ATU Testing Follow Up Guidelines

Updated: June 2020

Indication	Ultrasound f/u	Starting at	Frequency	Fetal Monitoring f/u	Starting at	Frequency (Alternating NST/BPP unless otherwise noted)
Adolescent (<16 years old)	Growth		28-30 wks 35-37 wks	No		
Advanced Maternal Age (≥ 40 years old)	Growth		28-32 wks 36-38 wks	Yes	36	Weekly
Bariatric surgery	Growth		28-32 wks 36-38 wks	No		
Bleeding, 2nd or 3rd trimester						Contact MFM
BMI≥35	Growth		28-32 wks 36-38 wks	Yes	36	Weekly
Cerclage	Cx check	None after cerclage				
Cholestasis	Growth	At dx	Monthly	Yes	At dx	Weekly
Chronic Hypertension BP well controlled with no medication			28-32 wks 36-38 wks	Yes	36	Weekly
Chronic Hypertension Requiring medication	Growth	24	Q6 wks	Yes	32	Weekly
Diabetic, pre gestational (*on meds, well controlled*)	Growth	24	Q6 wks *37-38 weeks	Yes	32	Twice weekly
Diabetic, pre-gestational (*diet*)	Growth	24	Q6 wks *37- 38 weeks	Yes	32	Weekly
Diabetic, pre gestational (*poor control*)	Growth	24	Monthly	Yes		
Echogenic bowel	Growth	At dx	28-32 wks 36-38 wks	No		
Elevated msAFP (>2.5 MoM)						Contact MFM
FGR (EFW ≥3%< 10% Or AC ≤ 10%)	Growth	After dx when delivery is an option	q4wks	Yes	At dx	Weekly NST, UA Doppler, fluid

Indication	Ultrasound f/u	Starting at	Frequency	Fetal Monitoring f/u	Starting at	Frequency (Alternating NST/BPP unless otherwise noted)
FGR < 3%	Growth	At dx	q3 wks	Yes	At dx	2nd trimester – Weekly BPP, UA Doppler, fluid 3rd Trimester - Twice weekly NST -Weekly UA Doppler, fluid
FGR, ALL	UA Doppler	At dx when delivery is an option	1 week			See MFM if absent or reverse flow
Fibroids ≥ 5cm	Growth		28-32 wks 36-38 wks	No		
Gestational DM (*diet*)	Growth	At dx	Q6 wks *37-38 weeks*	Yes	36	Weekly
Gestational DM (*on meds, poorly controlled*)	Growth	At dx	Monthly *37-38 weeks*	Yes	32	Twice weekly
Gestational HTN	Growth	At dx	Monthly	Yes	32	Twice weekly
Hyperthyroidism, *poorly controlled*	Growth	24	q6 weeks	Ask MFM		
Indication	**Ultrasound f/u**	**Starting at**	**Frequency**	**Fetal Monitoring f/u**	**Starting at**	**Frequency (Alternating NST/BPP unless otherwise noted)**
Increased risk of T21 on MSS	ask MFM					
Isoimmunization	Growth	24	Monthly	Yes	32	Weekly
	MCA Doppler	18	ask MFM			
IUFD, *history of*	Growth		32 wks	Yes	32	Weekly
FGR, *history of*	Growth		Q6 wks	No		
IVF Pregnancy	Growth		28-32 wks 36-38 wks	Yes	38	Weekly
LEEP (no prior PTD)	Cervical length		18-20 wks (at survey)	No		
Lupus	Growth	24	Q6wks if no renal disease	Yes	32	Weekly

Indication	Ultrasound f/u	Starting at	Frequency	Fetal Monitoring f/u	Starting at	Frequency (Alternating NST/BPP unless otherwise noted)
Oligohydramnios, *no 2x2 cm pocket*	Growth	At dx	Monthly	Yes	At dx	See MFM
Borderline Oligohydramnios, *AFI ≥ 5< 7 cm with pocket > 2x2 cm*	Ask MFM	At dx	Monthly		At dx	Ask MFM
Oligohydramnios, (history of, *requiring PTD)*	Growth		28-32 wks 36-38 wks	Yes	36	Weekly
Placenta previa or low lying	Growth, placenta location	28	~~Monthly or until resolved~~ Q6 wks	No		
Post dates	No			Yes	41	q3 days
Polyhydramnios with an AFI ≥ 30	Growth	at dx	Monthly	Yes	at dx	weekly (alternating NST/BPP)
Preeclampsia	Growth	At dx	3-4 weeks	Yes	At dx	Twice weekly
Prior preterm delivery 16-35 weeks	Cervical length	15-24 wks	Every two weeks	No		
Prior preterm delivery At 36w 0d – 36w 6d	Cervical length	Time of survey only		No		
Prior preterm delivery (less than 37 weeks)	Growth		**None**	No		
Indication	**Ultrasound f/u**	**Starting at**	**Frequency**	**Fetal Monitoring f/u**	**Starting at**	**Frequency (Alternating NST/BPP unless otherwise noted)**
Positive Hope (HIV/AIDS)	Growth		32 wks	No		
Project Respect	Growth		28-30 wks 36-37 wks	Yes	36	Weekly
Pyelectasis	Growth, f/u kidneys		28 weeks	No		
EFW ≥ 10% ≤ 15%	Growth	At dx	4 weeks	Doppler at diagnosis		Twice weekly if Doppler abnormal
Sickle cell disease	Growth	24	q6 weeks	Yes	32	Weekly
Single Umbilical Artery	Growth	At dx	q6 weeks	Yes	36	Weekly

Indication	Ultrasound f/u	Starting at	Frequency	Fetal Monitoring f/u	Starting at	Frequency (Alternating NST/BPP unless otherwise noted)
TWINS (di-di)	Cervix	At Survey		Yes	34	Weekly
	Growth		4 weeks			
TWINS (mono-di), *for mono-mono see MFM*	Cervix	At Survey	4 weeks	Yes	28	Weekly
	TTTS screen	15	2 wks until 28 wks			
	Growth		Monthly			
Uterine anomaly, (*no prior PTD*)	Cervix		18-20 wks (survey)	No		
Uterine anomaly			32 wks	No		

If the cervical length is less than 3.5 cm on a transabdominal study or it cannot be adequately evaluated a transvaginal ultrasound is recommended.

No follow up recommended:

- Seizure disorder
- History of hypothyroid controlled on medication
- Increased NT (after normal echo)
- Zika exposure

BP Checks:

- On all patients

TWINS FTS –

- NT ultrasound, then have patient wait to see MFM to discuss twins & testing options. (Unless the patient has a previously scheduled apt with MFM in clinic for this)

FGR ≥ 3RD% and < 10th% with normal fetal testing and normal umbilical artery Doppler studies, with adequate interval growth and no other maternal or fetal complications

- Delivery at 38- 39 weeks gestation

FGR < 3RD% OR < 10th% with abnormal umbilical artery Doppler studies

- Delivery at 37 weeks gestation