When to worry about baby not moving

What fetal movement should feel like

Many pregnant people first notice movement between approximately 16 and 24 weeks, although timing varies, particularly in a first pregnancy. Early sensations may resemble fluttering, tapping, or bubbles. As pregnancy advances, movements often become more distinct and may include kicks, rolls, stretches, or a shifting sensation as the baby changes position.

There is no universally correct daily movement count. Babies have periods of sleep, usually brief but occasionally longer, and activity can be less obvious when you are walking, busy, or focused on something else. An anterior placenta, increased abdominal tissue, and the baby's position may also make movement harder to perceive. These factors can explain differences in sensation, but they should not be used to dismiss a genuine concern.

Near the end of pregnancy, the type of movement may change because space is more limited, but movements should not simply stop. You should continue to feel your baby move throughout late pregnancy and during labor. The clinically important question is whether there has been a meaningful departure from your baby's usual pattern, strength, or frequency.

When to worry about baby not moving

Call your maternity service immediately if your baby is moving less than usual, the movements feel weaker, or you cannot feel movement when you normally would. If you are unsure whether the change is significant, call anyway. You do not need to prove that the reduction meets a particular movement-count threshold before seeking advice.

Urgency is especially important after 28 weeks, when many maternity services advise contacting them straight away for reduced or absent movement rather than waiting for an appointment. Local instructions may differ by gestational age and clinical history, so follow the plan provided by your own care team. If you cannot reach the appropriate maternity service, seek urgent hospital assessment in pregnancy through the emergency department or local emergency number.

Reduced movement together with vaginal bleeding, leaking fluid, painful regular contractions, severe or persistent abdominal pain, fever, fainting, or feeling acutely unwell requires urgent medical attention. These symptoms can have several causes, and only an in-person clinical evaluation can establish what is happening.

Do not go to sleep hoping movement will return, wait until the next routine prenatal visit, or spend a long period trying to stimulate the baby before calling. A brief pause during a normal sleep period is different from a sustained or unusual reduction, but you may not be able to distinguish these safely at home.

Why reduced movement is treated seriously

Fetal movement reflects neuromuscular activity and is influenced by fetal oxygenation, placental function, gestational age, and other factors. A reduction can be transient and benign, but it may also be an early sign that the fetus is not receiving adequate oxygen or nutrients. Decreased movement has been associated with fetal growth restriction, placental insufficiency, and stillbirth in observational research.

A systematic review and meta-analysis found associations between reduced fetal movements and adverse pregnancy outcomes, including stillbirth and fetal growth

restriction. An association does not mean that every episode predicts harm, nor does it identify the cause in an individual pregnancy. It does explain why clinicians respond promptly: assessment can identify reassuring findings, detect risk factors, and determine whether additional surveillance or treatment is appropriate.

Possible explanations include a normal fetal sleep period, an inaccurate perception of the usual pattern, altered sensation from fetal position or placental location, and maternal factors such as medication or illness. More concerning possibilities include placental dysfunction, fetal growth restriction, or other pregnancy complications. A clinical team considers the whole picture rather than trying to assign a diagnosis from movement alone.

What happens during reduced fetal movement assessment

When you contact maternity triage, a midwife or clinician will ask when the movement changed, how it differs from normal, how far pregnant you are, and whether you have bleeding, fluid loss, contractions, pain, or other symptoms. They may review your medical and obstetric history, including hypertension, diabetes, previous pregnancy complications, fetal growth concerns, or a previous episode of reduced movement.

The initial evaluation may include checking your pulse, blood pressure, temperature, and urine, along with abdominal examination and measurement of the uterine size when relevant. The baby’s heart rate is commonly monitored using cardiotocography, or CTG. This records the fetal heart-rate pattern and uterine activity over time. A reassuring trace provides useful information, but it is interpreted alongside your history and examination.

Ultrasound may be recommended if movement remains reduced, the CTG is not reassuring, there are risk factors, the pregnancy is at an earlier gestational age, or the team needs to assess fetal growth, amniotic fluid, placental appearance, or blood flow. Doppler ultrasound in this setting is a clinical test performed by trained staff; it is not the same as using a consumer home Doppler.

Management depends on the findings and gestational age. The team may provide reassurance and routine follow-up, arrange repeat monitoring, increase

surveillance, or discuss delivery if continuing the pregnancy appears less safe than birth. These decisions are individualized and should be made with the maternity team.

Why home Dopplers and kick-count rules can mislead

A home Doppler can detect sounds that resemble a fetal heartbeat, but it cannot reliably assess fetal wellbeing. It may pick up the mother's pulse, placental sounds, or a heartbeat that is present despite another problem. Reassurance from the device can delay necessary care, while difficulty finding a sound can create unnecessary panic. For this reason, do not use a home Doppler instead of contacting your maternity service.

Formal movement charts are used differently across healthcare systems. Some clinicians may discuss a structured observation of movement, but a fixed number is not a substitute for recognizing a change in your baby's established pattern. Trying to make the baby move by drinking a cold drink, eating sugar, changing position, or repeatedly pressing the abdomen should not delay a call. If movement has decreased, tell the healthcare professional exactly what you have noticed and follow their instructions.

It can help to learn your baby's usual active periods and to notice movement when you are resting and able to concentrate. This is observation, not a diagnostic test. Keep any local maternity contact numbers accessible, and ask during prenatal care what service to call outside office hours.

If reduced movement happens again

A previous reassuring assessment does not mean a later episode can be ignored. Contact your maternity service again if movement decreases or changes in a new way. Recurrent presentations are clinically relevant, and the team may review the pregnancy's risk profile, growth measurements, placental findings, and the results of earlier monitoring.

Explain the change in plain, specific terms: for example, that movements are less frequent than usual since a particular time, feel weaker, or have stopped. Mention any associated bleeding, fluid loss, contractions, pain, headache, visual symptoms, breathlessness, fever, or reduced general wellbeing. Bring

your maternity records if this is practical, but do not delay travel while looking for paperwork.

It is appropriate to call even if you worry about appearing anxious or wasting the service’s time. Maternity teams expect concerns about fetal movement and can determine the right level of assessment. Prompt contact is a safety measure, not an admission that something is definitely wrong.