

Antenatal Surveillance Guidelines

Indication	Growth ultrasound frequency*	Antenatal Testing*
MATERNAL ISSUES		
Advanced maternal age		
35-39 years old	Once at 28-32 weeks	-
≥40 years old	Monthly	Weekly at 36 weeks
Cholestasis of pregnancy	Monthly	Weekly at 32 weeks
Thyroid disorders		
Hypothyroidism, well controlled	-	-
Hypothyroidism, poorly controlled	Monthly	Individualize
Hyperthyroidism	Monthly	Weekly at 32 weeks
Autoimmune disorders		
Antiphospholipid antibody syndrome	Monthly	Weekly at 32 weeks
Systemic lupus erythematosus	Monthly	Weekly at 32 weeks
+SSA/SSB with autoimmune disorder (e.g. Sjogren, RA)	Monthly	FHT q 1-2 weeks at 16-26 weeks Weekly BPP at 32 weeks
+SSA/SSB without autoimmune disorder (incidental)	Once at 28-32 weeks	FHT q 1-2 weeks at 16-26 weeks
Inflammatory bowel disease, well controlled	Once at 28-32 weeks	-
Inflammatory bowel disease, poorly controlled	Monthly	Individualize
Diabetes mellitus		
Pregestational, well-controlled	Monthly	Weekly at 32 weeks
Pregestational, with vascular complications, poorly controlled, or prior stillbirth	Monthly	Weekly at 32 weeks
Gestational, controlled on diet/exercise (A1)	Monthly	-
Gestational, controlled, on medications (A2)	Monthly	Weekly at 32 weeks
Hypertensive disorders		
Chronic hypertension, controlled, on no medications	Monthly	Weekly at 32 weeks
Chronic hypertension, controlled, on medications	Monthly	Weekly at 32 weeks

	Gestational hypertension without severe range blood pressures	Monthly	Weekly at diagnosis
	Preeclampsia without severe features	Monthly	Weekly at diagnosis
	Gestational HTN/Preeclampsia with severe features, including HELLP syndrome	Monthly	Monitor inpatient
Obesity			
	Pre-pregnancy BMI ≥ 35 kg/m ²	Once at 28-32 weeks	Weekly at 37 weeks
	Pre-pregnancy BMI ≥ 40 kg/m ²	Once at 28-32 weeks	Weekly at 34 weeks
Seizure disorder			
	Seizure disorder, well controlled on medications	Once at 28-32 weeks	-
	Seizure disorder, poorly controlled	Monthly	Individualize
Asthma			
	Mild to moderate asthma	Once at 28-32 weeks	-
	Severe persistent, poorly controlled asthma	Monthly	Weekly at 32 weeks
	In vitro fertilization	Once at 28-32 weeks	Weekly at 36 weeks
	Sickle cell disease	Monthly	Weekly at 32 weeks
	Renal disease (Cr > 1.4)	Monthly	Weekly at 32 weeks
	History of venous thromboembolism (this pregnancy or prior)	Once at 28-32 weeks	-
	Significant maternal cardiac disease, stable	Monthly	Individualize
Maternal substance use			
	Tobacco use	Once at 28-32 weeks	-
	Marijuana, frequent use	Once at 28-32 weeks	-
	Methadone/buprenorphine use	Monthly	-
	Other illicit drugs, alcohol	Monthly	Individualize
Fetal growth restriction (singleton)			
	Uncomplicated	Monthly	Individualize
	Complicated (oligohydramnios, abnormal umbilical artery Doppler studies, maternal co-morbidity)	Monthly	Individualize
Multiple gestation			
	Dichorionic, diamniotic, uncomplicated	Monthly	Weekly at 32 weeks
	Monochorionic, diamniotic, uncomplicated	Monthly	Weekly at 32 weeks
	Monochorionic, monoamniotic twins	Monthly	Individualize

	Complicated (growth restriction, abnormal umbilical artery Doppler studies, maternal co-morbidity)	Monthly	Individualize
OBSTETRIC ISSUES			
	Abnormal serum markers (low PAPP-A, high MSAFP)	Monthly	Weekly at 36 weeks
	Late term pregnancy	-	Weekly if remains pregnant between 41-42 weeks
	Prelabor preterm rupture of membranes	Monthly	Inpatient management
	Stillbirth history	Monthly	Individualized based on etiology of prior stillbirth. If idiopathic, consider weekly starting at 32 weeks gestation
History of adverse pregnancy outcomes in immediately preceding pregnancy			
	Prior IUGR requiring delivery < 37 w	Monthly	Weekly at 32 weeks
	Prior preeclampsia requiring delivery < 37 w	Monthly	Weekly at 32 weeks
	Short inter-pregnancy interval	Once at 28-32 weeks	-
	Fetal abnormalities	Individualize	Individualize
PLACENTAL ISSUES			
	Velamentous cord insertion	Monthly	Weekly at 36 weeks
	Single umbilical artery	Once at 28-32 weeks	Weekly at 36 weeks
Fluid abnormalities			
	Oligohydramnios, isolated	Monthly	Weekly at 32 weeks. Individualize if diagnosed prior.
	Polyhydramnios, isolated	Monthly	Mild (AFI 25-29): None Moderate-severe (AFI \geq 30): Weekly at 32 weeks
	Placenta previa	Once at 28-32 weeks	-
	Placental abruption in current pregnancy	Monthly	Individualize
	Prior classical cesarean	None	-
	Prior myomectomy	None	-
	Previous uterine rupture	None	-

Vasa previa	Monthly	Individualize (daily-weekly at 30-32 weeks)
Fibroids	Once at 28-32 weeks	-
Mullerian anomaly (e.g. bicornuate)	Once at 28-32 weeks	-

*Please note that this is a suggestion. **These guidelines should not supersede clinical judgement**, particularly in cases of worsening maternal or fetal condition or existence of co-morbidities. The frequency of antenatal surveillance is not established in many instances.

** Please be sure to document plan and indication clearly in the notes. The correct indication must be linked to the ultrasound order. This will maximize that likelihood that the ultrasound will be covered by insurance.

References

1. ACOG Committee Opinion. No. 831. Medically indicated late-preterm and early-term deliveries. July 2021.
2. ACOG Committee Opinion. No. 828. Indications for Outpatient Antepartum Fetal Surveillance. June 2021.
3. Reddy UM, et al. Maternal age and the risk of stillbirth throughout pregnancy in the United States. Am J Obstet Gynecol 2006;195(3):764-70.
4. Yao R, et al. Obesity and the risk of stillbirth: a population-based cohort study. Am J Obstet Gynecol 2014;210:457.e1-9.
5. Society for Maternal-Fetal Medicine Consult Series No. 46. Evaluation and management of polyhydramnios. Am J Obstet Gynecol. October 2018.
6. Society for Maternal-Fetal Medicine Consult Series #60: Management of pregnancies resulting from in vitro fertilization. Am J Obstet Gynecol. March 2022.

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