

## ANTENATAL TESTING GUIDELINES and FLOWSHEET

INDICATION	START	NST <sup>1</sup>	AFI/MVP	Doppler <sup>2</sup>	BPP <sup>3</sup>	Deliver
[ ] Preeclampsia (mild)	at diagnosis	2x/wk	1x/wk	-	-	> 37 wks
[ ] CHTN – controlled no meds	36 wks	-	-	-	-	> 39 wks
[ ] CHTN – controlled on meds	36 wks	1x/wk	1x/wk	-	-	> 39 wks
[ ] CHTN – difficult control	32 wks	2x/wk	1x/wk	-	-	> 37 wks
[ ] Gest HTN	36 wks	1x/wk	1x/wk	-	-	> 37 wks
[ ] IUGR <sup>7</sup>	at diagnosis	2x/wk	1x/wk	1x/wk	1x/wk	38-39 wks
[ ] Post Dates	41 wks	2x/wk	1x/wk	-	-	41-42 wks
[ ] Suboptimally dated	39 wks	2x/wk	1x/wk	-	-	41-42 wks
[ ] BMI > 40 kg/m <sup>2</sup>	no testing needed			-	-	41-42 wks
[ ] GDMA1 diet only	no testing needed					40-41 wks
[ ] DM/GDMA2 good control <sup>8</sup>	32 wks	2x/wk	1x/wk	-	-	> 39 wks
[ ] DM/GDMA2 poor control <sup>8</sup>	32 wks	2x/wk	1x/wk	-	-	> 38 wks
[ ] Discordant Twins	at diagnosis	2x/wk	MVP <sup>4</sup>	if IUGR→1x/wk	if IUGR→1x/wk	37-38 wks
[ ] MC/DA Twins	prn	2x/wk	MVP	-	-	37-38 wks
[ ] DC/DA Twins	prn	1x/wk	MVP	-	-	38-39 wks
[ ] H/O IUFD	32 wks	1x/wk	1x/wk	-	-	> 39 wks
[ ] Oligo <sup>5,7</sup>	at diagnosis	1x/wk	repeat 24 hrs	-	-	36-37 6/7
[ ] Polyhydramnios <sup>6,7</sup>	at diagnosis	1x/wk	1x/wk	-	-	as indicated
[ ] Cholestasis, mild	32 wks	1x/wk	1x/wk	-	1x/wk	> 39 wks
[ ] Cholestasis, severe	32 wks	1x/wk	1x/wk	-	1x/wk	> 37 wks
[ ] HIV+	36 wks	1x/wk	1x/wk	-	-	> 38 wks
[ ] Gastrochisis	32 wks	2x/wk	1x/wk	(if IUGR)	1x/wk	36-37 wks
[ ] Other (hyperthyroid, Down syndrome, etc.): individualize						

Initiating Provider \_\_\_\_\_ Date \_\_\_\_\_

Date _____	NST _____	AFI/MVP _____	BPP _____	RN/MD/CNM _____
Date _____	NST _____	AFI/MVP _____	BPP _____	RN/MD/CNM _____
Date _____	NST _____	AFI/MVP _____	BPP _____	RN/MD/CNM _____
Date _____	NST _____	AFI/MVP _____	BPP _____	RN/MD/CNM _____
Date _____	NST _____	AFI/MVP _____	BPP _____	RN/MD/CNM _____
Date _____	NST _____	AFI/MVP _____	BPP _____	RN/MD/CNM _____
Date _____	NST _____	AFI/MVP _____	BPP _____	RN/MD/CNM _____

<sup>1</sup> False negative rate of NST = 2.4/1000

<sup>2</sup> Dopplers only of proven benefit in IUGR

<sup>3</sup> False negative rate of BPP = 0.4/1000

<sup>4</sup> MVP = maximum vertical pocket of AF (should be >2 cm)

<sup>5</sup> Oligohydramnios (no vertical pocket >2cm)

<sup>6</sup> Polyhydramnios (any vertical pocket >8 cm)

<sup>7</sup> Refer to MFM if <32 wks or have any questions

<sup>8</sup> If good control (adherent and >90% in range with normal FBS(s), then kick counts 32-36 weeks