

	Antenatal Testing <i>* consider obtaining MFM consultation</i>	Fetal Ultrasound Surveillance <i>format: 38-39 weeks = 38 0/7 - 39 6/7 weeks</i>	Timing of Delivery <i>format: 39 weeks = 39 0/7 - 39 6/7 weeks</i>
ADVANCED MATERNAL AGE >40 YRS			
no other risk factors	weekly at 37 weeks	none	39 weeks
ANTIPHOSPHOLIPID SYNDROME			
no fetal growth restriction	twice weekly at 32-33 weeks	28 weeks, then Q 4 weeks / earlier PRN	39 weeks
fetal growth restriction	twice weekly at diagnosis	28 weeks, then Q 4 weeks / earlier PRN	see IUGR
ASTHMA			
well-controlled	none	none	none
poorly-controlled	individualized care*	individualized care*	individualized care*
CHOLESTASIS			
regardless of hepatic transaminases	twice weekly at diagnosis	none	37 weeks
CHRONIC PLACENTAL ABRUPTION			
no fetal growth restriction, no co-morbidities	weekly at 32-33 weeks / earlier PRN	28 weeks, then Q 4-6 weeks	individualized care*

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COLLAGEN VASCULAR DISEASE			
systemic lupus erythematosus w/ no active disease, no fetal growth restriction	weekly at 32-33 weeks	28-29 weeks, then Q 4-6 weeks	39 weeks
systemic lupus erythematosus w/ fetal growth restriction, antiphospholipid	see antiphospholipid syndrome or IUGR	see antiphospholipid syndrome or IUGR	see antiphospholipid syndrome or IUGR
CONGENITAL HEART DEFECTS			
maternal	individualized care*	20-21 weeks: fetal echocardiogram 28-29 weeks, then Q 4-6 weeks*	individualized care*
fetal	individualized care*	individualized care*	individualized care*
DIABETES MELLITUS			
class A1: well-controlled BS, no co-morbidities	none	none if S=D (2nd tri: fundal heights >2cm, 3rd tri: fundal heights >3cm)	none
class A2: well-controlled BS, no co-morbidities	weekly at 32-33 weeks	28-29 weeks, then Q 4-6 weeks	39-40 weeks
class A2: poorly-controlled BS, no co-morbidities	twice weekly at 32-33 weeks	28-29 weeks, then Q 4-6 weeks	34-39 weeks*
classes A1, A2: well-controlled, co-morbidity present	32-33 weeks, per co-morbidity	28-29 weeks, then Q 4-6 weeks	per co-morbidity
classes B-D: well-controlled BS, no vascular disease	weekly at 32-33 weeks	20-21 weeks: targeted U/S + echo 28-29 weeks, then Q 4-6 weeks	39 weeks
classes H,F,R: well-controlled BS	twice weekly at 32-33 weeks / earlier PRN	20-21 weeks: targeted U/S + echo 28-29 weeks, then Q 4 weeks	37-39 weeks

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classes B-R: poorly-controlled BS	twice weekly at 32-33 weeks / earlier PRN	20-21 weeks: targeted U/S + echo 28-29 weeks, then Q 4 weeks	34-39 weeks*
FETAL DOWN SYNDROME			
	weekly at 32-34 weeks, unless declined	28-29 weeks, then Q 4-6 weeks	individualized care*
GASTROSCHISIS			
	twice weekly @ 32-34 weeks	28 weeks, then Q 3-4 weeks	37 weeks
HEMOGLOBINOPATHY			
sickle cell trait	none	none	none
sickle cell disease, Hgb SC disease	weekly 32-33 weeks	28 weeks, then Q 4-6 weeks	none
w/ crisis	individualized care*	28 weeks, then Q 3-4 weeks*	individualized care*
thalassemia	weekly 32-33 weeks	28 weeks, then Q 4-6 weeks	none
w/ crisis	individualized care*	28 weeks, then Q 3-4 weeks*	individualized care*
HYPERTENSION			
pre-existing, well-controlled on no medications, no fetal growth restriction	none	28-29 weeks, then Q 4-6 weeks	38-39 weeks

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pre-existing, well-controlled BP on medications, no fetal growth restriction	weekly at 32-33 weeks	28-29 weeks, then Q 4-6 weeks	37-39 weeks
pre-existing, poorly-controlled BP on medications, no fetal growth restriction	individualized care*	28 weeks, then Q 3-4 weeks*	36-37 weeks*
pre-existing, significant co-morbidity present, end-organ dysfunction, diabetes	weekly at 28 weeks*	28 weeks, then Q 3-4 weeks*	36-37 weeks*
pre-existing with superimposed preeclampsia <u>without severe features</u>	individualized in-hospital care*	at diagnosis, then Q 3-4 weeks*	37 weeks*
mild gestational hypertension (BP<160/110)	weekly in office BP / proteinuria assessment and at-home BP surveillance 1-2x/week starting at diagnosis	28-29 weeks, then Q 4-6 weeks	37 weeks
severe gestational hypertension(BP>160/110)	individualized in-hospital care*	individualized in-hospital care*	34 weeks*
mild preeclampsia - no severe features	1-2x/week starting at diagnosis	at diagnosis, then Q 3-4 weeks*	37 weeks*
severe preeclampsia	individualized in-hospital care*	individualized in-hospital care*	34 weeks*
HYPERTHYROIDISM			
well-controlled on meds	none	28 weeks, then PRN	none
poorly-controlled on meds	weekly at 32-33 weeks*	28 weeks, then Q 4 weeks*	individualized care*
HYPOTHYROIDISM			
well-controlled on meds	none	none	none
poorly-controlled on meds	weekly at 32-33 weeks*	32 weeks, then PRN*	39 weeks*

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INFLAMMATORY BOWEL DISEASE			
well-controlled	none	none	none
poorly-controlled	none	28 weeks, then PRN	individualized care*
poorly-controlled, fetal growth restriction	see IUGR	28 weeks, then Q 3-4 weeks	see IUGR
MARGINAL CORD INSERTION			
	none	none	none
INTRAUTERINE GROWTH RESTRICTION (<10th %tile per R4)			
history of IUGR in prior pregnancy	none	32 weeks, then PRN	none
at diagnosis	<24 weeks, discuss aneuploidy testing*	umb artery Doppler S/D + AFI	--
normal interval growth, normal umb art S/D, normal AFI	1-2x/week BPP	every other week umb art S/D	38-39 weeks
normal interval growth, normal umb art S/D, oligohydramnios	twice weekly BPP*	every other week umb art S/D*	34-37 weeks*
normal interval growth, abnormal umb art S/D	twice weekly BPP*	weekly umb art S/D*	34-37 weeks*
decelerating interval growth or asymmetric biometry > 3 weeks	individualized care*	individualized care*	individualized care*

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OBESITY			
BMI <35	none	none	none
BMI >35, no co-morbidities	weekly at 32-33 weeks	28-31 weeks, then PRN if unable to assess fundal height	none
history of bariatric surgery, uncomplicated	none	none	none
history of bariatric surgery, complicated (nutritional consultation, persistent)	see co-morbidity	28 weeks, then Q 4 weeks	individualized care*
OLIGOHYDRAMNIOS (AFI <5.0 cm)			
< 36 0/7 weeks w/ MVP > 2.0 cm	weekly BPP	weekly BPP	none
< 36 0/7 weeks w/ MVP < 2.0 cm	individualized care*	individualized care*	individualized care*
36 0/7 - 37 6/7 weeks w/ MVP > 2.0 cm	twice weekly BPP	twice weekly BPP	38 weeks (recommended but may delay if cervix unfavorable or pt declines)
36 0/7 - 37 6/7 weeks w/ MVP < 2.0 cm	--	--	36-37 weeks
LOW AFI (5-8 cm)	none	repeat AFI in 1 week - repeat weekly if persistent	39-41 weeks
PARVOVIRUS EXPOSURE			
	none	weekly MCA-PSV for 10-12 weeks if GA appropriate*	none

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PLACENTA			
circumvallate placenta	none	none	none
marginal placental cord insertion	none	none	none
velamentous placental cord insertion	none (if no IUGR)	32-33 weeks, then PRN	none
POLYHYDRAMNIOS			
mild (AFI 24.0-34.9 cm)	<32 weeks: AFI Q 2-3 weeks	Q 4-6 weeks	none
	>32 weeks: weekly BPP (may stop if normal x 2)	Q 4-6 weeks	after 39 weeks
severe (AFI ≥ 35.0 cm)	*consider amniocentesis for aneuploidy*	--	--
	<32 weeks: AFI Q3-4 weeks	Q 4-6 weeks	39 weeks
	>32 weeks: weekly NST or BPP, every other week AFI	Q 4-6 weeks	39 weeks
LATE TERM			
40 0/7 - 40 6/7 weeks (TERM)	none	none	none
41 0/7 - 41 6/7 weeks (LATE TERM)	twice weekly	AFI	--

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PRIOR FETAL DEMISE			
	32 weeks or 2 weeks prior to previous demise, whichever is later	28 weeks	39 weeks
RENAL DISEASE			
mild (Cr <1.4)	none	28 weeks, then Q 4-6 weeks	39 weeks
moderate-severe (Cr >1.4 and/or baseline 24hr urine 500mg)	weekly at 32-33 weeks / earlier PRN	28 weeks, then Q 3-4 weeks	39 weeks
RHEUMATOID ARTHRITIS			
uncomplicated	none	none	none
complicated (antiphospholipid syndrome, anti-SSA, anti-SSB)	none	28-29 weeks, then Q 4-6 weeks	individualized care*
SEIZURE DISORDER			
	none	none	none
TWO VESSEL UMBILICAL CORD / SINGLE UMBILICAL ARTERY			
	none (if no IUGR)	32-33 weeks	none

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THROMBOPHILIA			
inherited	none (if no IUGR)	consider at 32-33 weeks	consider timed delivery re: anticoagulation
TWINS			
dichorionic / diamniotic - concordant	none (if AGA)	26-27 weeks, then Q 4-6 weeks	38 weeks
dichorionic / diamniotic - discordant	weekly at 32 weeks*	Q 4 weeks after diagnosis*	38 weeks, sooner PRN*
monochorionic /diamniotic - concordant	weekly at 32-33 weeks (if AGA)	16 weeks, fluid surveillance Q2 weeks*	37 weeks
monochorionic /diamniotic - discordant	individualized care*	individualized care*	individualized care*
monochorionic / monoamniotic	individualized care*	individualized care*	34 weeks*
UMBILICAL VEIN VARIX			
	none	32-33 weeks, then PRN	none
UTERINE SYNECHIA			
	none	none	none