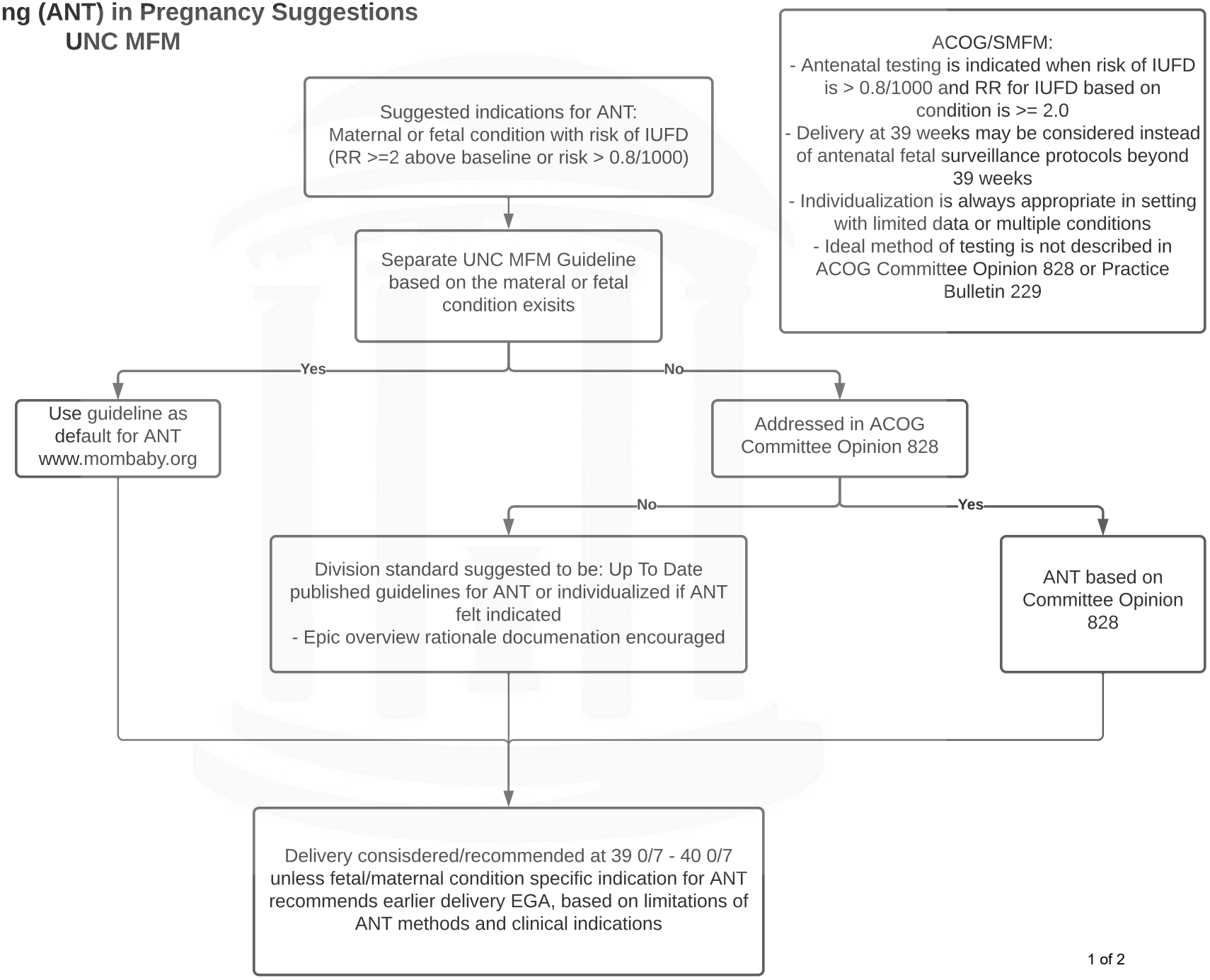
UNC SCHOOL OF MEDICINE

Antenatal Testing (ANT) in Pregnancy Suggestions
UNC MFM



Factor	Suggested Gestational Age to Begin Antenatal Fetal Surveillance	Suggested Frequency of Antenatal Fetal Surveillance
Fetal		
Growth restriction[1]		
UAD: normal or with elevated impedance to flow in umbilical artery with diastolic flow present; with normal AFI and no other concurrent maternal or fetal conditions	At diagnosis[2]	Once or twice weekly
UAD: AEDV or concurrent conditions (oligohydramnios, maternal comorbidity [eg, preeclampsia, chronic hypertension])	At diagnosis[2]	Twice weekly[3] or consider inpatient management
UAD: REDV	At diagnosis[2]	Inpatient management[3]
Multiple gestation		
Twins, uncomplicated dichorionic	36 0/7 weeks	Weekly
Twins, dichorionic, complicated by maternal or fetal disorders, such as fetal growth restriction	At diagnosis[2]	Individualized
Twins, uncomplicated monochorionic-diamniotic	32 0/7 weeks[4]	Weekly
Twins, complicated monochorionic-diamniotic (ie, TTTS)	Individualized	Individualized
Twins, monoamniotic	Individualized	Individualized
Triplets and higher order multiples	Individualized	Individualized
Decreased fetal movement	At diagnosis[3]	Once[5]
Fetal anomalies and aneuploidy	Individualized	Individualized
Maternal		
Hypertension, chronic		
Controlled with medications	32 0/7 weeks	Weekly
Poorly controlled or with associated medical conditions	At diagnosis[2]	Individualized
Gestational hypertension/preeclampsia		
Without severe features	At diagnosis[2,3]	Twice weekly
With severe features	At diagnosis[2,3]	Daily
Diabetes		
Gestational, controlled on medications without other comorbidities	32 0/7 weeks	Once or twice weekly
Gestational, poorly controlled	32 0/7 weeks	Twice weekly
Pregestational	32 0/7 weeks[6]	Twice weekly
Systemic lupus erythematosus		
Uncomplicated	By 32 0/7 weeks	Weekly
Complicated[7]	At diagnosis[2]	Individualized
Antiphospholipid syndrome	By 32 0/7 weeks[8]	Twice weekly
Sickle cell disease		
Uncomplicated	32 0/7 weeks	Once or twice weekly
Complicated[9]	At diagnosis[2]	Individualized
Hemoglobinopathies other than Hb SS disease	Individualized	Individualized
Renal disease (Cr greater than 1.4 mg/dL)	32 0/7 weeks	Once or twice weekly
Thyroid disorders, poorly controlled	Individualized	Individualized
In vitro fertilization	36 0/7 weeks	Weekly
Substance use		
Alcohol, 5 or more drinks per week	36 0/7 weeks	Weekly
Polysubstance use	Individualize	Individualized
Prepregnancy BMI		
Prepregnancy BMI 35.0–39.9 kg/m2	37 0/7 weeks	Weekly
Prepregnancy BMI 40 kg/m2 or above	34 0/7 weeks	Weekly
Maternal age older than 35 years	Individualized[10]	Individualized
Obstetric		
Previous stillbirth		
At or after 32 0/7 weeks	32 0/7 weeks[11]	Once or twice weekly
Before 32 0/7 weeks of gestation	Individualized	Individualized
History of other adverse pregnancy outcomes in immediately preceding pregnancy		
Previous fetal growth restriction requiring preterm delivery	32 0/7 weeks	Weekly
Previous preeclampsia requiring preterm delivery	32 0/7 weeks	Weekly
Cholestasis	At diagnosis[2]	Once or twice weekly
Late term	41 0/7 weeks	Once or twice weekly
Abnormal serum markers[12]		
PAPP-A less than or equal to the fifth percentile (0.4 MoM)	36 0/7 weeks	Weekly
Second-trimester Inhibin A equal to or greater than 2.0 MoM	36 0/7 weeks	Weekly
Placental		
Chronic placental abruption[13]	At diagnosis[2]	Once or twice weekly
Vasa previa	Individualized	Individualized
Velamentous cord insertion	36 0/7 weeks	Weekly
Single umbilical artery	36 0/7 weeks	Weekly
Isolated Oligohydramnios (single deepest vertical pocket less than 2 cm)	At diagnosis[2,3]	Once or twice weekly
Polyhydramnios, moderate to severe (deepest vertical pocket equal to or greater than 12 cm or AFI equal to or greater than 30 cm)	32 0/7–34 0/7 weeks[14]	Once or twice weekly

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

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