

Guidelines for fetal monitoring* on the antenatal patients

(* 30 minute fetal heart rate tracing with the use of external monitoring)

1) Preterm premature rupture of the membranes:

Daily monitor tracings starting at the gestational age when the mother would like intervention for fetal indications; initiate at 26 weeks for all others

2) Preterm labor:

Twice each week

3) Incompetent cervix without contractions:

Prn contractions or other change of conditions

4) Previa with appropriate grown fetus:

Twice each week.

5) Small-for-gestational-age fetus/pregnancy-induced hypertension/insulin-dependent diabetes:

Once daily

6) Oligohydramnios or SGA with abnormal umbilical cord Doppler:

Twice each day

7) Pyelonephritis with fever (with viability criteria as noted in #1):

Once daily

8) Other maternal conditions:

Daily to twice each week depending on severity of maternal condition

9) Monoamniotic twins

Three times daily

NOTIFICATION TO USERS

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur in pregnancy. They should not be interpreted as *standard of care* but instead represent *guidelines* for the management of these patients. Variation in practice should be taken into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities. The algorithms remain the intellectual property of the University of North Carolina School of Medicine at Chapel Hill. They cannot be reproduced in whole or part without the *expressed* permission of the school.

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Approved 2/2003
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