

# Correlation Between Less Foetal Movement with Biophysical Profile Score

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## Abstract

**Background:** Fetal Movement counts have been recommended over the past 3 decades to women in the 2<sup>nd</sup> half of pregnancy, as a way of monitoring fetal wellbeing. The majority of women have favoured the activity of monitoring the fetal movement. A reduction of fetal movement's causes concern and anxiety, is a common indication for the assessment of fetal wellbeing. Objectives: This study was done for sonographic evaluation of a patient presenting with less fetal movement as well as to determine the importance of the Biophysical profile (BPP) when compared with conventional monitoring e. CTG only or Modified Biophysical profile (MBPP). **Subjects and Methods:** The cross-sectional Observational study was conducted in the Department of Obstetrics and Gynaecology in Dhaka Medical College Hospital from June 2022 to May 2023. A total of 100 female were included in the study. One hundred women having singleton pregnancy of gestational age  $\geq 34$  weeks with complaints of less fetal movement and intact membrane with no labor pain were interviewed and finally biophysical profile done. Subjects were grouped on the basis of biophysical profile score. Group-I: Subjects with normal biophysical profile score, Group-II: Subjects with equivocal score, Group-III: Subjects with abnormal score. Data were collected over a period of 12 months and analyzed by appropriate computer based programmed software Statistical Package for the Social Sciences (SPSS), version 24. **Results:** In this study, the mean age was  $29.5 \pm 4.4$  years and maximum number was found in the age group of 25-29 years. The mean ( $\pm$ SD) gestational age was  $36.2 \pm 1.5$  weeks with ranged from 34 to 40 weeks. Lower abdominal pain, history of sub fertility, history of previous c/s and dysuria were common presenting complaints in this study group. Less fetal movement was more common in primi gravida and para 1. A total 58 cases underwent elective delivery and most (72.4%) of them had abnormal and equivocal biophysical profile score. The remaining 42 patients of normal score were allowed to go term delivery. Among them outcome of 95.2% neonates were good and only 4.8% neonates were referred to scabu. Conclusion: Low biophysical profile scoring is proportionately associated with the poor outcome of neonates. BPP scoring helps the clinician to take decision for elective delivery of subjects and future planning of neonatal resuscitation. Key words: Less Foetal Movement, Biophysical Profile Score.

**Keywords:** Hyponatremia, Cirrhosis, Ascites, Sodium Concentration, Diuretic Therapy, Bangladesh.

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## Introduction

Fetal Movement counts have been recommended over the past 3 decades to women in the 2<sup>nd</sup> half of pregnancy, as a way of monitoring fetal wellbeing. The majority of women have favoured the activity of monitoring the fetal movement. A reduction of fetal movement's are causes concern, anxiety and a common indication for the assessment of fetal wellbeing.<sup>[1]</sup> Fetal movement count by the mother is an ideal first line screening test both for high and low risk patients. A healthy fetus should have a minimum of 10 movements in 12hour period. Awareness of counting the frequency of fetal movements is an inexpensive simple task.<sup>[2,3]</sup> Fetal

movements serve as an indirect measure of central nervous system integrity and function Regular fetal movements are regarded as an expression of fetal wellbeing. The fetus responds to chronic hypoxia by conserving energy and subsequent reduction in fetal movements as an adaptive mechanism to reduce oxygen consumption.<sup>[4]</sup>

All pregnant women should be counseled to keep an eye on fetal movements in late pregnancy. Various techniques of keeping a fetal movement record have been described, which include-count to ten method, twelve-hour record and post meals count. Counting fetal movements for 30-60 minutes after meal has been popular because of the belief that fetal movements increased post prandially.<sup>[5]</sup> It has been proposed

that maternal perception of reduced fetal movements may be indicative of placental insufficiency. There are many pathological causes of reduced fetal movements including acute and chronic fetal hypoxia and fetal anomaly especially those involving neurological and musculo-skeletal system, anterior placenta, hydromnios, obesity drugs (narcotics). It is recognized that intrauterine fetal death may be preceded by cessation of fetal movements for at least 1 days.<sup>[6]</sup> Patients presenting with less fetal movement should be evaluated by biophysical profile The biophysical profile (BPP) provides a detailed assessment of the behavioural state of fetus in utero. The concept is analogous to neonatal assessment by the Apgar score. It is used both as a backup test when the NST (CTG) is non-reactive or as a first line test. It includes ultrasound monitoring of fetal movements, fetal tone and fetal breathing, liquor volume and non-stress test (NST). All the parameters except the last are assessed by real time B mode ultrasound. This require a higher-level skill than NST. Each of five parameters is given a score 0 if absent and 2 if present. With a minimum total score of 10/10 if all the ultrasonic variables are present and non-stress test is reactive. The scanning time should continue for at least 30 minutes before an abnormal score is assigned.<sup>[7]</sup>

When the Biophysical profile is normal it excludes hypoxia of the end organ. Acceleration seen on the CTG suggest good cardiovascular reserve, fetal breathing suggests a well oxygenated brainstem, fetal tone and movements signify well oxygenated midbrain and cerebral cortex, normal amniotic fluid indicates well perfuse fetal kidneys.

The reliability of the test depends not only on the total test score but also on the parameter that is abnormal. The perinatal mortality is higher when the score is 6 or 8 if associated with abnormal amniotic fluid. A grossly abnormal test score-0 to 4/10 has a high probability of fetal hypoxia.<sup>[7]</sup>

In summary, maternal assessment of fetal movement may be

a valuable way to detect fetal compromise. It is postulated that there is an interval between the onset of placental insufficiency and fetal demise in which the fetus has reduced movements. Biophysical profile and NST (CTG) as a routine assessment is performed in an efforts to identify fetus that may be at risk of poor pregnancy outcome. These women should be carefully investigated and monitored to improve the obstetric outcome.<sup>[2]</sup>

### Subjects and Methods

The cross-sectional Observational study was conducted in the Department of Obstetrics and Gynaecology in Dhaka Medical College Hospital from June 2022 to May 2023. A total of 100 female were included in the study. One hundred women having singleton pregnancy of gestational age  $\geq 34$  weeks with complaints of less fetal movement and intact membrane with no labor pain were interviewed and finally biophysical profile done. Subjects were grouped in the basis of biophysical profile score. Group-1: Subjects with normal biophysical profile score, Group-II: Subjects with equivocal score, Group-III: Subjects with abnormal score. Purposive sampling was done according to the availability of the patients who fulfilled the selection criteria. Face to face interview was done to collect data with a semi-structured questionnaire. After collection, the data were checked and cleaned, followed by editing, compiling, coding, and categorizing according to the objectives and variables to detect errors and to maintain consistency, relevancy and quality control. Statistical evaluation of the results used to be obtained via the use of a window-based computer software program devised with Statistical Packages for Social Sciences (SPSS-24).

### Results

**Table 1: Distribution of the patients according to baseline characteristic (n = 100)**

Age group	Frequency	%
20-24	29	29.0
25-29	34	34.0
30-34	29	29.0
35-38	8	8.0
Mean $\pm$ SD:	29.5 $\pm$ 4.4	
Gestational age (weeks)		
34-37	83	83.0
38-40	17	17.0
Mean $\pm$ SD: 36.2 $\pm$ 1.5 years		
Lower abdominal pain	25	25.0
History of sub fertility	20	20.0
History of previous C/S	15	15.0
Dysuria	12	12.0
BOH	9	9.0
Loose motion	8	8.0
History of fever	7	7.0
Pregnancy with fibroid	2	2.0
History of fall	2	2.0
Gravida status		
Primi Gravida	47	47.0
Parous		

Para 1	25	25.0
Para 2	9	9.0
Para 3	11	11.0
Para 4/more	8	8.0
Antenatal checkup		
Taken	45	45.0
Not taken	55	55.0
Total	100	100.0
Mode of delivery		
Elective delivery		
Vaginal delivery	4	4.0
Caesarean section	54	54.0
Term delivery	42	42.0
Biophysical profile score		
Group-I: Normal (8-10)	58	58.0
Group-II: Equivocal (6-7)	35	35.0
Group-III: Abnormal (4-5)	7	7.0

Table I shows that, Maximum number was found in the age group of 25-29 years and the mean ( $\pm$ SD) age was 29.5 $\pm$ 4.4 with ranged from 20 to 38 years. The gestational age ranged from 34 to 40 weeks and maximum number of subjects were found in the gestational age group of 34-37 weeks with mean ( $\pm$ SD) gestational age was 36.2 $\pm$ 1.5 weeks. The presenting complains of the patients and found that lower abdominal pain, history of sub fertility, history of Previous C/S, dysuria, BOH were more common presenting complains of the study patients. Regarding the parity it was observed that para 1 and primi gravida was predominant in this study. Grand multipara (para 4/more) was found 8(8.0%) of the study patients. The antenatal checkup it was observed that 45(45.0%) received antenatal checkup and 55(55.0%) didn't receive any antenatal checkup. A total of 100 patients were included in this study, out of which 58(58.0%) cases underwent termination and remaining 42(42.0%) patients were allowed to term delivery. Majority (54.0%) of the terminated patients underwent caesarean section and 4(4.0%) normal vaginal delivery. According to biophysical profile

score 4 to 5 was abnormal consider as group-III, 6 to 7 was equivocal consider as group-II and 8 to 10 was normal consider as group-I.

Table II: Association between fetal outcome with biophysical profile score (n=60)

Table II shows that, according to abnormal biophysical profile score it was found that 5(71.4%) were referred to scabu, out of which 1(14.3%) aysphyxiated (scabu), 2(28.6%) cord around the neck, 4(57.1%) were liquor stain and 1(2.9%) perinatal death. According to equivocal biophysical profile score 8(22.9%) fetal outcome was good and 26(74.3%) referred to scabu, out of which 15(42.9%) aysphyxiated (scabu), 6(17.1%) cord around the neck, 6(17.1%) were liquor stain and 1(2.9%) perinatal death. According to normal biophysical profile score 15(93.8%) outcome was good. 1(6.3%) referred to scabu due to liquor stain. Low BPP score is proportionately associated with the poor outcome of neonate.

Table 2: Association between fetal outcome with biophysical profile score (n=60)

Fetal outcome	Group-I (n=16)		Group-II (n=35)		Group-III (n=7)	
	n	%	n	%	n	%
Good	15	93.8	8	22.9	0	0.0
Refd to scabu	1	6.3	26	74.3	5	71.4
Aysphyxiated (scabu)	0	0.0	15	42.9	1	14.3
Cord around the neck	0	0.0	6	17.1	2	28.6
Liquor stain	1	6.3	6	17.1	4	57.1
Perinatal death	0	0.0	1	2.9	2	28.6

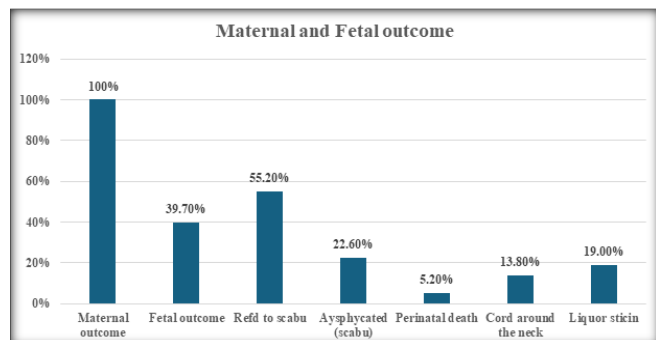


Figure 1: Distribution of the patients according to the maternal and fetal outcome (n=100)

Figure I shows that, all maternal outcomes were good, however, 23(39.7%) fetal out corne were good, 32(55.2%) referred to scabu, 16(27.6%) was aysphyxiated, 3(5.2%) perinatal death, 8(13.8%) had cord around the neck, and 11(19.0%) liquor stain.

### Discussion

Because fetal movement is one of the primary factors evaluated in a BPP ultrasound and its reduction frequently indicates compromised fetal well-being, here is a significant correlation between decreased fetal movement and a lower biophysical profile (BPP) score. This means that when a

pregnant person experiences reduced fetal movement, there is a higher likelihood of a lower BPP score, which can indicate potential fetal distress.

The cross-sectional Observational study was conducted in the Department of Obstetrics and Gynaecology in Dhaka Medical College Hospital from June 2022 to May 2023. A total of 100 female were included in the study. One hundred women having singleton pregnancy of gestational age  $\geq 34$  weeks with complaints of less fetal movement and intact membrane with no labor pain were interviewed and finally biophysical profile done. Subjects were grouped in the basis of biophysical profile score. Group-I: Subjects with normal biophysical profile score, Group-II: Subjects with equivocal score, Group-III: Subjects with abnormal score.

In this study, the mean age was  $29.5 \pm 4.4$  years and maximum number was found in the age group of 25-29 years. The mean ( $\pm$ SD) gestational age was  $36.2 \pm 1.5$  weeks with ranged from 34 to 40 weeks. Lower abdominal pain, history of sub fertility, history of previous c/s and dysuria were common presenting complaints in this study group. Less fetal movement was more common in primipara and para 1. A total 58 cases underwent elective delivery and most (72.4%) of them had abnormal and equivocal biophysical profile score. The remaining 42 patients of normal score were allowed to go term delivery. Among them outcome of 95.2% neonates were good and only 4.8% neonates were referred to scabu.

A perception of reduced fetal movements is a common complaint by pregnant women as a part of routine antenatal care for many years pregnant women have been advised to note fetal movements in the third trimester A reduction in fetal movement may be physiological, such as during the later half of pregnancy or during fetal sleep states. but it may be a sign of impending or existing pathology. It was first recommended in 1973 as a non-specific early warning sign of fetal distress (Sadovsky and Yaffe, 1973),<sup>[4]</sup> and since then, reduced fetal movements have been linked to both intrauterine and postpartum pathology (Kosasa et al. 1993; James et al. 2000).<sup>[11,12]</sup> It may also result from maternal subjective difficulty in appreciating fetal activity. It is known that up to 87.0% of fetal movements are accurately perceived simultaneously by the mother when recorded using an external electromagnetic device Sadovsky and Yaffe (1973),<sup>[4]</sup> and that major body movements are more easily detected by these mothers (Gettinger 1978),<sup>[13]</sup> It is quite important to note that in a small percentage of women, a pathological cause may be found. Therefore, a thorough ultrasound evaluation is recommended in all cases

This cross sectional study was carried out with an aim to evaluate the patients presenting with less fetal movement by sonography as well as to determine the importance of the Biophysical profile (BPP) when compared with conventional monitoring ie, CTG only or Modified Biophysical profile (MBPP).

One hundred women having singleton pregnancy of gestational age  $\geq 34$  weeks with complaints of less fetal movement and intact membrane with no labor pain were interviewed and finally biophysical profile done. Subjects were grouped in the basis of biophysical profile score.

Group-1: Subjects with normal biophysical profile score, Group-II: Subjects with equivocal score and Group-III: Subjects with abnormal score

The present study findings were discussed and compared with previously published relevant studies. Saastad et al. (2010),<sup>[14]</sup> have shown in their series, the more than one third (34.4%) incidence belonged to age 30 to 34 years age group, which is little higher with the current study. The mean age was  $29.5 \pm 4.4$  years ranged from 20 to 38 years. Sinha et al. (2007),<sup>[15]</sup> have shown in their series, the mean age of the patients was 28 years which closely resemble with the current study.

In this current study it was observed that the mean ( $\pm$ SD) of gestational age was  $36.2 \pm 1.5$  weeks ranged from 34 to 40 weeks and maximum number was found in the gestational age group of 34-37 weeks. Sinha et al. (2007)<sup>[15]</sup> observed 34 to 37 weeks of gestation, which is consistent with the current study. Heazell et al. (2005),<sup>[16]</sup> observed almost similar findings in their study, which is comparable with the present study. On the other hand Skornick-rapaport et al. had observed higher mean gestational age in their study, which were 39.3 and 39.1 weeks respectively.

Clinical presentation of severe fetomaternal haemorrhage is commonly that of decreased fetal movements (Wilcock and Kadir),<sup>[17]</sup> Women who present solely with this symptom in the third trimester, without any other risk factor, do not appear to constitute a high risk group; their pregnancy outcome is similar, and possibly better than that of the general population. As illustrated by the data, the pre-test probability of pathology for this group of women is no worse than that of any pregnant women seen at a routine antenatal visit Harrington et al. (1998).<sup>[18]</sup> There is at present no general agreement as to what constitutes decreased fetal movements. A mother's accuracy in counting fetal movements can vary and depends on various factors such as maternal weight and behavioural patterns, placental localisation, volume of amniotic fluid and fetal malformations (Neldam 1982; Roberts et al 1979).<sup>[19,20]</sup> Fetal movement monitoring is of limited value for predicting acute fetal distress during placental abruption or in cases of acute cord complications, as the insult to fetus occurs earlier on.

The presenting complaints of the present study patients were found lower abdominal pain, history of sub fertility, history of previous C/S. dysuria, BOH were more common presenting complaints O'Sullivan et al. (2009),<sup>[21]</sup> observed almost similar complaints in their study Primi gravida is consider as a risk factor for perceiving decreased fetal movement. Tveit et al (2009),<sup>[22]</sup> observed decreased fetal movement was 51.0% in primi gravida, which is comparable with the current study. Similarly, Saastad et al. (2010),<sup>[14]</sup> have observed identical findings in their study Regarding the parity it was observed that 47.0% was primi gravida and grand multipara (para 4/more) 8(8.0%) in this present study. It was observed in this study that 45(45.0%) patients received antenatal checkup.

Sinha et al. (2007),<sup>[15]</sup> found more IUGR babies with high caesarean section rates in their study group, where they showed 72.0% and 68.0% underwent caesarean section, which is comparable with the current study, where the

present study found 54.0% patients underwent caesarean section and 42 (42.0%) subjects were allowed to term delivery. However, the rate of intervention during labour was more. Similar findings obtained by Valentin and Marsal (1987),<sup>[24]</sup> where they observed 1,914 women to count fetal movements through the third trimester of pregnancy. Babies with congenital malformations and small- for-gestational-age babies were significantly more common among consulters than non-consulters.

According to biophysical profile score it was observed in this study, the patients who had equivocal (6-7) and abnormal (4-5) biophysical profile score was terminated, which were 35.0% and 7.0% respectively. Majority (58.0%) of the patient had normal (8-10) biophysical profile score, out of which 16.0% were terminated due to other indication (APH, previous C/S with scar tenderness, malpresentation) and 42.0% patients were allowed to term delivery

An evaluation of the perinatal mortality associated with a normal biophysical profile score revealed that 66.6% were due to congenital anomalies, 7.5% to severe Rh disease, and 25.9% were in structurally normal fetuses (Manning 1987).<sup>[25]</sup> In a more recent study Dayal (1999) determined the cause of stillbirth in 27 structurally normal fetuses that had a normal biophysical profile score within 1 week of fetal demise. In this study it was found that 5(71.4%) were referred to scabu, out of which 1(14.3%) aysphyxiated (scabu), 2(28.6%) cord around the neck, 4(57.1%) were liquor stain and 2(28.6%) perinatal death, those who had abnormal biophysical profile score. Good fetal outcome observed 22.9% in equivocal biophysical profile score and 26(74.3%) referred to scabu, out of which 15(42.9%) aysphyxiated (scabu), 6(17.1%) cord around the neck, 6(17.1%) were liquor stain and 1(2.9%) perinatal death. According to normal biophysical profile score 15(93.8%) outcome was good, 1(6.3%) referred to scabu due to liquor stain. A study by Harrington et al. (1998)<sup>18</sup> failed to demonstrate that there was an association of reduced fetal movement with poor pregnancy outcome.

In the present study it was found that all maternal outcomes was good, 23(39.7%) fetal outcome were good, 32(55.2%) referred to scabu, 16(27.6%) was aysphyxiated, 3(5.2%) perinatal death, 8(13.8%) had cord around the neck, and 11(8.6%) liquor stain.

## Conclusion

Low biophysical profile scoring is proportionately associated with the poor outcome of neonates BPP scoring helps the clinician to take decision for elective delivery of subjects and future planning of neonatal resuscitation. A reduction in fetal movement may be subjective, but it may be a sign of impending or existing pathology. So, all the subjects with less fetal movement should be evaluated with biophysical profile. Those subjects with good (8-10) BPP should be given assurance. Those with low (<6) BPP should be screened further.

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