

ATU Antenatal Surveillance Guidelines

Last Updated: November 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	-	-
Chronic placental abruption	28-32 wks 36-38 wks			At diagnosis	Weekly
BMI ≥ 35 – 39.9 kg/m ²	32 wks 36-37 wks	-	Yes	37	Weekly
BMI ≥ 40	26 weeks	Q6 wks		34	
Cholestasis	Time of dx	Monthly	Yes	At diagnosis	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
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	32	Twice weekly
Echogenic bowel	32 wks 36-37 wks	-	No		
Elevated msAFP (>2.5 MoM), Low PAPP-A	32 wks 36-37 wks		Yes	36	Weekly

Fibroid \geq 5cm	34-36 wks	-	No		
FGR, current pregnancy	**See FGR testing protocol at the end of this document**				
FGR, <3%tile early mid-tri (23w0d – 24w0d)					See MFM
FGR, <i>history of</i>	28-32 wks 36-38 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>on medication</i>	24 wks	Q6 wks	Yes, if positive anti-thyroid antibodies	36	Weekly
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	36	Weekly
Late term pregnancy	-		Yes	41	q3 days
LEEP (no prior PTD)		Cervical length at survey	No		
Lupus, uncomplicated	24 wks	Q6wks	Yes	32	Weekly
Lupus, complicated (nephritis, APL Ab, SSA/SSB Abs, thrombosis)		Monthly			Weekly
Oligohydramnios (Definition: MVP < 2cm) *Continue to measure AFI	At dx	Monthly	Yes	At dx	See MFM
Placenta previa or low lying (< 2 cm from internal os)	28 wks 34 weeks (Growth + f/u placental location)		No		
Placental hematoma, large subchorionic or subamniotic, after 20 wks					See MFM
Polyhydramnios, moderate to severe AFI \geq 30	At dx	Monthly	Yes	32 At dx if diagnosed after	Weekly

Poor obstetric history (history of FGR, oligo or preeclampsia - requiring PTD)	28-32 wks 36-38 wks		Yes	32	Weekly
Preeclampsia	At dx	Q3 weeks	Yes	At dx	Twice weekly
Prior preterm delivery btwn 16-34wks			Cervical length Q2 weeks from 16-22 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, uncomplicated	24 wks	q6 weeks	Yes	32	Weekly
SCD, complicated (htn, vaso-occlusive crises, FGR)	24 wks	Monthly			Individualized, See MFM
TWINS (di-di)	24 wks	Q4 weeks	Yes	36	Weekly
		Cervical length at survey			
TWINS (mono-di)		Q4 weeks	Yes	32	Weekly
			TTTS Screen	Q2 wks from 16 Wks-32 wks	
		Cervical length at survey			
TWINS (<i>mono-mono</i>) or higher order multiple					Individualized, 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. Velamentous cord insertion	28 wks	q6 weeks	Yes	36	Weekly
4. Vasa previa					Individualized, See MFM
Urinary Tract Dilation (formerly pyelectasis)	32 wks 36-37 wks		No		

	(f/u renal pelvis)					
Uterine anomaly, (no prior PTD)	Cervix at survey			No		
Fetal growth restriction 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 $\geq 3\%$ <10%tile or AC <10%tile)	Growth	At dx	q3 wks	Yes	At dx	<u>2nd tri</u> – weekly testing Alternate: [NST + AFI] or BPP + UA Dopplers <u>3rd tri</u> -Weekly NST, AFI, UA Doppler
Severe FGR (EFW < 3%tile)	Growth	At dx	q3 wks	Yes	At dx	<u>2nd tri</u> – weekly testing Alternate: [NST + AFI] or BPP + UA Dopplers <u>3rd tri</u> – -Twice weekly NST -Weekly UA Doppler + AFI
How Frequently to perform Dopplers if ABNORMAL						
EFW $\geq 3\%$ <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 thyroid disease well controlled on medication

Marginal cord insertion > 1 cm from placental edge

Increased NT (after normal echo)