

# ATU Antenatal Surveillance Guidelines

Last Updated: January 2022

Indication	Growth at	Frequency	Fetal surveillance	Starting at	Frequency (Alternating NST/BPP or NST/NST+AFI unless otherwise noted)
Adolescent (<16 yo)	28-32 wks 36-38 wks	-	No		
Advanced Maternal Age (≥ 40 yo)	28-32 wks 36-38 wks	-	Yes	36	Weekly
Advanced Maternal Age (≥ 35 yo but < 40 yo) + BMI ≥ 30 but < 35)	34-36 wks	-	Yes	36	Weekly
Alloimmunization, ONLY if critical antibody titer or history of affected infant *see MFM*	24	Monthly	Yes	32	Weekly
			MCA Doppler	20 weeks	Q1-2 weeks
Bariatric surgery	32 wks 36-37 wks	-	No	-	-
Bleeding, 2 <sup>nd</sup> or 3 <sup>rd</sup> trimester					See MFM
BMI≥35	32 wks 36-37 wks	-	Yes	36	Weekly
Cholestasis	Time of dx	Monthly	Yes	At 32 weeks	Weekly
Chronic Hypertension BP well controlled with no medication	32 wks 36-37 wks	-	Yes	36	Weekly
Chronic Hypertension Requiring medication	26 wks	Q6 wks	Yes	32	Weekly
COVID-19 in pregnancy	NO FOLLOW UP	-	NONE		
Diabetic, pre-gestational (on meds, well controlled)	24 wks	Q6 wks	Yes	32	Twice weekly
Diabetic, pre-gestational (diet)	26 wks	Q6 wks	Yes	32	Weekly
Diabetic, pre gestational (poor control)	24 wks	Monthly	Yes		
Echogenic bowel	32 wks 36-37 wks	-	No		

Indication	Growth at	Frequency	Fetal surveillance	Starting at	Frequency (Alternating NST/BPP or NST/NST+AFI unless otherwise noted)
EFW ( $\geq 10\% \leq 15\%$ )	At dx	Q4 wks	No		
Elevated msAFP (>2.5 MoM)					See MFM
Fibroid $\geq 5\text{cm}$	34-36 wks	-	No		
FGR, current pregnancy	**See FGR testing protocol at the end of this document**				
FGR, <3%tile early mid-tri (23w0d – 28w0d)					See MFM
FGR, <i>history of</i>	28 wks	Q6 wks	No		
Gestational DM ( <i>diet</i> )	At dx	Q6 wks	Yes	36	Weekly
Gestational DM ( <i>on meds, poorly controlled</i> )	At dx	Monthly	Yes	32	Twice weekly
Gestational HTN	At dx	Q3-4 wks	Yes	At dx	Twice weekly
Hyperthyroidism, <i>poorly controlled</i>	24 wks	Q6 wks	Ask MFM		
Increased risk of T21 on aneuploidy screening					See MFM
IUFD, <i>history of</i>	32 wks	-	Yes	32	Weekly
IVF Pregnancy	32 wks 36-38 wks		Yes	38	Weekly
Late term pregnancy	-		Yes	41	q3 days
LEEP (no prior PTD)		Cervical length at survey	No		
Lupus	24 wks	Q6wks if no renal disease	Yes	32	Weekly
Oligohydramnios (Definition: MVP < 2cm) *Continue to measure AFI	At dx	Monthly	Yes	At dx	See MFM
Oligohydramnios, ( <i>history of, requiring PTD</i> )	32 wks 36-38 wks		Yes	36	Weekly
Placenta previa or low lying (< 2 cm from internal os)	28 wks	Q6 wks (Growth + f/u placental location)	No		

Indication	Growth at	Frequency	Fetal Surveillance	Starting at	Frequency (Alternating NST/BPP or NST/NST+AFI unless otherwise noted)
Placental hemotoma, large subchorionic or subamniotic, after 20 wks					See MFM
Polyhydramnios *with an AFI $\geq$ 30	At dx	Monthly	Yes	At dx	weekly (alternating NST/BPP)
Preeclampsia	At dx	Q3-4 wks	Yes	At dx	Twice weekly
Prior preterm delivery btwn 16-34wks			Cervical length Q2 weeks from 16-24 wks		
Prior preterm delivery At 35 w 0d – 36w 6d			Cervical length at fetal survey		
Positive Hope (HIV/AIDS)	32 wks	-	No		
Project Respect	34-36 wks	-	Yes	36	Weekly
Sickle cell disease	24 wks	q6 weeks	Yes	32	Weekly
TWINS (di-di)	24 wks	Q4 weeks	Yes	34	Weekly
		Cervical length at survey			
TWINS (mono-di)		Q4 weeks	Yes	28	Weekly
			TTTS Screen	Q2 wks from 16 wks	
		Cervical length at survey			
TWINS ( <i>mono-mono</i> ) or higher order multiple					See MFM
Umbilical cord abnormalities					
1. Marginal cord insertion (< 1cm from placental edge)	28-30 wks 36-37 wks		Yes	36	Weekly
2. Single Umbilical Artery	28 wks	q6 weeks	Yes	36	Weekly
3. Velementous cord insertion	28 wks	q6 weeks	Yes	36	Weekly
Urinary Tract Dilation (formerly pyelectasis)	32 wks 36-37 wks (f/u renal pelvis)		No		

Uterine anomaly, (no prior PTD)	Cervix at survey		No		
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<b>Fetal growth restriction</b> Definition: EFW < 10%tile or AC < 10%tile						
Indication	Ultrasound f/u	Starting at	Frequency	Fetal Monitoring f/u	Starting at	Frequency (Alternating NST/BPP unless otherwise noted) NO CHANGE
FGR  (EFW ≥3% <10%tile or AC <10%tile)	Growth	At dx	q3 wks	Yes	At dx	<u>2<sup>nd</sup> tri</u> – weekly testing  Alternate: [NST + AFI] or BPP  + UA Dopplers  <u>3<sup>rd</sup> tri</u> -Weekly NST, AFI, UA Doppler
<b>Severe</b> FGR (EFW < 3%tile)	Growth	At dx	q3 wks	Yes	At dx	<u>2<sup>nd</sup> tri</u> – weekly testing  Alternate: [NST + AFI] or BPP  + UA Dopplers  <u>3<sup>rd</sup> tri</u> – -Twice weekly NST -Weekly UA Doppler + AFI
<b>How Frequently to perform Dopplers if ABNORMAL</b>						
EFW ≥3% <10%tile  or AC < 10%tile	-	-	-	-	At dx	Elevated Dopplers: Weekly  AEDV: Twice weekly
Severe FGR (<3%tile)	-	-	-	-	At dx	Elevated UA Dopplers or AEDV: Twice weekly

No follow up recommended:

## COVID

Seizure disorder

History of hypothyroid controlled on medication

Marginal cord insertion > 1 cm from placental edge

Increased NT (after normal echo)