Antepartum Fetal Surveillance

These are interim recommendations during COVID. Our intent is to return to twice weekly ANFS testing protocol after COVID restrictions end.

Daily fetal movement monitoring is encouraged in all viable pregnancies beginning at 32 weeks' of gestation.

A. Indications for Antepartum Fetal Surveillance Testing:

- **Twice weekly:**
  - Antiphospholipid antibody syndrome/Lupus anticoagulant (also see Thrombophilia protocol)
  - Chronic placental abruption syndrome or persistent unexplained third trimester bleeding
  - Chronic renal disease with renal insufficiency (creatinine ≥ 1.5 mg %)
  - Persistently decreased fetal movement (one-time indication if symptoms resolve)
  - Diabetes mellitus (pregestational or GDM requiring medication)
  - Chronic hypertension requiring antihypertensive therapy
  - Preeclampsia
  - Gestational Hypertension
  - Uncontrolled thyroid dysfunction
  - Fetal growth restriction
  - Maternal red cell alloimmunization with suspected or proven fetal anemia
  - Monochorionic twin gestation
  - Oligohydramnios (DVP <2cm and/or AFI < 5cm)
  - Polyhydramnios, moderate or severe (AFI ≥ 30cm)
  - Previous unexplained third trimester fetal demise
  - Systemic lupus erythematosus (true diagnosis)
  - Intrahepatic cholestasis of pregnancy
  - Certain specific fetal anomalies such as gastroschisis
  - Twin twin transfusion syndrome and/or twin anemia polycythemia sequence
  - Trisomy 21 per maternal counseling

- **Once weekly:**
  - Hemoglobinopathies (excluding sickle cell trait)
  - Fetal red cell alloimmunization with normal MCA Dopplers
  - Gestational age ≥ 41weeks
  - Maternal age ≥ 40
  - Maternal BMI ≥ 40
  - Abnormal levels of aneuploidy screening markers (see Table A)
  - History of chronic hypertension without normal blood pressure throughout pregnancy and no antihypertensive therapy

- **Variable depending upon MFM recommendations**
  - Fetal arrhythmia (other than infrequent cardiac extrasystoles)
  - Maternal cyanotic heart disease
  - Maternal pulmonary disease with maternal hypoxia or cyanosis (does not include adequately controlled asthma)
  - Fetal anomalies