



Stillbirth Prevention Fact Sheet

We're on a mission to make sure every expectant parent understands the importance of tracking their baby's movements daily in the third trimester of pregnancy. You can help us get more babies here safely by sharing up-to-date information on the impact of stillbirth in the U.S., fetal movement monitoring, and the *Count the Kicks* campaign.

What is *Count the Kicks*?

Count the Kicks is an evidence-based stillbirth prevention campaign that teaches expectant parents the method for and importance of tracking their baby's movements daily during the third trimester of pregnancy, with the goal of lowering the country's stillbirth rate and saving babies across the nation. *Count the Kicks* helps expectant parents get to know what's normal for their baby, and empowers them to contact their healthcare provider right away if there is a change in what's normal for their baby. [\[Source\]](#)

Why is it important to track a baby's movements in the third trimester?

The CDC lists a change in a baby's movements as one of its 15 urgent maternal warning signs. Research shows a change in baby's movement can sometimes be the earliest or only indication that a baby may be in distress and needs to be checked by a healthcare provider. By counting their baby's kicks (and jabs and rolls!), expectant parents can get to know what is normal for their baby, which makes them more alert to potential red flags. [\[Source\]](#)

When should expectant parents begin to track fetal movement using *Count the Kicks*?

The American Congress of Obstetricians and Gynecologists recommends expectant parents begin counting kicks daily in the third trimester, which begins at the 28th week. Expectant parents who are high risk or pregnant with multiples should start counting at 26 weeks. [\[Source\]](#)

How do you *Count the Kicks*?

Starting in the third trimester (28 weeks, or 26 weeks if you are high risk or pregnant with multiples), begin counting:

1. Track your baby's movements with the FREE *Count the Kicks* app or download a *Count the Kicks* paper chart.
2. Count your baby's movements every day - preferably at the same time.
3. Time how long it takes your baby to get to 10 movements.
4. After your baby reaches 10 movements, rate the strength of your baby's movements, with 1 being fluttery and 5 being fierce.
5. After a few days, you will begin to see an average length of time it takes to get to 10.
6. Call your provider right away if you notice a change in strength of movements or how long it takes your baby to get to 10 movements.

[\[Source\]](#)

What is considered normal?

Every baby is different. By keeping track of daily kick counting sessions, expectant parents can get to know what is "normal" for their baby. If there is a significant change in the strength of a baby's movements or how long it takes a baby to get to 10 movements, the parent should call their healthcare provider right away or go directly to the hospital for evaluation. [\[Source\]](#)

What are the other benefits of *Count the Kicks*?

- Counting baby's movements helps expectant parents to bond with their baby. Taking time to *Count the Kicks* provides parents with a special time each day to focus on their baby's movements and personality.
- Kick counting is also an opportunity to invite a partner or older children to share in this experience and bond with the baby.
- 77% of App Users report that using the *Count the Kicks* app helped to reduce their anxiety about the well-being of their baby. [\[Source\]](#)

Who is responsible for creating the the *Count the Kicks* Campaign?

Count the Kicks is a project of *Healthy Birth Day, Inc.*, a 501(c)(3) nonprofit organization dedicated to the prevention of stillbirth. *Healthy Birth Day, Inc.* was founded 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. [\[Source\]](#)

Is the *Count the Kicks* campaign based on research?

Count the Kicks 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. [\[Source\]](#)





Stillbirth Prevention Fact Sheet

Is the *Count the Kicks* recommended by any maternal healthcare organizations? *Count the Kicks* has been designated a Best Practice by the Association of Maternal Child Health Programs (AMCHP). *Count the Kicks* is endorsed by the International Childbirth Educators Association (ICEA). [\[Source\]](#)

What is the impact of the the *Count the Kicks* campaign?

- In Iowa, where the campaign started, the stillbirth rate has dropped nearly 32% in 10 years (2008-2018). [\[Source\]](#)
- Stillbirth rates for Black families in Iowa have dropped a promising 39% in the first five years of *Count the Kicks*. We are committed to eliminating racial disparities and our current campaign to reach Black women is critically important to achieving that. [\[Source\]](#)
- Our website has more than 110 baby saves stories from families in 33 states and 5 countries (U.S., Canada, U.K., Philippines, and New Zealand) who have written in to share how the *Count the Kicks* campaign helped their baby to have a healthy birth day. [\[Source\]](#)
- We have a vision to replicate this success in all 50 states. If we can reduce the national stillbirth rate by 32% as we have seen in Iowa, more than 7,500 babies will be saved every year. [\[Source\]](#)

What resources are available for maternal healthcare professionals?

Count the Kicks educational materials are available to order (in English and Spanish) at www.CountTheKicks.org. Thanks to the generous support of our partners, these educational materials are available for FREE to providers in 23 states, including Alabama, Arizona, Arkansas, Delaware, Florida, Georgia, Iowa, Illinois, Indiana, Kansas, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nebraska, Nevada, North Dakota, Ohio, South Carolina, South Dakota, West Virginia, and Wisconsin.*

Common Myths About Kick Counting

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

False. Even active babies can experience distress, sometimes quickly and without other warning signs. Tracking your baby's movement every day 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. [\[Source\]](#)

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

False. ALL expectant women should be educated on *Count the Kicks* and get to know what's normal for their baby. [\[Source\]](#)

My baby should get 10 kicks in 2 hours.

False. 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. [\[Source\]](#)

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

False. 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. [\[Source\]](#)

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

False. 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. [\[Source\]](#)

Babies kick less near the end of pregnancy.

NO! 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. [\[Source\]](#)





Stillbirth Prevention Fact Sheet

What is stillbirth?

- Stillbirth is defined as the loss of a baby during pregnancy at 20 weeks or greater. [\[Source\]](#)

Is stillbirth really still a concern in the U.S.?

- Unfortunately, yes. Across the U.S., approximately 22,300 babies are lost to stillbirth every year. [\[Source\]](#)
- 1 out of every 173 pregnancies in the U.S. ends in stillbirth. [\[Source\]](#)
- According to CDC data, families in the U.S. are 10 times more likely to lose a baby to stillbirth than they are to SIDS.
- According to CDC data, stillbirth is more common than childhood cancer, HIV-AIDS and drunk driving.
- More than 15% of maternal deaths within 42 days of delivery occur in women who experienced a stillbirth. [\[Source\]](#)
- Research shows that the risk of severe maternal morbidity is more than four times higher among stillbirth deliveries compared with live births. [\[Source\]](#)

Who is most at risk of losing a baby to stillbirth? [\[Source\]](#)

- A disproportionate number of babies are born still to Native Hawaiian or Other Pacific Islander, Black, and American Indian or Alaska Native families.
- According to the CDC, Native Hawaiian or Other Pacific Islander pregnancies have a 1 in 94 chance of ending in stillbirth.
- According to the CDC, Black pregnancies have a 1 in 97 chance of ending in stillbirth.
- According to the CDC, American Indian or Alaska Native pregnancies have a 1 in 128 chance of ending in stillbirth.
- According to the CDC, Hispanic pregnancies have a 1 in 205 chance of ending in stillbirth.
- According to the CDC, White pregnancies have a 1 in 211 chance of ending in stillbirth.
- According to the CDC, Asian pregnancies have a 1 in 254 chance of ending in stillbirth.

What factors contribute to racial disparities in stillbirth?

Research shows that there are a lot of contributing factors to the racial health disparities in stillbirth. Researchers, not Count the Kicks, point to the following as causes for the disparities:

- Structural Racism [\[Source\]](#)
- Barriers to healthcare
- Socioeconomic barriers
- Toxic stress [\[Source\]](#)
- Conditions that disproportionately affect all Women of Color
- Genetic factors
- 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. [\[Source\]](#)

What are the biggest risk factors for stillbirth?

- racism
- maternal age
- smoking
- previous pregnancy loss
- pregnancy complications (diabetes, etc.) [\[Source\]](#)

What does the latest research say about stillbirth prevention?

- The latest research indicates that expectant parents should pay attention to the strength of their baby's movements, and notify their healthcare provider right away if they notice a change in the strength of their baby's movements. [\[Source\]](#)
- A sudden, wild surge of movement in the third trimester is another indication to call a provider, as it may indicate that a baby is in distress. [\[Source\]](#)
- Expectant parents should always sleep on their side, as research shows this is the best position for mom and baby. [\[Source\]](#)

Help Save Babies With Us!

Count the Kicks is the leading resource for tracking fetal movement in the third trimester of pregnancy. We are working to reduce the country's stillbirth rate and save babies across the nation. If you are interested in using our evidence-based information and images to raise awareness about Count the Kicks and stillbirth prevention in the U.S., please contact us to request a licensing agreement to use our stillbirth prevention resources. To get started, contact Emily Price, CEO of *Healthy Birth Day, Inc.* at Price.Emily@HealthyBirthDay.org.



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The FREE Count the Kicks app is available in 12+ languages in the iOS and Google Play app stores. For more information please visit CountTheKicks.org.