

ANTENATAL TESTING FLOWSHEET

INDICATION	START	NST ¹	AFI/MVP	Doppler ²	BPP ³	Ripen / Deliv
AMA (> 40 yo) ⁹	36 wks	1x/wk	1x/wk			39 - 40 wks
AMA (> 40 yo) - Expectant Mgt ¹⁰	40 wks	2x/wk	1x/wk			40 - 42 wks
BMI > 40 kg/m ²		no testing needed				41-42 wks
CHTN: - controlled, no meds		no testing needed				39 -39 6/7 wks
CHTN: -controlled on meds	36 wks	1x/wk	1x/wk			39 -39 6/7 wks
CHTN: - difficult control	32 wks	2x/wk	1x/wk			> 37 wks
DM / GDMA2 - adequate control ⁸	32 wks	2x/wk	1x/wk			39 -39 6/7 wks
DM / GDMA2 - inadequate control ⁸	32 wks	2x/wk	1x/wk			> 38 wks
FGR ⁷ (≥ 3 to <10 %)	at diagnosis	2x/wk	1x/wk	1x/wk	1x/wk	38-39 wks
FGR ⁷ (<3 %, Abn Doppler)	at diagnosis	2x/wk	1x/wk	1x/wk	1x/wk	> 37 wks
GDMA1 diet only		no testing needed				40-41 wks
GDMA1: - Inadequate documentation. ¹¹	32 wks	2x/wk	1x/wk			39 -39 6/7 wks
Discordant Twins	at diagnosis	2x/wk	MVP ⁴	FGR: 1x/wk	FGR: 1x/wk	37-38 wks
Gastroschisis	32 wks	2x/wk	1x/wk		(if FGR)1x /wk	36-37 wks
Gest HTN	At Dx p 32 wk	1x/wk	1x/wk			37-38 wks
HIV+		no testing needed				> 38 wks
IHCP: TBA ≥ 10 <40	32 wks	1x/wk	1x/wk		1x/wk	38 -38 6/7 wks
IHCP: TBA ≥ 40 <100	32 wks	1x/wk	1x/wk		1x/wk	37-37 6/7 wks
IHCP: TBA ≥ 100	32 wks	2x/wk	1x/wk		1x/wk	36-36 6/7 wks

H/O IUFD	32 wks	2x/wk	1x/wk	39 -39 6/7 wks
Oligohydramnios ^{5,7}	32 wks	2x/wk	repeat 24 hrs	36-37 6/7
Polyhydramnios ^{6,7}	at diagnosis	1x/wk	1x/wk	as indicated
Post Dates	41 wks	2x/wk	1x/wk	41-42 wks
Preeclampsia - without severe features	at diagnosis	2x/wk	1x/wk	> 37 wks
Severe Pruritus - on Ursodiol	32 wks	1x/wk		39 -39 6/7 wks
Severe Pruritus - other labs ¹²	32 wks	1x/wk		39 -39 6/7 wks
Severe Pruritus - not on Ursodiol			no testing needed	39 -39 6/7 wks
Suboptimally dated	39 wks	2x/wk	1x/wk	41-42 wks
MC/DA Twins	prn	2x/wk	MVP	37-38 wks
DC/DA Twins	prn	1x/wk	MVP	38-39 wks

Other (hyperthyroid, Down syndrome, etc.): individualize

¹ False negative rate of NST = 2.4/1000

² Dopplers only of proven benefit in FGR

³ False negative rate of BPP = 0.4/1000

⁴ MVP = maximum vertical pocket of AF should be >2 cm

⁵ Oligohydramnios (no vertical pocket >2cm), AFI, if reported, <5.0

⁶ Moderate and severe polyhydramnios (any vertical pocket >12 cm, or AFI > 30)

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

⁸ Adequate control (>70% in range for GDM with normal FBS(s), or >90% for Pre-existing DM, then kick counts 32-36 wks)

⁹ GUS at 32 wks and 36 wks

¹⁰ If chooses expectant mgt p 40 wks 1.) encourage delivery at 41 wks 2.) obtain GUS, if not performed within 3 wks

¹¹ Any one of the following: Hgb A1c > 6.0%, AC >90 percentile; < 70 glucoses in range; DVP > 8 cm / AFI > 24 cm

¹² Cholic acid > 3 umol/L, Total Bilirubin > 1.0 mg/dL, AST 2x normal limit, ALT 2x normal limit, Alk. Phosphatase ≥ 300 U/L

NB: Our Dept. default is not to perform cervical ripening or cesarean delivery prior to 39 wks EGA without medical / obstetric criteria like those noted above. Please see our other Dept. guidelines for other indicated deliveries prior to 39 weeks.