

	Antenatal Testing	Ultrasound Growth Surveillance <i>format: 38-39 weeks = 38 0/7 - 39 6/7 weeks</i>	Delivery Timing <i>format: 39 weeks = 39 0/7 - 39 6/7 weeks</i>
ABRUPTION PLACENTA, CHRONIC			
No fetal growth restriction, no co-morbidities	individualized care*	individualized care*	individualized care*
ADVANCED MATERNAL AGE (YEARS)			
35-39	none	none	40-41 weeks
≥ 40	individualized, consider at 37 weeks*	32 weeks	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	weekly at 32 weeks*	32 weeks then Q 4 weeks*	individualized care*
CHOLESTASIS (REGARDLESS OF HEPATIC TRANSAMINASES)			
Total bile acids < 100 micromol/L	twice weekly at diagnosis	none	36 - 39 weeks
Total bile acids ≥ 100 micromol/L	twice weekly at diagnosis	none	36 weeks
CONGENITAL HEART DEFECTS			
Maternal	individualized care*	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	40 weeks	34-36 weeks	39-40 weeks

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DIABETES MELLITUS - CONTINUED			
Class A2: well-controlled BS, no co-morbidities	weekly at 32-33 weeks	28-29 weeks, then Q 4-6 weeks	39 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
Pregestational and 1st trim GDM dx: well-controlled BS	weekly at 32-33 weeks	28-29 weeks, then Q 4-6 weeks	39 weeks
Pregestational and 1st trim GDM dx: vascular complications, poor control, or prior IUFD	twice weekly at 32-33 weeks / earlier PRN	28-29 weeks, then Q 4 weeks	36-38 weeks
DOWN SYNDROME, FETAL			
	individualized, consider at 32-34 weeks*	28-29 weeks, then Q 4-6 weeks	individualized care*
FETAL DEMISE HISTORY			
History unexplained IUFD > 20 weeks	32 weeks or 2 weeks prior to previous demise, whichever is later	28-32 weeks	39 weeks
GASTROSCHISIS, FETAL			
	twice weekly at 32-33 weeks	28 weeks, then Q 3-4 weeks	37 weeks
HYPERTENSION, CHRONIC			
Goal BP without medication, no fetal growth restriction	none	28-29 weeks, then Q 4-6 weeks	38-39 weeks
Goal BP with medication, no fetal growth restriction	weekly at 32-33 weeks	28-29 weeks, then Q 4-6 weeks	37-39 weeks
With significant co-morbidity, end-organ dysfunction, diabetes R/F, fetal growth restriction	twice weekly at 32-33 weeks / earlier*	28 weeks, then Q 3-4 weeks*	36-37 weeks*
Severe hypertension (> 160/110): exacerbation or superimposed preeclampsia	individualized in-hospital care*	at diagnosis, then Q 3-4 weeks*	34-37 weeks*
HYPERTENSION, NEW > 20 WEEKS			
Gestational hypertension and preeclampsia (BP < 160/110)	1-2x/week starting at diagnosis	28-29 weeks, then Q 4-6 weeks	37 weeks

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HYPERTENSION, NEW > 20 WEEKS - CONTINUED			
Gestational hypertension and preeclampsia with severe features (BP \geq 160/110)	individualized in-hospital care*	individualized in-hospital care*	34 weeks*
HYPERTHYROIDISM			
Euthyroid	none	32 weeks, then PRN	none
Ongoing abnormal labs/medication adjustments	weekly at 32-33 weeks*	28 weeks, then Q 4 weeks*	individualized care*
HYPOTHYROIDISM			
Euthyroid	none	none	none
Poorly controlled	weekly at 32-33 weeks*	28-32 weeks, then PRN*	39 weeks*
INFLAMMATORY BOWEL DISEASE			
In remission	none*	32 weeks	none
Flare or active disease in the 3rd trimester	none*	28 weeks, then Q 4-6 weeks	individualized care*
Poorly-controlled, fetal growth restriction	see IUGR*	28 weeks, then Q 3-4 weeks	see IUGR
INTRAUTERINE GROWTH RESTRICTION / FETAL GROWTH RESTRICTION (EFW OR AC < 10%ILE)			
History of IUGR in prior pregnancy	none	32 weeks, then PRN	none
For diagnosis < 28 weeks	individualized care*	individualized care*	individualized care*
For diagnosis \geq 28 weeks, EFW \geq 3rd	weekly BPP*	UA Doppler Q 1-2 weeks, growth Q 3-4 weeks	--
Normal interval growth, normal umb art S/D, normal AFI	weekly BPP*	every other week umb art S/D	38-39 weeks
Normal interval growth, normal umb art S/D, oligohydramnios	twice weekly NST/BPP*	every other week umb art S/D*	37 weeks*
Normal interval growth, umb art S/D elevated > 95%ile	1-2x weekly NST/BPP*	weekly umb art S/D, growth Q 3-4 weeks*	37 weeks*

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IUGR/FGR - CONTINUED			
EFW < 3rd %ile, normal umb art S/D, normal AFI	weekly BPP*	weekly umb art S/D, growth Q 3-4 weeks*	37 weeks*
IUGR with AEDV or REDV	individualized in-hospital care*	individualized in-hospital care*	individualized in-hospital care*
Decelerating interval growth	individualized care*	individualized care*	individualized care*
LATE TERM			
41 0/7 - 41 6/7 weeks	twice weekly	AFI	--
OBESITY			
BMI < 40	none	none; 28 weeks if cannot assess fundal height, then Q 4-6 weeks	none
BMI ≥ 40, no co-morbidities	weekly at 36 weeks	28 weeks if unable to assess fundal height; 32 weeks then Q 4-6 weeks	39-40
History of bariatric surgery, uncomplicated	none*	32 weeks	none
History of bariatric surgery, complicated (malabsorption, persistent obesity)	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	--	--	deliver now or repeat AFI in 4-6 hrs
Borderline AFI (5-8 cm)	none	repeat AFI in 1 week - repeat weekly if persistent	39-41 weeks
PARVOVIRUS EXPOSURE			
	none	weekly MCA-PSV for 8-12 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 24.0-29.9 cm)			
With normal growth, normal anatomy, no GDM	none	none	none
With co-morbidity	per co-morbidity/weekly BPP	Q 4 weeks	per co-morbidity
Moderate or severe (AFI \geq 30.0 cm)			
< 32 weeks	none	repeat AFI Q 2-3 weeks; Q 4-6 weeks	39 weeks
\geq 32 weeks	weekly BPP*	Q 4-6 weeks	39 weeks
RENAL DISEASE			
Mild (Cr 1.0-1.4 or baseline 24hr urine < 1000 mg)	none	28-32 weeks	39 weeks
Moderate-severe (Cr > 1.4 and/or baseline 24hr urine > 1000 mg)	weekly at 32-33 weeks	28 weeks, then Q 3-4 weeks	individualized care*
RHEUMATOID ARTHRITIS			
	none	none	none
SEIZURE DISORDER			
	none	32 weeks	none

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SYSTEMIC LUPUS ERYTHEMATOSUS			
In remission	weekly at 32-33 weeks*	28-29 weeks, then Q 4-6 weeks	39 weeks
With co-morbidities, including antiphospholipid antibody syndrome or IUGR	individualized care*	individualized care*	individualized care*
TWO VESSEL UMBILICAL CORD / SINGLE UMBILICAL ARTERY			
	none (if no IUGR)	32-33 weeks	none
THROMBOPHILIA			
Inherited	none (if no IUGR)	none	consider timed 39 week delivery if prescribed anticoagulation
TWINS			
Dichorionic / diamniotic, concordant	none	26-27 weeks, then Q 4-6 weeks	38 weeks
Dichorionic / diamniotic, discordant	none	Q 4 weeks after diagnosis*	38 weeks, sooner PRN*
Monochorionic /diamniotic, concordant	weekly at 32-33 weeks	16 weeks, TTTS surveillance Q 2 weeks with growth Q 4 weeks*	37 weeks
Monochorionic /diamniotic, discordant	individualized care*	individualized care*	individualized care*
Monochorionic / monoamniotic	individualized care*	individualized care*	individualized care*
UMBILICAL VEIN VARIX, FETAL			
Isolated finding	none	none	none
UTERINE SYNECHIA			
	none	none	none