

**Fetal Surveillance: Diagnostic Conditions and Frequency**  
The basic formal testing scheme is NST/AFI (modified BPP)

<b>INDICATIONS</b>	<b>GA OF INITIATION</b>	<b>FREQUENCY</b>
1) Post dates	40 ½ wks (earlier if EDD unsure)	Twice weekly
2) Hypertensive diseases: a) Preeclampsia (including r/o preeclampsia)  b) Chronic Hypertension c) Chronic Hypertension with IUGR	At Dx  32 wks See IUGR	Twice weekly (or more frequently depending on severity) Weekly See IUGR
3) Diabetes Mellitus a) GDM i) On diet & exercise (A1)– good control (FBG<95 mg/dl, PPBG<140 mg/dl)  ii) On Insulin or oral agent (A2) – good or poor control b) Pregestational (Type I, Type II) i) W/out complications – good control ii) W/out complications – poor control iii) W/complications (e.g. poor growth, vascular disease)	Kick counts only  32 wks  32 wks 28 wks 28 wks or when complications arise	Twice weekly  Twice weekly  Twice weekly Twice weekly
4) Advanced maternal age ≥ 40 yrs 35 – 39 yrs	32 wks 36 wks	Weekly Weekly
5) Severe maternal conditions (e.g. cardiac, pulmonary, severe asthma, sickle cell)	32 wks	Weekly or more frequently
6) Active drug/ETOH abuse or methadone use	32 wks	Weekly
7) SLE or antiphospholipid syndrome	32 wks (earlier if micro-vascular disease)	Weekly or more frequently
8) Thyroid disease a) Uncontrolled b) Maternal graves disease w/TSI > 130%	32 wks  36 wks	Twice weekly  Weekly
9) Cholestasis	At Dx (begin before bile acid results)	Twice weekly
10) Herpes Gestationis	At Dx	Weekly
11) HIV (on combination Rx)	32 wks	Weekly
12) Seizure disorder (poorly controlled)	28 wks	Weekly
13) IVF	36 wks 40 wks	Weekly Twice weekly
14) History abruption previous pregnancy	2 wks prior to GA of previous abruption	Weekly
15) Abnormal maternal serum screening: AFP ≥	32 wks	Weekly

<b>INDICATIONS</b>	<b>GA OF INITIATION</b>	<b>FREQUENCY</b>
<b>2.5 MoM, 2<sup>nd</sup> tri HCG <math>\geq</math> 2 MoM, estriol <math>\leq</math> 0.15 MoM, inhibin <math>\geq</math> 2 MoM, or 1<sup>st</sup> tri PAPP-A <math>\leq</math> 1<sup>st</sup> percentile (<math>\leq</math> 0.23 MoM)</b>		
<b>16) Decreased fetal movement</b>	<b>When occurs</b>	<b>May only require single test</b>
<b>17) Oligohydramnios</b>	<b>At Dx</b>	<b>As indicated</b>
<b>18) Polyhydramnios</b>	<b>At Dx</b>	<b>Weekly</b>
<b>19) IUGR (&lt;10<sup>th</sup> percentile) or R/O IUGR (sono pending)</b>	<b>At Dx</b>	<b>Twice weekly</b>
<b>20) Twins:</b> a) di/di w/normal growth and normal AFV b) mono/di w/normal growth and concordant/normal AFV c) di/di w/IUGR and/or discordant growth (>20%) and/or abnormal AFV d) mono/di w/IUGR and/or discordant growth (>20%) and/or discordant AFV e) mono/mono	32 wks 36 wks  28 wks 32 wks  at Dx  at Dx   <b>at GA of intervention</b>	Weekly Twice weekly  Weekly Twice weekly  Twice weekly  Twice weekly  Daily  NST/ Deepest pocket in each sac
<b>21) Triplets</b>	<b>same as mono/di twins</b>	<b>same as mono/di twins</b>
<b>22) Hx previous IUFD</b>	<b>32 wks or if previous demise &lt;32 wks, then begin 2 wks prior to date of previous demise</b>	<b>Weekly</b>
<b>23) Fetuses with certain abnormalities (e.g. CDH, persistent echogenic bowel, increased NT (<math>\geq</math>3.0mm))</b>	<b>32 wks</b>	<b>Weekly</b>
<b>24) Fetal gastroschisis</b>	<b>28 wks</b>	<b>Twice weekly</b>
<b>25) Fetal arrhythmia (i.e. SVT, PACs, etc)</b>	<b>At Dx</b>	<b>Weekly (BPP if unable to obtain FHR strip)</b>
<b>26) Fetal heart block</b>	<b>At Dx (<math>\geq</math> 28 wks )</b>	<b>Weekly BPP</b>
<b>27) Fetal blood disorders (e.g. Rh alloimmunization, parvovirus, NAIT)</b>	<b><math>\geq</math> 28 wks or at onset of disease</b>	<b>Weekly or more frequently</b>

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