



**Kai-  
Dalton**



**William**



**DJ**



**John Walker**



**Aspen**



**Ellis & Everly**



**Jovie**



**Nahla**



**Carter**

**Count  
the Kicks**

# Today's Presenters



**Jodi Long**

Health Equity Director

*Healthy Birth Day, Inc./Count the Kicks*

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**Sarah Coleman**

State Expansion Director

*Healthy Birth Day, Inc./Count the Kicks*

[Coleman.Sarah@healthybirthday.org](mailto:Coleman.Sarah@healthybirthday.org)





**GMA**

@GMA

# Meet Washington Baby Save





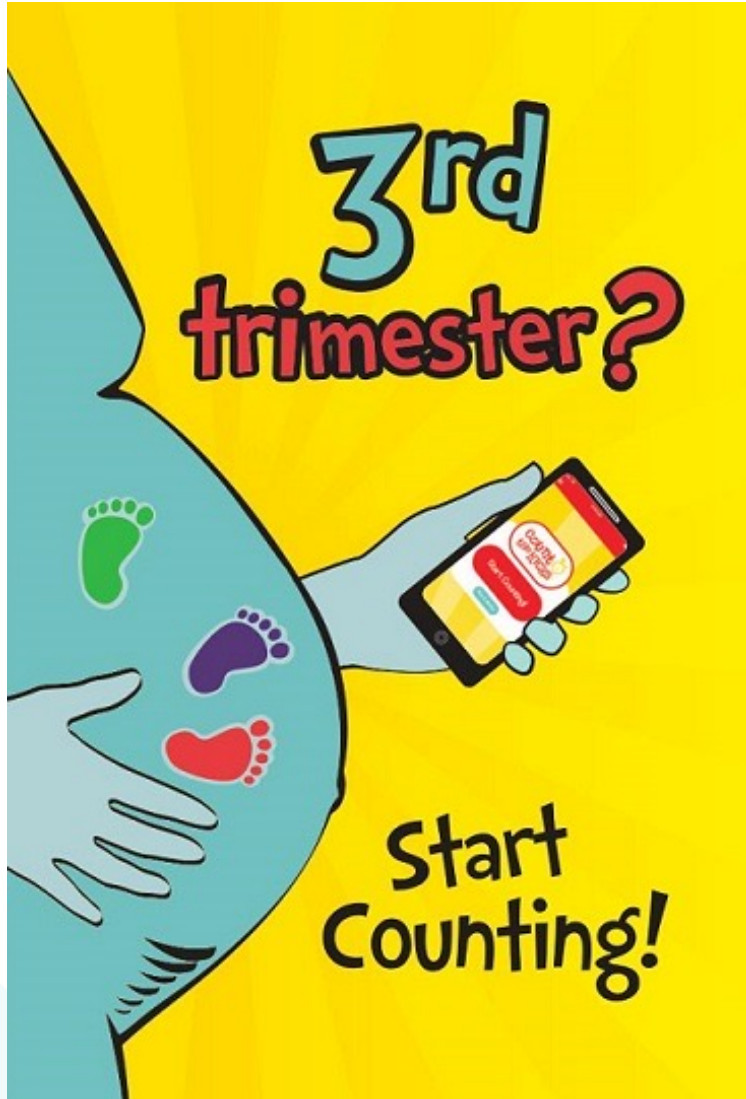
**155** Washington  
babies could be saved  
every year with our program



**65** Oregon babies could  
be saved every year with  
our program



**36** Idaho babies could  
be saved every year with  
our program



## What is *Count the Kicks*?

- ▶ **Evidence-based** stillbirth prevention program
- ▶ **Educates** expectant parents on the importance of tracking fetal movement
- ▶ **Empowers** expectant parents to speak up to providers if there is a concern



# Definitions and Facts



**Miscarriage:** A miscarriage is usually defined as the loss of a baby before the 20th week of pregnancy

**Stillbirth:** A stillbirth is loss of a baby after 20 weeks of pregnancy.\*

- ▶ On average, 22,300 babies are born still every year in the U.S.

**Infant Mortality:** The death of an infant before his or her first birthday.

On average, around 20,000 infants die every year in the US.\*\*

\*Read the CDC source [here](#)

\*\*Read the CDC source [here](#)



# Stillbirth by the numbers

## National Data

**Families are 6.5 times more likely to lose a baby to stillbirth than to SIDS**

- ▶ 1 in 173 pregnancies end in stillbirth<sup>1</sup>
- ▶ Racial disparities persist<sup>1</sup>
  - ▶ Native Hawaiian or Other Pacific Islander pregnancies: 1 in 94
  - ▶ Black pregnancies: 1 in 97
  - ▶ Indigenous pregnancies: 1 in 128
  - ▶ Hispanic pregnancies: 1 in 205
  - ▶ White pregnancies: 1 in 211
  - ▶ Asian pregnancies: 1 in 254

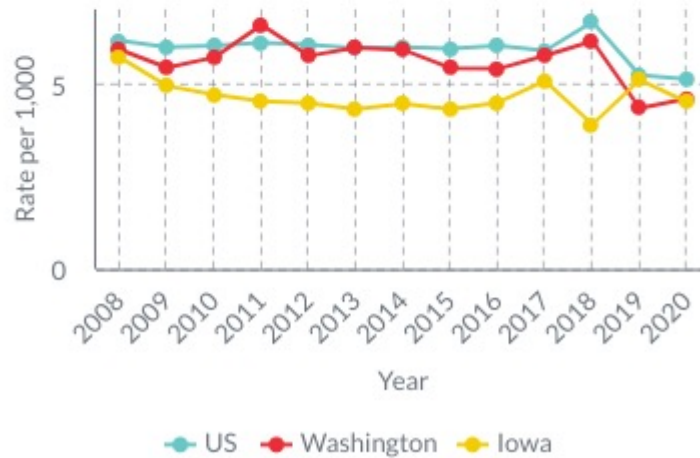


# Washington

## Stillbirth By the Numbers

Based on the most recent five year average, the stillbirth rate in Washington is 5.25 (per 1,000 live births), according to CDC Wonder.

Stillbirth Rate Comparison



Washington loses on average 484 babies a year due to stillbirth

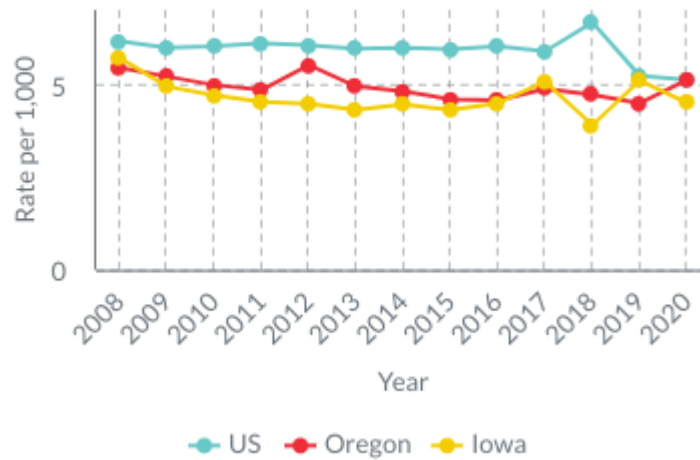
484

# Oregon

## Stillbirth By the Numbers

Based on the most recent five year average, the stillbirth rate in Oregon is 4.76 (per 1,000 live births).

Stillbirth Rate Comparison



Oregon loses on average  
203 babies a year due to  
stillbirth

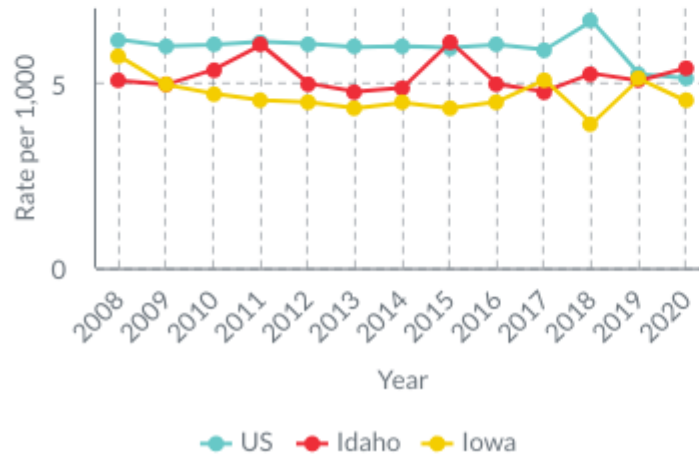
203

# Idaho

## Stillbirth By the Numbers

Based on the most recent five year average, the stillbirth rate in Idaho is 5.08 (per 1,000 live births).

Stillbirth Rate Comparison



Idaho loses on average 112 babies a year due to stillbirth

112

# Racial Disparities

## Why are there disparities in birth outcomes?

- ▶ Research identifies the following:
  - ▶ **Systemic racism**, or the way that society fosters racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, media perception, health care, and criminal justice.
  - ▶ **Epigenetics** explains how early experiences, both positive and negative, can have lifelong impacts. Environmental influences can affect the expression of genes. Life experiences can rearrange the epigenetic marks that govern gene expression; they can change whether and how genes release the information.
  - ▶ **Predisposition to certain conditions** that may lead to stillbirths like gestational diabetes and preeclampsia.
  - ▶ **Access to healthcare** can impact early diagnosis and treatment of concerns
  - ▶ **Socioeconomic barriers.**
  - ▶ **Research shows education is NOT a determining factor.** A college-educated Black woman is still more likely to lose her baby than a high school educated white woman.

SOURCES: [Management of Stillbirth, ACOG](#) [Epigenetics and Child Development, Harvard University](#)  
[What is Structural Racism, AMA](#)



# What is *Count the Kicks* doing to reduce disparities in stillbirth?

- ▶ We are listening
- ▶ App in 16 languages
- ▶ Culturally-appropriate educational material
- ▶ Videos, printed educational materials and FAQs in multiple languages
- ▶ Health Equity Team
- ▶ Always looking for funding opportunities to reduce racial disparities that persist in stillbirth
- ▶ Inclusive organization with 100% Board and Staff training on anti-oppression and structural racism
- ▶ Improve programming based on lived experiences shared by people of color
- ▶ Community outreach beyond the healthcare setting

# Research and evidence-based!





# Norway Study

BMC Pregnancy Childbirth. 2009; 9: 32.

Published online 2009 Jul 22. doi: [10.1186/1471-2393-9-32](https://doi.org/10.1186/1471-2393-9-32)

PMCID: PMC2734741

PMID: [19624847](https://pubmed.ncbi.nlm.nih.gov/19624847/)

## Reduction of late stillbirth with the introduction of fetal movement information and guidelines – a clinical quality improvement

[Julie Victoria Holm Tveit](#),<sup>1,2</sup> [Eli Saastad](#),<sup>2,3</sup> [Babill Stray-Pedersen](#),<sup>1</sup> [Per E Børdahl](#),<sup>4,5</sup> [Vicki Flenady](#),<sup>6</sup>  
[Ruth Fretts](#),<sup>7</sup> and [J. Frederik Frøen](#)<sup>2,7</sup>

- Educated expectant parents on getting to know what's normal and to speak up if you notice a change in baby's movement
- 30% reduction in Norway's stillbirth rate
- Dr. Ruth Fretts, the original researcher, now sits on our Medical Advisory Board

# Best Practice

## Association of Maternal Child Health Programs (AMCHP)

After a thorough scientific review the leading maternal health association in the U.S. determined that our program meaningfully engages stakeholders at all levels of practice, ensures improving health equity is an integral component of overall program sustainability, has been externally validated by another entity, and replicated with similar positive results in another context.

### Count the Kicks

#### An Innovation Station Best Practice

**Purpose:** This document supports MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

#### Section I: Practice Overview

Location:	Iowa	Title V/MCH Block Grant Measures Addressed
Designation:	Best Practice	NPM 3: Risk-Appropriate Perinatal Care
Date Submitted:	01/2021	

#### Practice Description

*Count the Kicks* is an evidence-based stillbirth prevention campaign that teaches expectant parents the method for and importance of tracking their baby's movement in the third trimester of pregnancy, with the goal of lowering the country's stillbirth rate and saving babies across the nation. Our mom-focused campaign offers home visitors, social service agencies, community organizations, maternal health providers and our entire community a way to discuss the impact of stillbirth in an informative and empowering way. *Count the Kicks* is the leading U.S. resource for tracking fetal movement in the third trimester of pregnancy. In the first five years of our campaign in Iowa, the stillbirth rate among Black women went down a promising 39 percent.

The *Count the Kicks* campaign is a project of *Healthy Birth Day, Inc.*, a 501(c)(3) organization dedicated to the prevention of stillbirth, that was founded in 2008 by five Iowa moms who all lost daughters to stillbirth or infant death in the early 2000s. After being connected through friends and pastors, a strong bond quickly formed between the women, and they decided to channel their grief into stillbirth prevention efforts to keep other families from facing the pain of losing a baby. Their efforts created the *Count the Kicks* campaign, which is based on public health research in Norway that demonstrated a 30% reduction in stillbirth by teaching pregnant women how to monitor fetal movement during the third trimester of pregnancy by doing kick counts on a daily basis.

Research shows that a change in baby's movement can be a sign of potential problems and is an indication that a baby should be checked by a provider. Many doctors believe fetal movement is a vital sign and should be monitored closely in the third trimester. When expectant moms use the *Count the Kicks* app daily in the third trimester of pregnancy, they will get to know what is normal for their baby (how long it takes their baby to get to 10 movements each day), so they can call their provider right away if there is a change.

According to the Centers for Disease Control and Prevention, we lose approximately 24,000 babies to stillbirth every year in America. Statistically, it means 1 out of every 167 pregnancies ends in stillbirth, with a disproportionate number of babies born still to African American, Hispanic, and Native American women. According to the CDC, a Black woman is more than twice as likely to lose her baby to stillbirth, statistically a 1 in 94 chance of losing a baby in the final weeks of pregnancy.

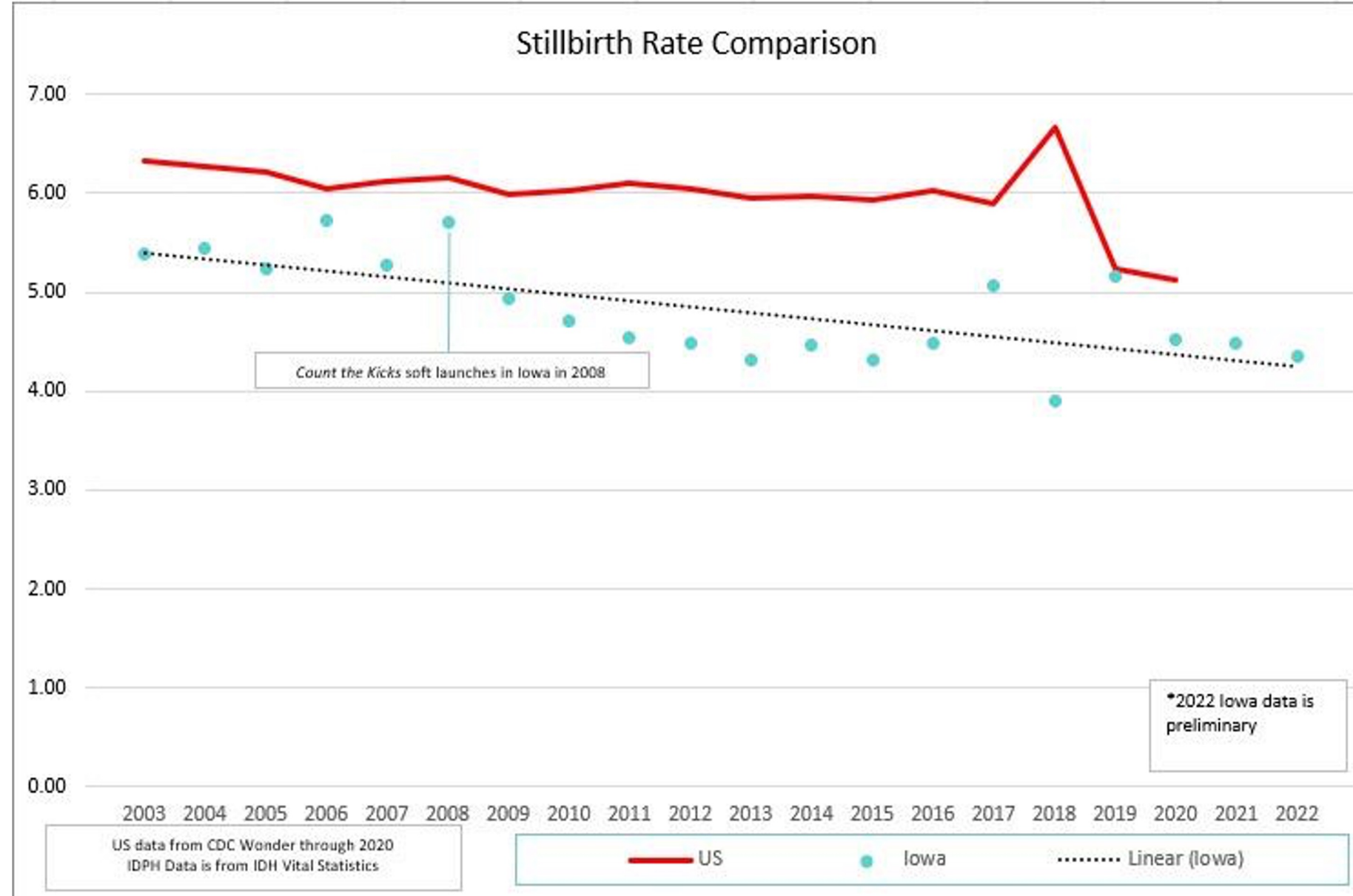
In the first decade of *Count the Kicks* in Iowa when our non-profit organization worked closely with the Iowa Department of Public Health, the state's stillbirth rate decreased nearly 32% while the rest of the country remained relatively stagnant. Iowa went from the 33rd worst stillbirth rate to one of the lowest in the nation. If every state implemented our *Count the Kicks* program, we have the potential of saving 7,500 babies from preventable stillbirths each year. As of January 2021, we are proud to partner with Florida Department of Health, South Carolina Department of Health and

# Research on *Count the Kicks* Published by BJOG – International Journal of Obstetrics and Gynecology



Research shows Iowa's stillbirth rate declined one percent every three months for a decade while the U.S. remained relatively stagnant.

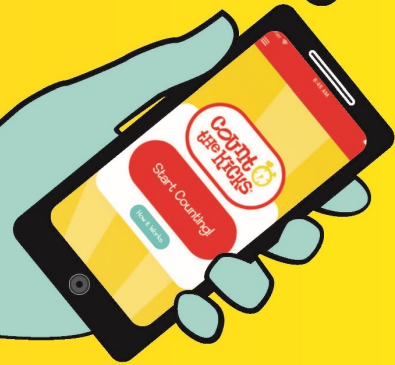
Iowa's African American stillbirth rate decreased by 39% in the first five years of our program.



Source: Iowa Department of Health + Human Services vital statistics 2003-2022

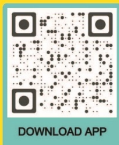


# 3<sup>rd</sup> trimester?



## Start Counting!

Counting kicks is what you should do. It's important and easy too!  
**ASK HOW. ASK NOW.**



Download the **FREE** **Count the Kicks**® app today!

 [counthekicks.org](http://counthekicks.org)

©2023 Healthy Birth Day, Inc.®  
Count the Kicks® is a campaign of Healthy Birth Day, Inc.®, a 501(c)(3) organization dedicated to the prevention of stillbirth and infant death through education, advocacy and support.

This information is for educational purposes only and is not meant for diagnosis or treatment. Use of this information should be done in accordance with your healthcare provider.

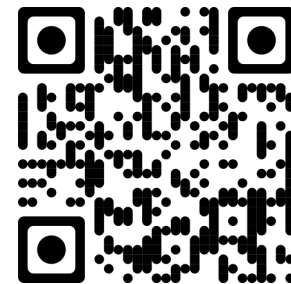
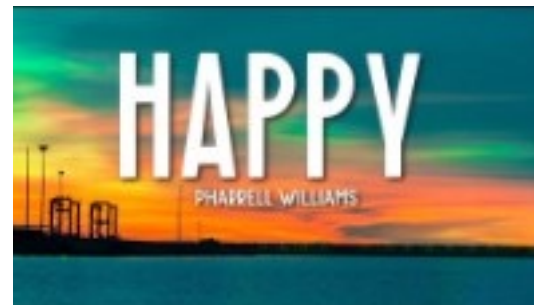


The International Childbirth Education Association endorses Healthy Birth Day, Inc.®, and the Count the Kicks® stillbirth prevention campaign.

## Free Educational Materials

- ▶ Posters in English and Spanish
- ▶ App Card Reminders in English and Spanish
- ▶ Brochures in English and Spanish
- ▶ Additional free resources like printable kick-counting charts

[www.CountTheKicks.org](http://www.CountTheKicks.org)



# No Adverse Effects

## No increase in hospital utilization

- ▶ “...Usually, the fetal movement count (FMC) is reassuring to pregnant women and **prevents unnecessary visits.**”
- ▶ “Decreased fetal movement can indicate a need for more evaluation and has the potential to save lives. There is a worse outcome in pregnancies with reduced fetal movement, with one study demonstrating the highest incidence of poor outcomes in small for gestational age fetuses.”

## No increase in anxiety among pregnant people

- ▶ **84%** of app users stated that regular tracking was associated with **feelings of bonding** and
- ▶ **77%** of app users reported feeling **LESS anxious**

1. Bryant J, Jamil RT, Thistle J. Fetal Movement. [Updated 2020 Nov 30]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK470566/>

2. Lyndi Buckingham-Schutt, PhD, RDN, LD, Pamela A. Duffy, PhD, PT, OCS, Benjamin Williamson, DMU-MPH-24, Ashley Armantrout, DMU-DO-20, & Kerry Biondi-Morlan, MA

1The Harkin Institute for Public Policy & Citizen Engagement, Drake University 2DMU Department of Public Health 3Healthy Birth Day, Inc. “Using Technology to Monitor Baby: the Use of mHealth to Improve Fetal Outcomes.” <https://doi.org/10.1016/j.ajog.2021.11.774>



# Maternal Fetal Movement Monitoring has additional benefits

- ▶ Reduction of preterm birth rate\*
- ▶ Fetal growth restrictions identified earlier\*
- ▶ Women who have stillbirths are at substantially higher risk for severe maternal morbidity than women who have live births, regardless of cause of fetal death.\*\*

“Due to the low cost and potential benefit, it is recommended. Decreased fetal movement can indicate a need for more evaluation and has the potential to save lives.”\*

\*Bryant J, Jamil RT, Thistle J. Fetal Movement. [Updated 2020 Nov 30]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK470566/>

\*\*Wall-Wieler, E., Carmichael, S. L., Gibbs, R. S., Lyell, D. J., Girsan, A. I., El-Sayed, Y. Y., & Butwick, A. J. (2019). Severe Maternal Morbidity Among Stillbirth and Live Birth Deliveries in California. *Obstetrics and gynecology*, 134(2), 310–317. <https://doi.org/10.1097/AOG.0000000000003370>



## Stillbirth in the U.S. Report

# The Link Between Stillbirth and Maternal Mortality and Morbidity: **Firsthand Accounts from American Women**



- ▶ The report includes firsthand accounts from 8 women who shared how speaking up about a change in their baby's movement not only helped their baby to have a safe arrival, but also identified and addressed pregnancy complications that put their own life at risk.
- ▶ It is imperative that providers are proactively discussing stillbirth prevention (or risk factors) with their patients and providing evidence-based solutions like Count the Kicks to every patient they work with.



**Read the Report**





# Why Does Movement Matter?

- Movement is one very important way a baby communicates before birth.
- A change in a baby's movement can be an **EARLY** sign and sometimes **ONLY** warning that a baby may give when in distress.

# MOVEMENTS MATTER – Let's Start Counting!

## When should a mom start counting movements?

- ACOG recommends beginning counting at 28 weeks gestation or 26 weeks if considered high risk or pregnant with multiples. This is when research indicates baby has established a consistent pattern that mom can feel and track.

## What counts as a movement?

- Rolls, kicks, jabs, swishes, pushes – anything EXCEPT for hiccups (these are involuntary movements).

# *Count the Kicks* app

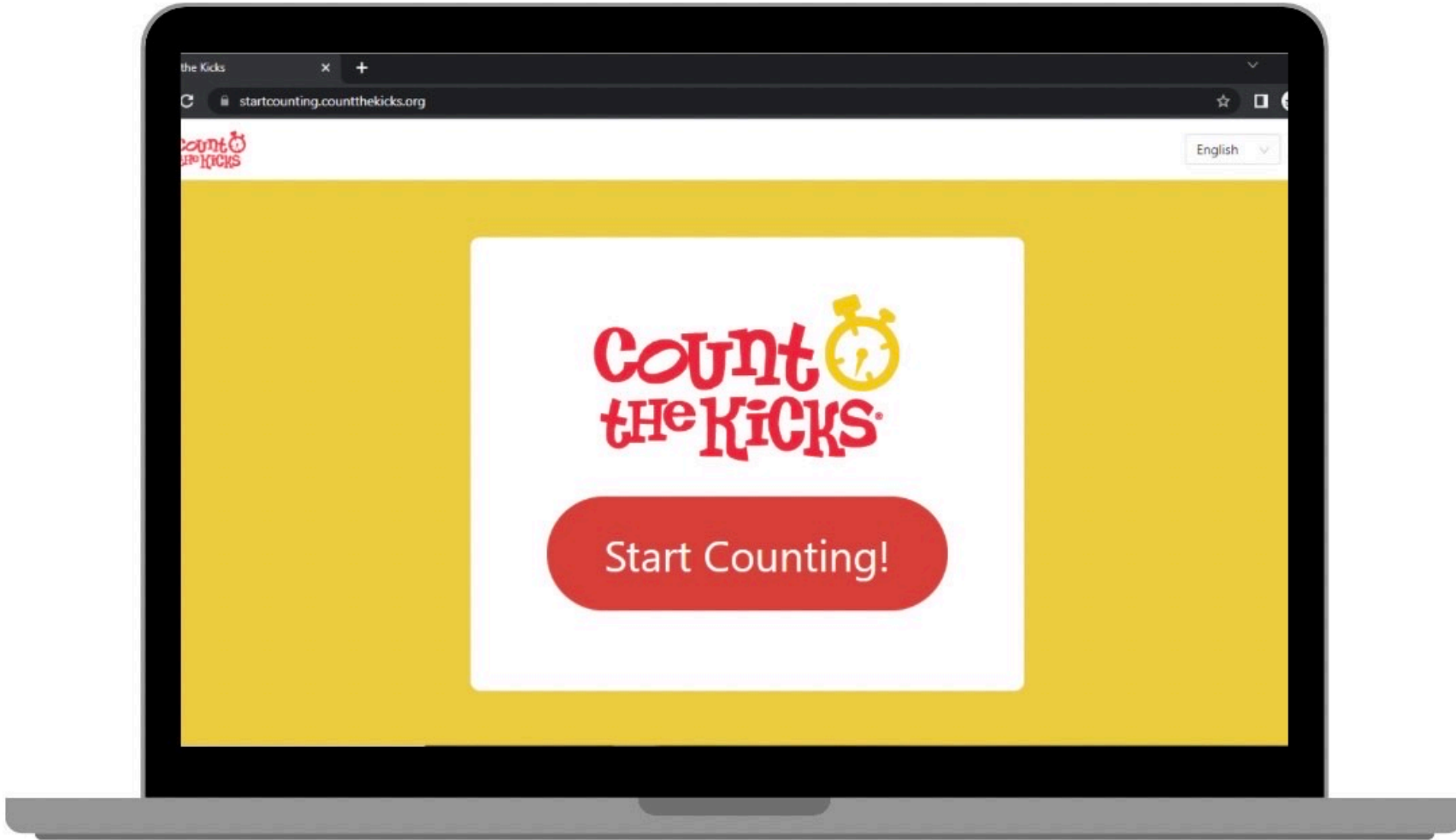


# Count the Kicks App Features

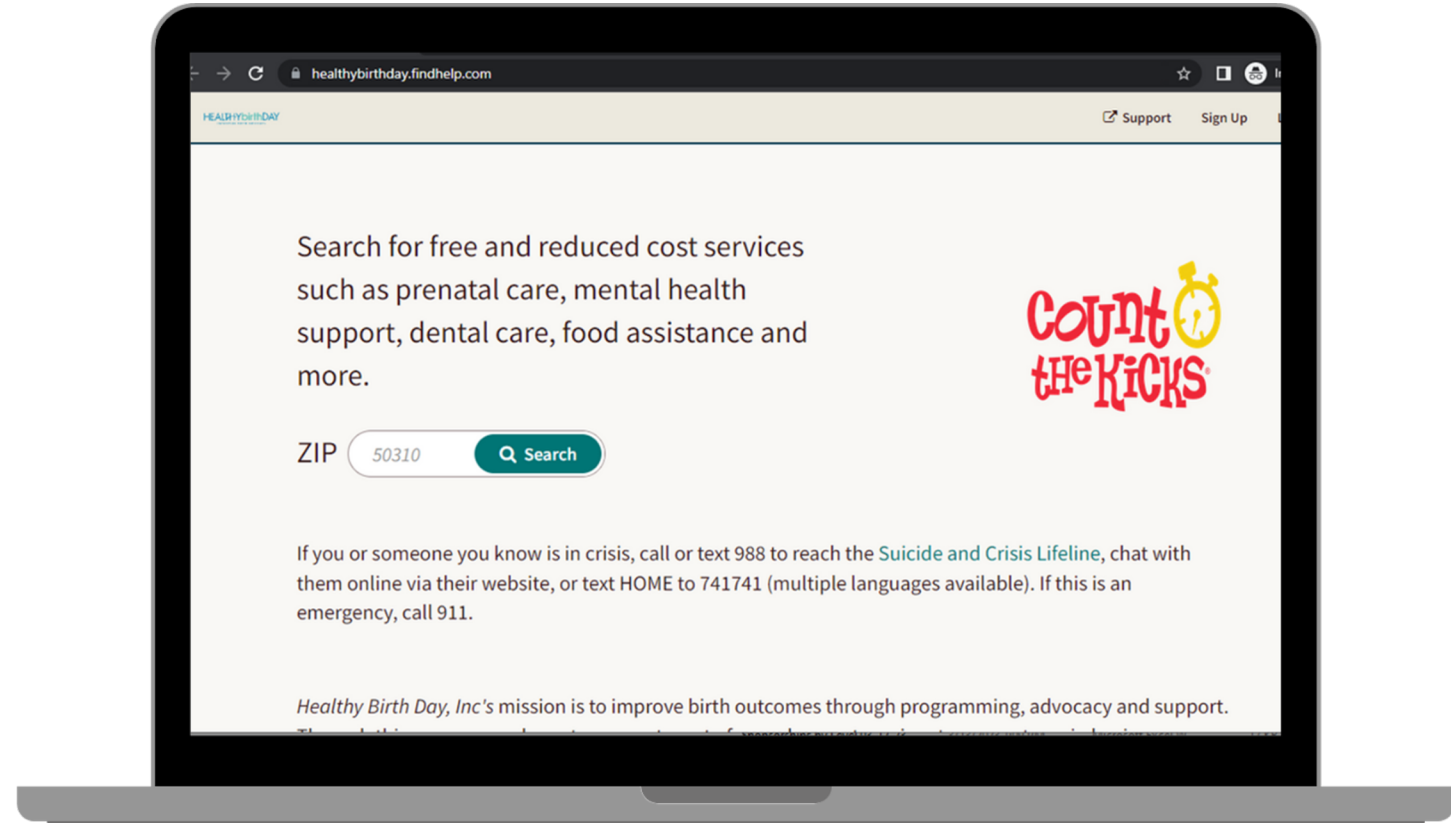
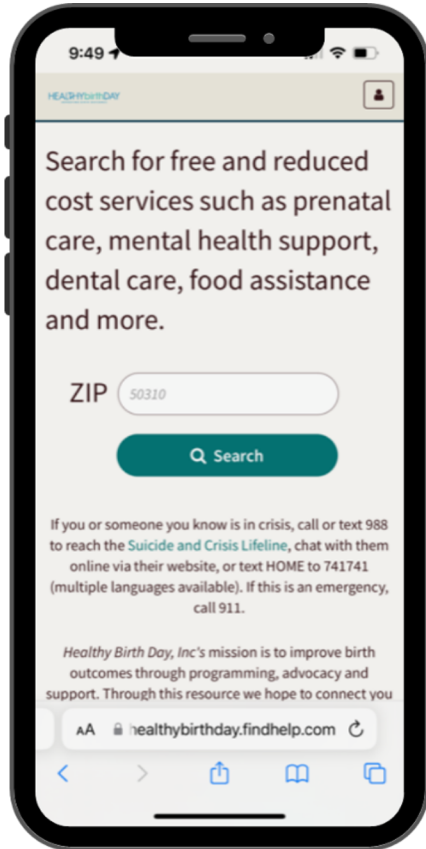


- Our FREE app is evidence-based and available in [16 languages](#)
- Available for Apple and Android products
- Users can restart their session or delete a kick
- **Set a daily reminder to *Count the Kicks***
- Review kick-counting history
- Download history to share with their provider, family or friends via text or email
- Monitor the strength of baby's movements





# Find Local Resources



Visit [www.HealthyBirthDay.findhelp.com](http://www.HealthyBirthDay.findhelp.com) to search for free and reduced cost resources in your local community.



# *Count the Kicks* Implementation



## Did You Know?

Health literacy is one of the strongest indicators of an individual's health status.





# Five ways to improve the conversation

**Be Equitable:** Avoid assumptions and provide ALL expectant parents -- no matter, race, gender, religion, socio-economic status, sexual orientation, marital status OR education level -- the SAME information and interaction.

**Listen & Learn:** Ask strategic & open-ended questions about kick counting to help you assess what the individual patient understands, feels and desires.

**Be Clear & Concise:** Avoid long or complex explanations & medical terminology - consider everyday vocabulary.

**Be Honest:** Speak truth while still practicing empathy / compassion.

**Re-teach** - If a patient displays confusion or a lack of understanding, make sure to correct & clarify. Provide EXTRA support to those who need it.



# Talking about stillbirth with expectant parents

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***“I don’t want to scare expectant parents”***

Pregnancy is full of risks that we talk to expectant parents about; stillbirth is another risk that expectant parents deserve to be educated about

---

***“Stillbirth just happens, there’s nothing we can do”***

There can be warning signs, if expectant parents know what to look for.

---

***“My baby is always active; it’s not a concern”***

Babies are active until they aren’t. Cord and placental complications can be sudden. Expectant parents need to know what’s normal so that they can notice a change.

---

***“I’m almost at my due date”***

The risk of stillbirth **increases** as an expectant parent approaches or exceeds their due date

# Common Misconceptions

## **My baby is always active, so I don't need to count kicks.**

- ▶ Even active babies can experience distress, sometimes quickly and without other warning signs. Tracking your baby's movement daily takes the guesswork out of knowing if a normally active baby has slowed down. *Count the Kicks* gives you real data to show your healthcare provider if you have a concern.

## **Only those experiencing a high-risk pregnancy should pay attention to their baby's movement.**

- ▶ ALL expectant women should be educated on *Count the Kicks* and get to know what's normal for their baby.

## **My baby should get 10 kicks in 2 hours.**

- ▶ Every baby is different, and the recommendation to expect 10 kicks in 2 hours is outdated. Current research indicates moms should work to understand the normal amount of time each day it takes their baby to get to 10 movements each day.

## **I can just use a Doppler device to monitor my baby's well-being.**

- ▶ A change of the baby's heartbeat is one of the last things that occurs when a baby is in distress. A change in a baby's movement may indicate potential problems before actual changes in the heart rate are detected. Expectant parents should only use a Doppler device under the guidance of a healthcare provider.



# Common Myths

## **If baby isn't moving, I should drink something cold or eat something sugary to get baby moving.**

- ▶ Research has moved away from the idea that sugary drinks and the like are a good way to get baby to move. Kick counts are best monitored WITHOUT interventions like juice, candy, etc. If baby isn't moving like normal, parents should speak up to their provider right away.

## **Babies kick less near the end of pregnancy.**

- ▶ Babies don't run out of room at the end of pregnancy. The types of movements may change (more jabs, fewer rolls), but babies should move up to and even during labor. If an expectant parent is monitoring their baby's movements at the same time each day, it should take about the same amount of time to feel 10 movements.

## **Pregnant people should avoid dental care.**

- ▶ Good dental health is ALWAYS important. Pregnancy can increase an expectant parent's risk of dental issues, thus overall health issues.

## **Triage doesn't need any Count the Kicks education.**

- ▶ L&D Triage is the perfect place to have this information. Posters, brochures and discharge papers all should be used when someone comes in for ANYTHING and is sent home.



# Systems Change

Add to discharge paperwork

Have all front desk staff trained.

Include in family care or intake form

Glucose Test---after check in and labs have nurse talk about app and ask patient to download it while they wait.

EMR/EHR--- Can you add a question to the EMR that pops up in the 3<sup>rd</sup> trimester to remind you to ask about fetal movement?

Add to CTK to the phone recording for patients when placed on hold.



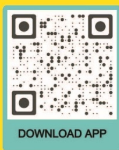
# Resources

# 3<sup>rd</sup> trimester?



## Start Counting!

Counting kicks is what you should do. It's important and easy too!  
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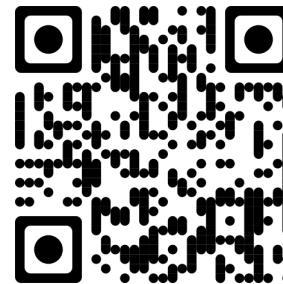
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**Count the Kicks** 

# CE Training: 2.25 CEs

The purpose of this educational activity is to train healthcare professionals how to talk to their patients about fetal monitoring and using best practices to track fetal monitoring.

- ▶ [Register Here:  
bit.ly/savebabiesCTK](https://www.bit.ly/savebabiesCTK)





# What is a *Count the Kicks* Ambassador?

*Count the Kicks* has ambassadors in many states across the U.S.

These women are volunteers who are passionate advocates due to their own personal experiences.

Ambassadors attend a variety of events such as medical conferences and baby fairs, give media interviews, work to grow partnerships, fundraise, and more.



# Count the Kicks Ambassadors



Lindsey Ragar – Idaho

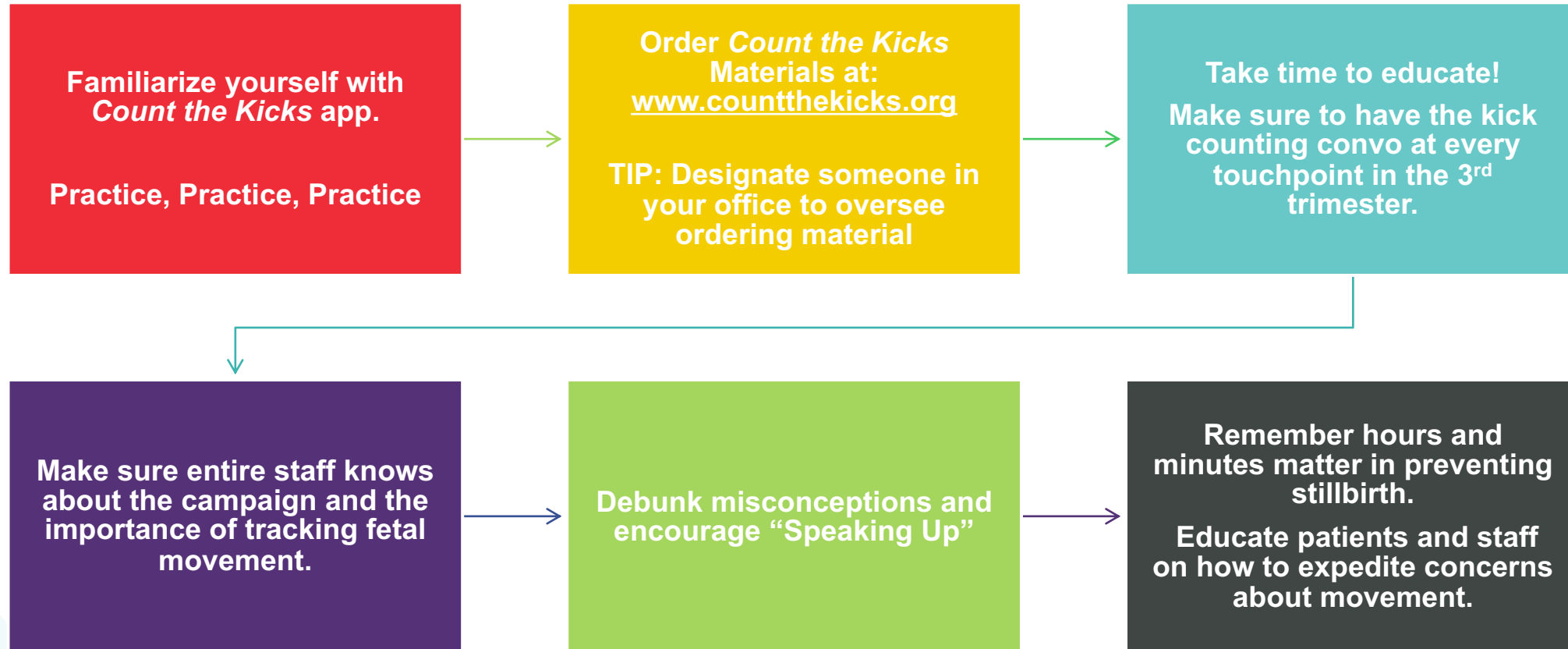


Angelica Kovach – Idaho



Michelle Smith – Oregon

# Next Steps














## Follow Us on Social Media!

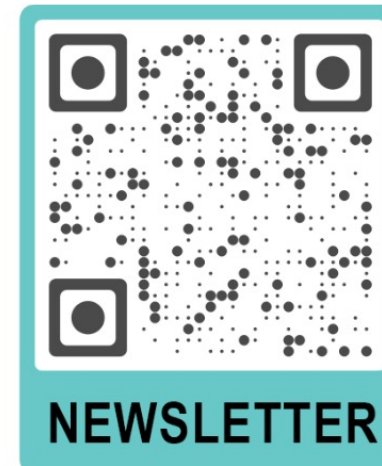
Follow *Count the Kicks* and *Healthy Birth Day, Inc.* to learn more about our work to improve birth outcomes and make kick counting a common practice for all expectant parents.

**HEALTHY**  
**birthDAY**  
IMPROVING BIRTH OUTCOMES

-  @healthybirthday
-  @healthybirthdayinc
-  @Healthy\_Birth
-  Healthy Birth Day Inc.

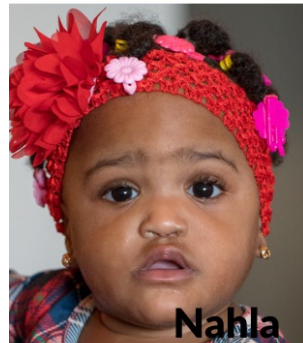
**Count**  
**the KICKS**

-    @countthekicks
-  @countthekicksus
-  @countthekicksUS



**Count**  
**the KICKS**

# We want to help save babies with you.



[www.CountTheKicks.org](http://www.CountTheKicks.org)

