or different fetal movements." and "Here you have the opportunity to write something you would like to convey to pregnant women in the same situation.". The women were asked to use the space provided but could also, if necessary, continue on the back of the questionnaire.

During the data collection period, 3555 questionnaires were completed. Of these, 2954 fulfilled the inclusion criterion for this study. An internal selection was performed in order to analyse 1000 answers. The selection was performed by randomly picking 300 questionnaires from the beginning of the study period, 400 questionnaires from the middle of the data collection period and finally 300 from the end of the period. This division over time was chosen to prevent the results being affected by the season or the work load of the health care professionals. In total, 362 women responded to the request concerning health care professionals and 341 women responded to the request concerning pregnant women (Fig. 1). Background data of the women – ethnicity and educational level, are presented in Table 1. Only women who responded to both of the questions are included in this table (245 women). These can be compared to available data for all 139 756 women who gave birth in Stockholm during the years 2011–12. The mean age for those women was 31.6 years, 23.2% of them were born outside the European Union. The educational level was for elementary school 94.0%, high school 29.6% and college or university 58.7% (Brommels, 2015). The participants in the present study were at the same mean age (31.7) and native Swedes at the same extent as the general population. However, they were in a greater extent educated at college or university (66.9%) compared to the general population (58.7%) (Table 1). The text consisted of short quotes describing women's advice to health care professionals or women in the same situation.

Analysis

Data have been analysed in three steps with manifest content analysis modified by Malterud (1993, 2012, 2014). The length of the quote varies from a few words to several sentences. The first step was to reach an understanding of the content in the data. According to Malterud (2012), this means to gain a sense of the data but at the same time to put aside the researchers' pre-understanding. Following the first reading, preliminary themes appeared (Malterud, 2012).

The next step was to read the text again and identify units which described the content of the text. Some quotes were too short and it was impossible to identify a unit. In that case the

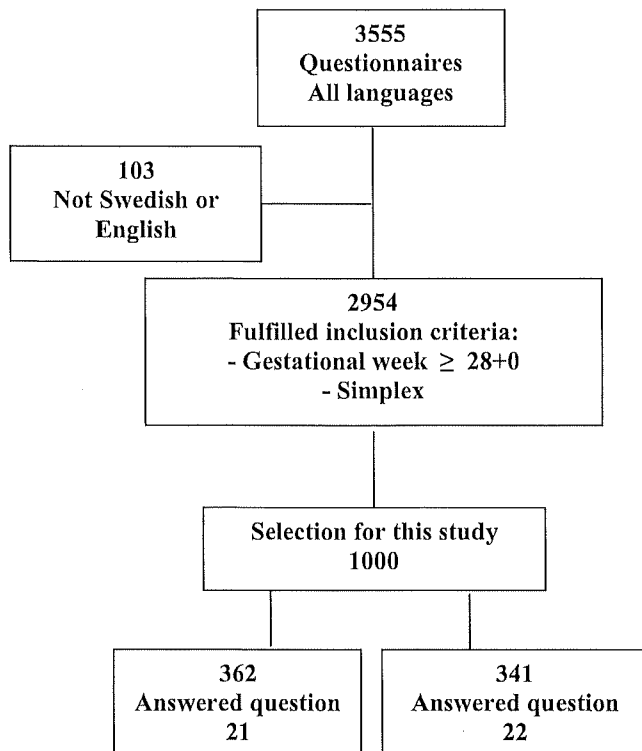


Fig. 1. Flow chart.

Table 1
Characteristics of the participants.

	Women who responded both question N=245	
	N	%
Age N=240		
Mean	31.7	
< 20	0	0
20–35	194	79.2
> 35	46	18.8
Gestational length N=238		
28–32	45	18.4
33–36	65	26.5
37+	128	52.2
Native country N=242		
Sweden	187	76.3
Other Nordic countries	5	2.0
Europe (excluding Nordic countries)	13	5.3
Asia	17	6.9
Africa	9	3.7
South America	7	2.9
North America	3	1.2
Australia/Nya Zeeland	0	0
The West Indies	1	0.4

quote was used in its whole and sorted into a code. Every other quote was sorted into units. The units with equal content were sorted into codes. If there was no message in the quote it was excluded, e.g. if the woman had only stated her satisfaction with care. Example of such quotes are; "Very good", "Good", "Everyone is kind and helpful", "Don't know" "No". In some quotes more than one unit was identified. Some have been divided into more than one theme within the same category whereas others have been placed

in more than one category.

Finally, in the third step it was important to ignore the information, which had been revealed in the two previous steps to give the codes a deeper meaning and knowledge. This step, condensation, entails putting the themes into categories which appear when the most important in every condensed code is summarised. During the whole process the findings were continually discussed in the research group in order to reach consensus.

The study was approved by the Regional Ethical Review Board in Stockholm: DNR: 2013/1077-31/3.

Findings

What the women wanted to communicate to the health professionals was divided into three categories: *Pay attention to the woman and take her seriously*, *Rapid and adequate care* and *Requesting improved information about fetal movements* (Table 2).

The message that the women wanted to communicate to pregnant women who experience decreased or different fetal movements were divided into four categories: *Consult healthcare for a check-up*, *Observe fetal movements*, *Recommend sources for information* and *Practical advice* (Table 3).

Requests to health care professionals

Pay attention to the woman and take her seriously

The importance of being taken seriously was the statement that most of the women wanted to communicate to the health care professionals. Of the total of 362 answers, 124 women expressed the importance of being taken seriously.

"That they take you seriously and carry out an examination rather than not. That they don't just put it down to the usual 'mum' worry."

The importance of good treatment was another aspect that the women wanted to communicate. They wished to be treated with professionalism and taken seriously by competent health care

Table 2
What pregnant women want to convey to health professionals.

Category	Theme	N=362*	%
<i>Pay attention to the woman and take her seriously</i>	Take the woman seriously	124	34%
	Treatment	91	25%
	Confirmation	34	9%
	Communication	34	9%
	Negative feelings	14	4%
	Trust the woman	7	2%
	Previous experiences	3	0.8%
<i>Rapid and adequate care</i>	Rapid care	30	8%
	Medical management	22	6%
	The well-being of the infant	10	3%
	Carefulness	5	1.5%
	Guidelines and routines	2	0.5%
<i>Requesting improved information about foetal movements</i>	Extended and improved information	21	5.5%
	Information from antenatal care	10	3%
	Feeling of uncertainty	5	1.5%
	Count foetal movements	5	1.5%
	Disparate information	4	1.1%

* The quotes may appear in several categories and themes

Table 3
What pregnant women wish to convey to others.

Category	Theme	N=341 [*]	%
Consult health care for check-up	Once too often rather than once too few	76	22%
	Go to the clinic for a check-up	81	24%
	Get into contact with the midwife	62	18%
	Listen to your intuition	43	13%
	Do not wait	38	11%
	Dare	15	4%
	Take it seriously	13	4%
Pay attention to fetal movement	Think about the infant	12	4%
	Learn to know the pattern of your infant's movements	7	2%
	Subjective experience	5	2%
Recommended source of information	Observe and react	3	1%
	Do not Google	11	3%
Practical advice	Educated health care professionals	1	0.3%
	Keep calm	10	3%
	Stimulate the infant	6	2%
	Life style	1	0.3%

^{*} The quotes may appear in several categories and themes.

staff. They wanted the latter to be calm and confident and to be treated in a confidence-inspiring and a secure environment. Kindness, humility, sympathy, respect, empathy and understanding were other key words regarding treatment.

Meet the worried patient with calm and respect. No one consults health care without reason and worry is something that pregnant women feel almost every day. So, be kind and humble."

Further, the women wanted confirmation that they had made the right decision when they consulted a midwife or the labour ward for a check-up. They also wanted an acknowledgement of the worry they felt. The responders described experiencing many feelings when consulting care services. Fear, worry and anxiety were the most frequently described. Even the feelings of time-wasting and being stupid consulting health care "unnecessarily" were expressed by most of the women. When they felt their concerns to be acknowledged by health care professionals who both listened and believed what they were hearing, negative feelings decreased.

"I feel as if I am in the way, I do not want to go to hospital. The worst is the worry, not knowing whether or not something is wrong. I think there is always some health care professional who seems irritated by you. That is why I think twice before seeking help."

Communication was described as important. The women requested honest and straightforward communication in plain terms when the health care professionals answered questions and told them what was going to happen and why. However, the women had disparate views about what was important. Some emphasised the importance of the health care professional expressing calm on the telephone, to reassure them that everything was most likely normal. They did not want the health care professional to be in a hurry and express their own concerns as this would in turn increase the woman's worry. Others did not want the health care professionals to speculate but rather to wait until an examination had been carried out. The women did not want to be given

promises that could not be guaranteed.

Further, many stated the importance of the health care professionals trusting the woman. They wanted the professional to trust that the woman's experiences were true, as she knows her body best; if she experienced some differences in movement then she was most likely to be right.

"Take the woman seriously; she knows the baby's pattern of movements best. Listen and acknowledge her feelings. Do not rely solely on information from machines and examinations. The feeling of the woman is at least as important."

The women thought it was important that the health care professionals took the woman's previous experiences into consideration and that they had read the medical records as well as having an overall picture and understanding if she had consulted care before.

"The reason for being here so often is the long journey we have made to get pregnant with several miscarriages and in vitro fertilization attempts. Important to take worry seriously even if there are no medical problems. And to see the background as a contributory cause for worry; you can feel very stupid when you are visiting the delivery ward frequently."

Rapid and adequate care

The women emphasised the importance of being taken care of rapidly, to be invited to examinations at once without delay. Rapid care with careful and adequate medical examinations was considered as important for not experiencing additional worry. Some mentioned that they received help rapidly, within an hour, which was perceived as calming whereas one responder said it was disgraceful to have to wait for one hour and that decreased fetal movements should always be taken seriously.

Some women reported that they experienced that the health care professionals were not always as competent as they should be, they questioned the medical management and requested more careful examinations such as CTG and flow measurement. Even blood samples were mentioned.

The most essential component in the care received was a confirmation of the well-being of the unborn infant. The women were worried about their infant and quickly wanted to have it verified that everything was okay. They felt a great responsibility not only towards their infant but also towards their partner and other relatives. Further, they said that the worst possible news would be if something had happened to the infant.

"I am very grateful that I was quickly able to come to the ultrasound examination and know that the baby is alright."

Requesting improved information about fetal movements

Above all, more and improved information about decreased fetal movement in general and from antenatal care in particular was requested. The women wished for clearer information about the normal pattern, how to reason when the pattern changes and how to pay attention to their infant's decreased movements. A few women expressed that the information was frightening and that it should be more normalised whereas the vast majority stated that increased and improved information would be very helpful. The women thought it was important to illuminate important subjects such as decreased fetal movements and that they could not be expected to find such information themselves. Furthermore, women requested that midwives and doctors should encourage pregnant women who experience decreased or different fetal movements to consult health care immediately and they emphasised the importance of not waiting too long when experiencing something different.

"More distinct information about fetal movements. When will you call? After one day? Hours?? Are weak movements some days normal? And so on."

Further, they wanted to communicate that the accessible information varied. They wrote that inconsistent information results in uncertainty.

"You receive contradictory information. Some say that the movement decreases further on in the pregnancy, other says that this is a myth. Which leads to some babies being hurt."

Some wanted to learn how to count fetal movements at home, to have control themselves.

Messages to pregnant women

Consult health care for a check-up

The most essential message which appeared in the analysis was that pregnant women who experience decreased or different fetal movements were recommended to consult health care once too often rather than once too few. They expressed that it is better to be on the safe side and consult health care too many times despite everything being normal than to refrain with the risk that something serious might happen.

"Seek help ten times too often rather than once too few. See that you get listened to and do not give up until everything feels good again. It is important not to overlook one's gut feeling."

To consult the midwife at the antenatal clinic or to consult the labour ward when fetal movements decreased or felt different was something the pregnant women wanted to communicate to others. If they chose not to visit health care at once they should get in touch with health care professionals for advice.

To trust one's own intuition was another essential aspect. The women were of the opinion that pregnant women know their infant best and they have to trust their gut feeling if they experience something deviating from normal. The advice was to take it seriously and think about the best for the infant; the infant's health is paramount and nothing should be allowed to happen to the infant.

"Trust your instinct! It is better to consult health care once too often or even several times rather than once too little. Don't care if you feel that you are troublesome because it is all about your baby's health and perhaps even its life."

Further, they wanted to communicate the importance of consulting care services immediately, without hesitation. Many suggested, *"Have a check up,"* emphasising the importance of consulting health care. Many others stated that it was important not to feel stupid and troublesome and instead dare to seek care for advice or examination.

Additionally, they wanted to communicate the importance that other pregnant women, when they experience decreased fetal movements, take it seriously and do not dismiss everything as normal. The woman has to stand up for herself and think about the best for her infant. They stated that they would never forgive themselves if something happened to the infant due to them not having taken important signs seriously.

Pay attention to fetal movement

Women wanted to communicate the importance of recognising the infant's pattern of movements. To allocate some time every day, to listen to, feel and to count the movements, would help the pregnant woman to learn the individual pattern of the infant's movements. They recommended pregnant women always to use the same technique when registering the movements. In that way,

it would be easier to notice when the pattern differed.

"To take some time every day listen inwards", in peace and quiet. Preferably with someone else who can confirm the experience and also feel the movements of the baby."

They emphasised the importance of only comparing to oneself; the experience of fetal movements is subjective and can only be compared with one's own and never with the experiences of others. Therefore, they stated that the pregnant woman can only trust herself and should not listen too much to others.

The importance of observing the fetal movements and reacting to deviations was emphasised in this category.

Recommendation about information sources

In this category it was revealed that pregnant women who experience decreased or different fetal movements are not recommended to "google". They said that the Internet contains several forums with incorrect information and myths about fetal movements. They suggested that the Internet should be avoided in this situation and that women instead should consult educated health care professionals who are able to give well-grounded information.

"Call the midwife or the delivery ward. Avoid looking at and reading information without medical grounds or listening to everything other people say."

Practical advice

In this subcategory the responders wanted to communicate to other pregnant women to keep calm. It is important to try to relax, not worry and take it easy because that is good for the infant. At the same time they wanted to give advice about what the pregnant women can do themselves to stimulate the infant to move. Several pieces of advice were given, such as shine a torch slowly over the belly, drink something cold, drink something sweet, nudge the belly, play music and let the partner feel for movements. The sources for this advice were not clear except for one woman who stated that she had been advised on a parental education course to drink something cold.

"You can start to tap on the belly and drink cold water to see if the baby starts kicking".

One of the responders gave advice about life style, such as eating good food and sleeping at their left side. It was not clear where this advice came from.

Discussion

Pay attention to the woman, take her seriously, give rapid and adequate care and provide information about fetal movements, were key messages to health care professionals among women seeking care for decreased fetal movements. The women's advice to other women in the same situation was to contact health care for a check-up and pay attention to fetal movement. They also recommended appropriate sources of information.

The women in this study wanted to be treated with professionalism and taken seriously, to be met with empathy, humility and respect. This is in line with a previous study showing that aspects pregnant women regard as the most important in antenatal care are: to have their emotional needs satisfied, receive support, that the health care professionals are listening and treat them respectfully (Hildingsson and Rådestad, 2005). Treatment by health care professionals, as well as not being taken seriously, are the most frequently mentioned factors when women complain about care in general (Wessel, 2013). The importance of emotional

support and the health care professionals' ability to adapt to the individual were pointed out as essential in antenatal care (Hildingsson and Rådestad, 2005). Further, limited knowledges about medical issues can create an imbalance between health care professionals and pregnant women, affecting why women do not speak up or why staff may not respond in a timely way (Redshaw et al., 2014; Von Feilitzen et al., 2009). A recent report from the UK highlighted suboptimal care for reduced fetal movements. When women attended care due to reduced fetal movements they could be met with lack of investigation, misinterpretation of the CTG or that appropriate risk factors were not assessed (MBRRACE-UK Perinatal Confidential Enquiry - Term, singleton, normally formed, antepartum stillbirth, 2015).

The women in this study expected understanding for being worried even if their worry had been unnecessary from a medical perspective. Further, they wanted assurance and they did not want to be regarded as stupid. Most women are worried when experience reduced fetal movements. In a study by Warland et al. (2015) only 6% of women had no concerns when they experienced reduced fetal movements. A great proportion of women who were concerned were reassured by family or friends or by health care providers and in some cases that may have been inappropriately since reduced fetal movements often precede stillbirth. Some level of worry is an advantage for the woman's motivation to live in a way that leads to safety and well-being for the infant. Pregnancy-related anxiety (PrA), in contrast to worry which is not related to pregnancy, is associated with worry about the health of the infant, of losing the infant during the pregnancy or childbirth, about becoming a parent and taking care of a newborn (Bayrampour et al., 2015). However, women who are worried hesitate to seek care because they are afraid of being treated as hysterical (Erlandsson et al., 2012). A study from Norway also indicated that there are midwives and obstetricians who are of the opinion that women seek care due to reduced fetal movements just to have another ultrasound examination (Tveit et al., 2009b). In most cases when the woman experiences reduced fetal movements the child is healthy (Dutton et al., 2012). This aspect may contribute to the health care professionals' attitudes towards the women. Professionals may feel that women are seeking care unnecessarily from a medical perspective. An Irish study showed that there is a great variation in treatment when women consult care due to reduced fetal movement; the routines seem to vary between different clinics as well as between different obstetricians (Smith et al., 2014).

Rapid and adequate care was a category revealed during the analysis. Health care professionals should encourage women seeking care due to reduced fetal movements not to delay as this may lead to a negative pregnancy outcome (Saastad et al., 2010). According to guidelines from the Royal College of Obstetricians and Gynaecologists (RCOG, 2011), women who are worried about reduced fetal movements should not wait but should contact care as soon as possible to confirm the well-being of the infant. The time aspect is important and the risk of stillbirth increases up to eight times if there is more than 24 hours before a first examination due to reduced fetal movements (Tveit, et al., 2010).

Women in this study requested more and improved information as well as general guidelines about reduced fetal movements. The women stated that the information was perceived as out of date and sometimes even contradictory. Some of them did not receive any information at all. Conflicting advice and recommendations may lead to delay before the woman consults care (Heazell and Frøen, 2008). Incorrect information is still given, i.e. decreased movements are normal at the end of the pregnancy (Saastad et al., 2008). Reasons for the disparate information may be the lack of definitions of reduced fetal movements and that midwives and obstetricians may have different opinions about what is normal (Peat et al., 2012). In an Australian study (Raynes-

Greenow et al., 2013), most of the women had received information about fetal movements from antenatal care, but the information was perceived as contradictory and inconsistent. General advice when experiencing reduced fetal movements was to lie down and rest, to note the movements and try to stimulate the fetus by drinking something hot or cold and to call the labour ward. In most cases this advice was given by the midwife or doctor in antenatal care but was also obtained from books, friends and the internet (Raynes-Greenow et al., 2013). Internet may provide a complement for information about reduced fetal movements. However, there is a wide variation in the quality of information at Internet. A recent study by Farrant and Heazell (2016) identified four excellent websites which may be suitable and fruitful sources of information to women about reduced fetal movements. The typical questions from the women raised at an Internet forum were 'Is this normal? What should I do?' and the responses were 'Better safe than sorry', 'There is no harm in calling', which were in line with the results of the present study.

The recommendation from the women in this study to women with worry about reduced fetal movements was to consult health care once too often rather than once too few. The advice was to contact health care without feeling stupid and without delay. Further, they were encouraged to trust their intuition. It was pointed out that each and every woman knows her body and infant best and should trust her gut feeling if something appears to deviate. Previous studies have shown that women who have suffered a stillbirth have had a premonition and have suspected that something was wrong several days earlier before they seek care for decrease fetal movements (Erlandsson et al., 2012). The study by Warland et al. (2015) showed that 30.1% of women who had a stillbirth had experienced reduced fetal movement. Studies have shown a relation between women's experiences of reduced fetal movements and fetal aberrations (Dutton et al., 2012; O'Sullivan et al., 2009), fetal illness (Saastad et al., 2008) as well as stillbirth (Tveit et al., 2009a).

Further, the women in this study emphasised the importance of paying attention to the fetal movements and being aware of the pattern of movements. Counting fetal movements increases awareness and leads to earlier reactions if there is a deviation. An adverse outcome of the pregnancy may be thus avoided (Saastad et al., 2011). There is no consensus among health care professionals about the benefits and disadvantages of the methods used by the pregnant women to count fetal movements (Heazell and Frøen, 2008). However, there was a high level of acceptance among pregnant women of observing their unborn infant's movements in a systematic way, both in terms of measuring the time it takes to feel ten movements and focusing upon the intensity, character and frequency but not counting the movements (Malm et al., 2014). In a study by Saastad with colleagues (2012), most of the women (79%) experienced counting fetal movements as positive and 76% agreed that counting fetal movements contributes to getting to know the infant during pregnancy (Saastad et al., 2012).

The women in this study advised other women to search for information from specialist sources and above all, not to google. They warned that the internet presents many myths and incorrect information. It has been shown that women search for information among scientifically reviewed sources but to a greater extent among friends, books, papers and the internet (Saastad et al., 2008).

Study strengths and limitations

One limitation of this study is that the study only includes Swedish and English speakers. Women without these languages may find it more difficult to alert health care professionals. About one third of the women in this study gave advice to other health professionals or to other pregnant women, 36% and 34%

respectively. This advice was elicited by an open-ended question at the end of the questionnaire. Explanations of the low respondent rate may be that there was lack of time for completing the questionnaire or that the women did not have any issues they wished to convey. However, there was a large sample including 362 and 341 analysed answers which give a broad picture of the most important issues that women wanted to convey. Data collection was performed in the Stockholm area which includes women from all levels of socio-economic background.

Conclusion

Pregnant women who consult health care due to decreased fetal movements want to be taken seriously and receive rapid and adequate care with the health of the infant as the primary priority. The women requested uniform information about decreased fetal movements. They wished to convey to others in the same situation the importance of consulting care once too often rather than one time too few.

Conflict of Interest

There is no Conflict of interest to declare.

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