Objective
The aims of this study were evaluation of the association of reduced fetal movements (RFM) and small for gestational age (SGA) birth at term and to explore if fetal and maternal outcomes are different with single versus repeated episodes of RFM and normal fetal assessment test results.

Methods
Retrospective cohort study of all singleton pregnancies referred for RFMs at a tertiary Fetal Medicine Unit between January 2008 and September 2014. Ultrasound and Doppler indices were obtained from a computerised ultrasound database and pregnancy outcome was collected from hospital records.

Results
Out of the 21,944 women with a singleton pregnancy booked for maternity care during the study period, 1234 women (5.62%) reported RFMs at after 36+0 weeks. 1029 women (83.4%) reported a single episode of RFM and 205 (16.6%) had 2 or more presentations for RFM. Women with repeated RFMs had a significantly higher mean uterine artery pulsatility index in the second trimester. The prevalence of SGA baby at birth in women presenting with a single episode as compared to repeated episodes of RFM was 9.8% and 44.2%, respectively (OR: 7.3, 95% CI: 5.1-10.4, p <0.05).

Conclusion
Repeated episodes of RFMs at term are more likely to occur in women with high second trimester uterine artery Doppler resistance indices and are strongly associated with the birth of SGA infants. Women presenting with repeated episodes of RFM should be treated as being at high risk of placental dysfunction irrespective of the results of prenatal ultrasound and Doppler assessment.