What to do if baby stops moving

Treat a sudden reduction in movement as urgent

Fetal movement is often described as kicking, but it can also feel like rolling, stretching, swishing, pressure, or brief jerks. The clinically important issue is a change from your baby's established pattern. If your baby has stopped moving altogether, or movements are distinctly less frequent, less forceful, or different in a way that concerns you, contact maternity triage or your usual pregnancy-care professional immediately.

After fetal viability, decreased fetal movement is associated with a higher risk of stillbirth, which is why clinicians take the report seriously. This association does not mean that a bad outcome is occurring or that it can be diagnosed from movement alone. It means that waiting at home is not an appropriate way to determine whether assessment is needed. NHS guidance advises contacting a midwife or maternity unit immediately and not waiting until the following day. NHS England guidance similarly states that people reporting no fetal movement should be seen as soon as possible.

If you have not yet established a regular pattern of movement, contact your prenatal clinician for gestational-age-specific advice. The evaluation pathway differs earlier in pregnancy, but a sudden concern should still be communicated

rather than dismissed.

What to do right now

Stop what you are doing and call your maternity unit, midwife, obstetrician, or local pregnancy assessment service. Use the urgent number provided by your care team if one is available. Tell them your gestational age, when you last felt movement, what has changed, and whether you have bleeding, abdominal pain, fluid leakage, contractions, fever, headache, visual symptoms, or any other concern.

Make the call as soon as you notice the change.
Follow the clinician’s instructions about coming to the maternity unit or arranging an immediate examination.
Take your maternity records, medication information, and identification if you are asked to attend.
Arrange transport that is safe for your condition. Do not drive yourself if you feel faint, seriously unwell, or are having severe pain.

Do not wait for two hours to see whether movement improves before presenting, unless a qualified maternity professional specifically gives you that instruction. Do not try to resolve the concern by drinking something sugary, eating, applying pressure to your abdomen, or using a home fetal Doppler. A heartbeat heard at home cannot assess oxygenation, placental function, fetal movements, or overall well-being, and it should never delay clinical care.

Understand normal variation without dismissing a warning

Movement is not identical every day. Your perception may be affected by activity, posture, stress, concentration, the position of the placenta, and the baby’s position. Fetal sleep and rest periods can also create temporary quiet intervals. These factors may explain why movement feels different, but they cannot reliably distinguish normal variation from a clinically important reduction.

As pregnancy advances, movements may feel less like sharp kicks and more like rolls, stretches, or changes in pressure. The pattern and character can evolve near term, but the baby should continue to move. A fetus does not normally stop

moving because there is no room left. A meaningful decrease or complete absence therefore remains a reason to seek advice, including late in pregnancy and close to the expected date of birth.

There is no single movement count that applies safely to every pregnancy. Some care teams recommend a formal kick-count method for selected patients, while others focus on awareness of an individual pattern. If your perception tells you that something is different, do not let a numerical threshold override that concern. Your maternity team can explain whether a structured counting method is appropriate for you after the urgent issue has been assessed.

What a reduced fetal movement assessment may involve

A reduced fetal movement assessment begins with a clinical history. The team may ask about the timing and nature of the change, your usual movement pattern, gestational age, pregnancy complications, medications, and associated symptoms. They may check your blood pressure, pulse, temperature, urine, and abdomen, depending on the setting and your circumstances.

When appropriate for gestational age, fetal heart rate monitoring is commonly performed with cardiotocography, often called CTG. This records the fetal heart rate and uterine activity over time. Clinicians assess the baseline rate, variability, accelerations, decelerations, and the overall tracing in context. A CTG is one part of an assessment; it does not replace clinical judgment.

An ultrasound may be recommended if the initial findings are not fully reassuring, if the reduction persists or recurs, or if there are risk factors or questions about growth, amniotic fluid, fetal movement, placental location, or blood flow. Depending on the clinical situation, ultrasound may include biophysical assessment and Doppler studies. Earlier in pregnancy, testing is adapted to gestational age and available services.

ACOG describes antenatal fetal surveillance as a possible consideration after viability when decreased movement is reported. The specific tests and timing depend on your pregnancy, local protocols, and the results of the examination. Not every person needs every test, and a clinician should explain what each result means.

If movement returns before you are assessed

Continue with the call and follow the advice you were given, even if your baby starts moving again. Movement returning is reassuring in one respect, but it does not establish why the pattern changed or guarantee that no assessment is needed. Do not cancel an appointment or turn back from the maternity unit without speaking with a clinician.

At the assessment, describe the episode accurately: when it began, how long it lasted, how it differed from normal, and whether any symptoms occurred. A normal examination is good news, but ask what signs should prompt you to return and whom to contact if movement decreases again. ACOG notes that reassuring initial testing usually does not need to be repeated automatically when the symptom does not recur, but follow-up is individualized. Recurrence should be reported promptly rather than managed by relying on the previous normal result.

It is appropriate to seek care more than once. Contacting the maternity team again is not an overreaction when the same concern returns or when your instincts tell you that the pattern is not normal for your baby.

Repeated or recurrent reduced movement

Recurrent reduced fetal movement deserves a clear plan. Ask your obstetric or midwifery team how to contact them outside office hours, where to attend, and what monitoring or follow-up they recommend. The plan may consider gestational age, previous assessments, fetal growth, placental findings, maternal conditions, and other risk factors such as hypertension, diabetes, or a history of pregnancy complications.

Keep a simple record of the dates and circumstances of episodes if your clinician finds this useful, but do not delay a call while documenting them. Written notes cannot substitute for examination, fetal heart rate monitoring, or ultrasound when those are indicated. If you are given specific instructions about movement awareness, use them as an adjunct to professional care, not as a reason to wait during a new episode.

Some pregnancies require additional antenatal surveillance, while others need assessment only when a new symptom occurs. Your care team can explain the

rationale and the limits of each monitoring strategy. The aim is to respond to changes early while avoiding assumptions based on a single home observation.

When to seek emergency help

Contact maternity services urgently for absent or markedly reduced movement. Call your local emergency number if you also have severe or persistent abdominal pain, heavy vaginal bleeding, suspected placental abruption, fainting, severe shortness of breath, chest pain, confusion, or a serious injury. If you believe you are in labor and cannot safely reach your planned birth setting, tell emergency dispatch that you are pregnant and explain the symptoms.

Do not wait for a routine clinic to open when the concern is occurring outside office hours. Maternity units generally have an urgent assessment pathway, and the appropriate destination varies by location and gestational age. If you are unsure which service to use, call the maternity unit or pregnancy-care number you were given and state clearly that fetal movement has stopped or is significantly reduced.

While waiting for instructions or transport, keep your phone available, stay with a support person if possible, and take only the practical steps advised by clinicians. Your priority is reaching professional care promptly, not proving the concern through repeated home checks.