

COMMON QUESTIONS

Q WHAT IS NORMAL FOR BABIES MOVEMENTS?

A You'll feel your baby move everyday. Research suggests most babies are especially active in the evening, though some prefer moving around in the early morning. [6] Get to know what's normal for your baby. Your baby will not run out of room to move. If anything seems irregular or different, **seek immediate advice from your care provider without delay**. In some cases, an unusual change in baby's movements is the only warning sign that is noticed before a baby is stillborn.

Q WILL EATING OR DRINKING SOMETHING COLD OR SWEET GET MY BABY MOVING?

A No, If you are concerned about movements **contact your care provider immediately**.

Q HOW MANY TIMES SHOULD MY BABY MOVE A DAY?

A There is **no set number of normal movements**, every baby and every pregnancy is different. **Avoid comparing your pregnancy to others**. It is important to know what is normal for you and your baby and to **report any change in movements immediately**.

Q IS AN INCREASE IN MOVEMENTS A GOOD SIGN?

A A steady increase in movements usually indicates that your baby is getting stronger and is healthy and well. A rapid or sudden increase in baby's movements can sometimes be an important warning sign. **If you feel the baby going "crazy"** this needs to be **immediately checked** by your care provider. **Do not wait**.

Q MY PLACENTA IS AT THE FRONT, WILL I FEEL MY BABY'S MOVEMENTS?

A You will be able to feel your baby's movements within you regardless of where your placenta lies. Get to know your baby's individual movements and **talk about them with your care provider**.

Q I FEEL UNEASY ABOUT MY PREGNANCY, WHO SHOULD I CONTACT?

A Your care provider wants to know if anything feels different to normal or if you feel uneasy in anyway. **You are a team** and will work together in this pregnancy. **No concern is silly, trust your instincts and do not be afraid to call anytime day or night**.

In Australia, Stillbirth is the leading cause of infant death. Many of these deaths are preventable. **Still Aware's mission is to end preventable stillbirth through awareness and education**. Still Aware receive no official funding and operate through the generosity of donors. A tax deductible charity with Tier 1 DGR status working in the areas of healthy families, education and medical safety. We challenge behaviours and change habits to save lives through:

- FREE information for all, whatever your social circumstance
- Education programs for care providers and expectant families Australia wide
- National cross platform awareness and education initiatives providing and promoting information backed by research
- Delivering equal opportunity for babies, expectant parents, care providers and their support networks
- Community advocacy, research and policy advice.

Still Aware was founded out of adversity by Claire Foord who learnt of stillbirth at the birth of her own daughter, Alfie Foord-Heath. Wanting to ensure that others did not see the same fate, she began **Still Aware; the first not-for-profit charity dedicated to raising awareness of stillbirth and saving lives** through sharing information that could have saved her own daughter. Still Aware is guided under the direction of the Still Aware Board, and advice from the charity's own Consumer and Clinical Advisory Boards (all who volunteer their time).

**STILL
AWARE**
stillaware.org

 stillbirthaware

 still_aware

 Still Aware

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Registered Charity and not-for-profit Still Aware Limited. ABN: 55 607 214 077. This information is not intended to replace the advice of a trained medical professional. Still Aware provides this knowledge as a courtesy, not as a substitute for personalised medical advice and disclaims any liability for the decisions you make based on this information. Brochure last updated September 2020.

- [1] Haezeli, AEP, et al. "Stillbirth is associated with perceived alterations in fetal activity. BMC Pregnancy and Childbirth. Available at bit.ly/sareference1
[2] Kildea S, et al. "Improving maternity services for Indigenous women in Australia: Moving from policy to practice". MED J AUST 2016. bit.ly/sareference2
[3] Australian Institute of Health and Welfare 2019. Australia's mothers and babies 2017. Perinatal statistics series no. 35. cat. no. per 100. Canberra bit.ly/sareference3
[4] Perinatal Society of Australia and New Zealand and Centre of Research Excellence in Stillbirth. Clinical practice guideline for the care of women with decreased fetal movements for women with a singleton pregnancy from 28 weeks gestations. Centre of Research Excellence in Stillbirth. Brisbane, Australia, September 2019 bit.ly/sareference4
[5] McCowan, LME, et al. "Going to sleep in the supine position is a modifiable risk factor for late pregnancy stillbirth." PLOS One bit.ly/sareferences5
[6] Bradford, B et al. "Association between maternally perceived quality and pattern of fetal movements and late stillbirth." Scientific reports 9.1 (2019): 1-9 bit.ly/sareferences6

YOUR PREGNANCY

This is important information, take the time to read it.



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AWARE**
stillaware.org

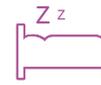
WHY DO BABY'S MOVEMENTS MATTER?



It's important to remember that every baby, every body and every pregnancy is different. Most babies will have their own pattern of movements that you can get to know, and there is no set number of normal movements. **A baby's movements can be described as anything from a kick, flutter, poke or roll.** The type of movement may change as your pregnancy progresses. Once a mother and baby have developed a routine, the **strength, pattern and frequency** of baby's movements should remain consistent. Baby's movements should not slow down.

Monitor your baby's movements and get to know who your baby is. A reduction or a sudden increase in a baby's movements can sometimes be an important warning sign that a baby is unwell [1]. Many women who have a stillbirth notice their baby's movements significantly change, slow down or stop. **If anything feels irregular, your care provider wants to know, you can call anytime, night or day.** A change in baby's movement is the leading indicator of a potential stillbirth risk. **If you want to know more about how to monitor your baby, visit: stillaware.org.**

WHY DOES MY SLEEP MATTER?



When you are pregnant sleeping on your side is thought to maximise blood flow and oxygen to your growing baby. **Research shows, from about 28 weeks pregnant, you should start to go to sleep on your side, and either side is fine.** If you wake up on your back, just roll-over onto your side again. Falling asleep on your side, means you stay on your side for the deepest and often longest part of your sleep.

WHAT ABOUT MY INTUITION?



Even if you have been pregnant before, remember **every pregnancy is unique.** You and your baby have a connection, trust your inner voice. If something doesn't feel right, perhaps it isn't. If you feel strange or uneasy in anyway or worried about you or your baby, contact your care provider immediately, do not wait. **You are your baby's link and voice to the outside world.**

WHY DO I NEED TO KNOW THIS?



In Australia, 1 in every 135 pregnancies ends in stillbirth. Stillbirth is defined as the death of a baby beyond 20 weeks gestation. This information is to protect you and your baby and may help prevent stillbirth.

DID YOU KNOW?

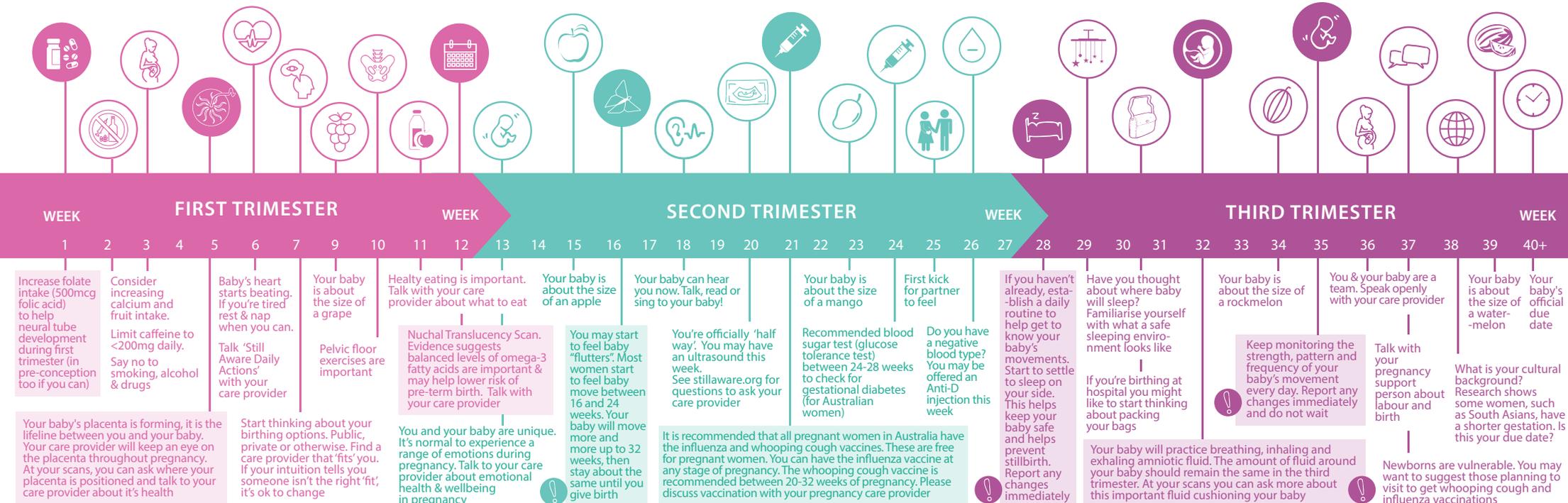


- 6 babies are stillborn in Australia daily. [3]
- Up to 60% of stillbirths occur at term or after 28 weeks. [3]
- Often there is no identifiable cause and for one third of babies, the cause of death remains unexplained.
- Indigenous women are twice as likely to experience stillbirth.
- Still Aware's Daily Actions are tools backed by research which can help prevent stillbirth.
- Mothers who monitor their baby's movements from 28 weeks and quickly report concerning changes to their care provider are at less risk of stillbirth. [4]
- Going to sleep on your side in pregnancy has been shown to reduce risk of stillbirth. [5]

CULTURALLY SAFE CARE



Achieving culturally safe maternity services is critical to improving health for Aboriginal and Torres Strait Islander mothers and babies [2]. Inclusion of choice is very important as is access to culturally safe care including Aboriginal and Torres Strait Islander nurses and midwives and continuity models of care.



Any sudden onset of pain or illness or excessive symptoms needs to be reported to your care provider immediately. Do not self diagnose. Any change in baby's strength, pattern or frequency of movements report this immediately to your care provider. **DO NOT WAIT!**