



Antenatal Fetal Surveillance

July 2025

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Condition	GA to begin biometry	GA to begin antenatal surveillance	Doppler Surveillance	Delivery recommendation	Early anatomy (16 week)	Fetal Echo	Comments	Citation
Abnormal Serum Marker (Inhibin >2.0 MoM or PAPP-A < 0.4 MoM, AFP > 2.5 MoM)	32	36, weekly		39	Yes			CO Number 828; Green-top Guideline No. 31, Prenatal Diagnosis, 37(7), 705-711.
Alloimmunization with Critical Titer	At diagnosis	32, weekly (BPP)	MCA 1-2 weeks	37.0 - 38.0*			*OR at time of diagnosis if MCA >1.5 MoM beyond 34-35 weeks	CO Number 831; PB Number 192
Alloimmunization post transfusion	At diagnosis	At diagnosis, twice weekly		34 - 37.0*			*2-3 weeks after last transfusion or 37 weeks **Last transfusion ~ 34- 35 weeks	CO Number 831; Eur J Obstet Gynecol Reprod Biol. 2022 Jul;274:171-174. PMID: 35661539.
AMA > 40	32	36, weekly			Yes*		*If no genetic screening completed	OCC Number 11
AMA 35-40	32 (once)							OCC Number 11
Antiphospholipid Syndrome	24	32, twice weekly		39				CO Number 828; PB Number 132
Asthma - Moderate/poor control or Severe	32	32, twice weekly		39				PB Number 90
Cholestasis (< 100)	At diagnosis	At diagnosis, twice weekly		36 - 39.0				CO Number 828; SMFM Consult Series Number 53
Cholestasis (> 100)	At diagnosis	At diagnosis, twice weekly		36				CO Number 831; SMFM Consult Series Number 53
Cholestasis (> 100) + Hepatic disease, unremitting pruritus', History of Stillbirth due to ICP	At diagnosis	At diagnosis, twice weekly		34 - 36				SMFM Consult Series Number 53
Decreased Fetal Movement		At diagnosis, once						CO Number 828
Diabetes Pregestational (Vascular)	28	32*, twice weekly		36 - 38.6	Yes	Yes	*May consider earlier surveillance	SMFM Pregestational Checklist; PB Number 201; CO Number 831
Diabetes Pregestational Well Controlled	28	32, twice weekly		39 - 39.6	Yes	Yes		CO Number 828; SMFM Pregestational Checklist; PB Number 201; CO Number 831
Diabetes: GDMA1	At diagnosis			39 - 40.6				CO Number 831
Diabetes: GDMA2	At diagnosis	32, twice weekly		39 - 39.6				CO Number 828; CO Number 831
Diabetes: GDMA2 uncontrolled	At diagnosis	32, twice weekly		34 - 38.6				CO Number 828; CO Number 831
Drugs: Alcohol Use - Active Binge or daily use (> 2 Drinks)	At diagnosis	36, weekly		39	Yes			CO Number 828; BJOG. 2011 Jul 6;118(12):1411-1421.PMID: 21729235

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Drugs: Opioid Maintenance	32*			39 - 40.6			*Single Growth	CO Number 711; Am J Obstet Gynecol. 2019 PMID: 30928567.
Drugs: Opioid Use - Active	At diagnosis	*		39			*Consider Surveillance	CO Number 711; CO Number 828
Drugs: Polysubstance - Active	At diagnosis	*		39			*Consider Surveillance	
Drugs: Tobacco/Vaping	32*						*(If still actively smoking into the third trimester)	Obstet Gynecol. 2005;106(5 Pt 1):986 PMID: 16260516; Am J Public Health. 1994;84(7):1127. PMID: 8017537
Fetal Growth Restriction*	*						Please See FGR Protocol	CO Number 831; CO Number 831; CS Number 52
History: Classical Cesarean				36 - 37				CO Number 831
History: FGR leading to PTB	32	32, weekly		39 - 39.6				CO Number 828; PB 227; CS Number 52; N Engl J Med. 2004 Feb19;350(8):777-85. PMID:14973215.
History: IUFD < 32 weeks	24	32, once or twice weekly*		37 - 39**			*Shared decision **Shared decision based on anxiety	OCC Number 10
History: IUFD > 32 weeks	24	32, once or twice weekly*		37 - 39**			*Shared decision **Shared decision based on anxiety	CO Number 828; OCC Number 10
History: Myomectomy requiring cesarean				37 - 38.6				CO Number 831; J Matern Fetal Neonatal Med. 2022 Dec;35(25):8492-8497. PMID: 34615420.
History: Pre-E leading to PTB	32*			39			*Once	CO Number 828; Am J Obstet Gynecol. 2011 Feb;204(2):148.e1-6. PMID:21055722., Obstet Gynecol. 2008 Aug;112(2 Pt 1):359-72 PMID:18669736.
History: Uterine Rupture				36-37				CO Number 831
HIV > 1,000 copies				38*				CO Number 831
HTN: CHTN No Medications	32			38 - 39.6				CO Number 831; PB Number 201
HTN: CHTN On medication	32	32, weekly		37 - 39				CO Number 828; CO Number 831; PB Number 201
HTN: CHTN On medication with multiple adjustments	At diagnosis	At diagnosis, twice weekly		36 - 37.6				CO Number 831; PB Number 201
HTN: GHTN/Pre-E w/o severe features	At diagnosis	At Diagnosis, twice weekly*		37			*CBC and CMP should be performed weekly	CO Number 828; CO Number 831; PB Number 222
IVF	32	36, weekly		39 - 39.6	Yes	Yes		CO Number 828; CS Number 60; Fertil Steril. 2018 Nov;110(6):1109-1117.e2. PMID:30396555.
Late Term > 41 weeks		41, weekly BPP and NST		41				CO Number 828
Maternal significant Cardiac Disease	24	32, twice weekly				Yes*	*If maternal CHD	PB Number 212

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Mixed Connective Tissue (RA, Sjogren's, etc.) active and uncontrolled disease	At diagnosis			39				Rheumatology (Oxford). 2022 Aug 30;61(9):3711-3722. PMID: 34864891; Lancet Rheumatol. 2023 Jun;5(6):e330-e340. PMID: 38251600.
Multigestation: Di/Di uncomplicated	24	36, weekly		38	Yes			CO Number 828; CO Number 831; PB Number 231
Multigestation: Di/Di w/ isolate FGR	24	*	*	36-37.6				CO Number 831
Multigestation: MC/DA Uncomplicated	16	16, TTTS Screening every 2 weeks 32 weekly BPP	20, MCA every 2 weeks	37	Yes	Yes		CO Number 828; CO Number 831; PB 231; CS Number 72; SMFM checklists for management of monochorionic twin pregnancy
Multigestation: MC/MA					Yes	Yes		CO Number 831; PB Number 231
Obesity: BMI > 40	32	34, weekly		39	Yes			CO Number 828
Obesity: BMI 35-40	32	37, weekly		39 - 40				CO Number 828
Placenta Accreta Spectrum	28			34 - 35.6				CO Number 831; OCC Number 7
Placenta Circumvallate	36							Am J Perinatol. 2024 May;41(S 01):e2069-e2072. PMID: 37336232
Placenta Previa/Low lying - No bleed	28			36 - 37.6				CO Number 831
Placenta: Abruption - Chronic	At diagnosis	At diagnosis, twice weekly		34 - 37				
Placenta: Marginal Cord Insertion							Expectancy	
Placenta: Oligohydramnios (Iso)	At diagnosis	At diagnosis, twice weekly		36 - 37.6				CO Number 828; CO Number 831
Placenta: Polyhydramnios - Mild	At diagnosis			39 - 40.6				CO Number 831; CS Number 46
Placenta: Polyhydramnios - Moderate	At diagnosis	At diagnosis, twice weekly		39				CO Number 828; CS Number 46
Placenta: Polyhydramnios - Severe	At diagnosis	At diagnosis, twice weekly		37.0-38.0				CO Number 828; CS Number 46; The fetal medicine institute combination-polyhydramnios
Placenta: Single Umbilical Artery	32	36, weekly		39				CO Number 828; CS Number 57
Placenta: Vasa Previa	24			34 - 35.6				CO Number 831
Placenta: Velamentous	32	36, weekly		39				CO Number 828
Renal Disease > Cr 1.4	24	32, twice weekly						CO Number 828
Sickle Cell	28	32, weekly		39				CO Number 828; CS Number 68
Sickle Cell complications	24	At diagnosis						CS Number 68
SLE	24	32, weekly		39				CO Number 828; CS Number 64
SLE complicated	24	32, twice weekly						
SSA/SSB No Prior Heart Block	24	32, weekly		39				
SSA/SSB Prior Heart Block	24	32, weekly		39				
Teen < 16	36							OCC Number 10
Thyroid: Hyper - Controlled	24	32, weekly		39				PB Number 223
Thyroid: Hyper - Uncontrolled	24	32, twice weekly			Yes			PB Number 223
Thyroid: Hypo - Controlled				39 - 40.6				CO Number 828

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Thyroid: Hypo- poorly controlled	24			39	Yes			
Trichorionic/Triamniotic	24	30, weekly BPP		35	Yes			NICE NG Number 137; PB Number 231
Citation Key CO: Committee Opinion, ACOG PB: Practice Bulletin, ACOG OCC: Obstetric Care Consensus, ACOG CS: Cases Series, SMFM SMFM - Publications and Clinical Guidelines All ACOG citations located at ACOG Clinical ACOG								

- The above document was formed utilizing current guidelines from major governing organizations and literature. Some of which can be conflicting from organization to organization.
- The above recommendations are for one isolated condition and do not encompass multiple conditions. Please use best situational and clinical judgment.
- Delivery Recommendation: Given 2-3 days for scheduling purposes unless gestational days are specified.
- Surveillance
 - Can be either a biophysical profile (BPP) or nonstress test (NST) unless specified.
 - Should not be begin earlier than viability and resuscitation requested.
 - Antenatal fetal surveillance must be interpreted with caution if performed before 32 weeks of gestation because the nonstress test of a normal preterm fetus is nonreactive in up to 50% of fetuses between 24 and 28 weeks
- Early (16 week) anatomy is not a replacement for a detailed anatomy ultrasound. These are to identify pregnancies that are at an increased risk of malformation.
- Fetal Echo is typically scheduled 22-24 weeks and is reserved for pregnancies with increased risk of cardiac malformations.
- Maternal Fetal Medicine Consults can be considered at any time for the above conditions if there is additional concern and “MFM Consult recommendation” is not already stated.

Authors: MFM Division **Corresponding Member:** Michael Krew MD, MS, FACOG **SmartSet Committee:** January 2026