Antenatal Testing Guideline

The following guideline is a suggestion, not a mandate. Data about antenatal testing and prevention of stillbirth are lacking, thus recommendations are based on consensus/expert opinion. Individualization should occur regarding if/when antenatal fetal surveillance is advised.

Indication	GA to start (wks)	Frequency of NST+ 1x/week MVP/AFI, BPP 1x/wk	Delivery timing
MATERNAL			
Chronic HTN- well-controlled on meds. *	32	1x/wk + BPP	38w0d-39w6d
Chronic HTN- difficult-control	32	2x/wk +BPP	36w0d-37w6d
Chronic HTN w/ SI Pree	32**	2x/wk +BPP	37w0d
Gest HTN/Preeclampsia	32**	2x/wk +BPP	37w0d
GDMA2	32	1x/wk	39w0d-39w6d
GDM limited documentation***	32	1x/wk	39w0d-39w6d
Type 1/2 DM	32	2x/wk	Well-controlled 38w0d-39w6d Poor control 36w0d-38w6d
DM poor control	32	2x/wk	36w0d-38w6d
IHCP TBA >10-100	32	1x/wk + BPP	TBA 10-<40 38w0d-38w6d
			TBA 40-<100 37w0d-37w6d
IHCP TBA >100	32	2x/wk + BPP	36w0d-36w6d
Severe Pruritus (ie bile acids <10, on ursodiol, other lab changes****)	32	1x/wk	39w0d-39w6d
H/o IUFD >32 wks	32 or 2 wks before last stillbirth	2x/wk + BPP	Term- individualize
H/o IUFD <32 wks	Individualize	2x/wk + BPP	Term- individualize
SLE	32	1x/wk + BPP	39w0d-39w6d
FETAL/PLACENTAL			
FGR 3-<10%ile	32	1x/wk + BPP	38w0d-39w6d
FGR <3%ile	32**	1x/wk + BPP	37w0d-37w6d
FGR with abnl Doppler	32**	2x/wk + BPP	37w0d-37w6d
Discordant twins	32	1x/wk	37w0d-37w6d
Mono/di twins	32	1x/wk + BPP	36w0d-37w6d

Gastroschisis	32	2x/wk + BPP	36w0d-37w6d
Oligohydramnios (MVP<2 cm)	32	2x/wk, repeat MVP 24 hrs	36w0d-37w6d
Polyhydramnios (Mod-Severe; MVP >12, AFI >30)	32	1x/wk	37w0d-39w6d
AGE/DATING			
AMA >40 yo	36	1x/wk	39w0d-39w6d
Late term- Postdates	41	2x/wk + BPP	41w0d-42w6d
Suboptimal dating	39	2x/wk+ BPP	41w0d-41w6d

* Any increase in medication or additional medication will increase to 2x/wk.

**May be considered at earlier gestational age at the discretion of OBGYN or MFM physician.

***HgbA1c ≥6.0 or 2 of the following:

-AC≥95%

-<70% of serum or office POC glucose in range

-Mild polyhydramnios- MVP ≥8-<12 or AFI ≥24-<30

****Cholic acid ≥3 µmol/L, TBili ≥1 mg/dL, AST/ALT 2x/ULN, Alk Phos ≥300 U/L

Delivery timing for Placental/Uterine Conditions

Condition	Delivery timing
Placenta previa	36w0d-37w6d
Suspected placenta accreta spectrum disorder	34w0d-35w6d
Vasa previa	34w0d-37w0d
Prior classical cesarean	36w0d-37w0d
Prior myomectomy	37w0d-38w6d
Prior uterine rupture	36w0d-37w0d

References

American College of Obstetricians and Gynecologists. (2021). Indications for outpatient antenatal fetal surveillance: ACOG Committee Opinion, Number 828. *Obstetrics & Gynecology*, *137*(6), e177–e197. doi.org - *Accessed 3/26/26*

American College of Obstetricians and Gynecologists. (2021). Medically indicated late-preterm and early-term deliveries: ACOG Committee Opinion, Number 831. *Obstetrics & Gynecology*, *138*(1), e35–e39. doi.org - *Accessed 3/26/26*

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