

Antenatal Testing

Maternal/Fetal Condition	MomBaby	ACOG Recommendation	Recommended Antenatal Testing	Growth Ultrasound	Documentation
Growth Restriction	1-2 times per week pending UA Doppler	Consistent with MomBaby algorithm	1-2 times weekly depending on UA Doppler	q3-4 weeks at diagnosis	UTD in Viewpoint
Di/di twins	Weekly at 36 weeks	Weekly testing at 36 weeks	Weekly at 36 weeks gestation	Q3-4 weeks	UTD in Viewpoint and Epic MFMTWINDIDIINITIAL
Mo/di twins If uncomplicated	Weekly at 32 weeks	Weekly at 32 weeks	Weekly at 32 weeks	Q3-4 weeks	UTD in Viewpoint and Epic MFMTWINMODIINITIAL
CHTN- controlled with medications	Not available	Weekly at 32 weeks	Weekly at 32 weeks	Q 4 weeks from 28 weeks	Epic MFMCHTNINITAP
CHTN- poorly controlled	Not available	At time of diagnosis individualized	At time of diagnosis, individualized	Q 3-4 weeks at time of diagnosis	Same smartphrase for all CHTN
Gestational Hypertension	Not available	At time of diagnosis, twice weekly	At time of diagnosis, twice weekly	Q3-4 weeks at time of diagnosis	Epic MFMGHTN

Maternal/Fetal Condition	MomBaby	ACOG Recommendation	Recommended Antenatal Testing	Growth Ultrasound	Documentation
Pre-eclampsia without severe features	Not available	At time of diagnosis, twice weekly	At time of diagnosis, twice weekly	Q3-4 weeks at time of diagnosis	Epic MFMPREECLAMPSIAWOSF
Gestational diabetes controlled on medications without other comorbidities	Weekly at 32 weeks Twice weekly 36 weeks until delivery Last updated 4/2018	1-2 times per week at 32 weeks gestation	1-2 times per week at 32 weeks gestation	Q4-6 weeks from 28 weeks	Epic MFMA2GDMRECS
Gestational diabetes, poorly controlled	Individualized Last updated 4/2018	Twice weekly at 32 weeks gestation	Twice weekly at 32 weeks gestation, individualize if poorly controlled prior to 32 weeks	Q4-6 weeks from 28 weeks	Epic MFMA2GDMRECS
Pregestational diabetes	Same as GDM Last updated 4/2018	Twice weekly at 32 weeks gestation	Twice weekly at 32 weeks gestation, individualize if poorly controlled prior to 32 weeks	Q4-6 weeks from 28 weeks	Epic MFMDIABINITIALAP
Systemic lupus erythematosus (SLE)	Not available	Weekly at 32 weeks gestation	Weekly at 32 weeks gestation	Q 4 weeks from 28 weeks	Epic MFMSLE

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Antiphospholipid Syndrome (APLS)	Not available	Twice weekly at 32 weeks gestation	Twice weekly at 32 weeks gestation	Q 4 weeks from 28 weeks	Epic MFMAPLS
Sickle Cell Disease-	Weekly at 32-34 weeks gestation	1-2 times per week at 32 weeks gestation	Recommend weekly at 32 weeks, but twice weekly for patients with > 2 crises in pregnancy, renal dz, or transfusion dependent	Q4 weeks from 28 weeks	Epic MFMSICKLECELL
Sickle Cell Disease Complicated*	See above	At time of diagnosis, individualized	Individualize	Q4 weeks from 28 weeks	
Renal Disease (Cr >1.4)	Not available	1-2 times per week at 32 weeks gestation	1-2 times per week at 32 weeks	Q 4 weeks from 24 weeks	Epic MFMRENALDISEASE
In vitro fertilization	Not available	Weekly at 36 weeks gestation	Weekly at 36 weeks gestation	Third trimester growth ultrasound	Epic MFMIVFINIT
Alcohol, 5 or more drinks per week	Not available	Weekly at 36 weeks gestation	Weekly at 36 weeks gestation	Third trimester growth ultrasound	Epic MFMALCOHOL

Maternal/Fetal Condition	MomBaby	ACOG Recommendation	Recommended Antenatal Testing	Growth ultrasound	Documentation
Polysubstance abuse	Not available	Individualized	Individualized	Third trimester growth ultrasound	
Pre-pregnancy BMI 35-39.9	Not recommended for BMI < 40 Last updated 11/2021	Weekly at 37 weeks gestation	No testing	Third trimester growth	Epic MFMOBESEINITIALAP
Pre-pregnancy BMI >40	Weekly at 34 weeks gestation Last updated 11/2021	Weekly at 34 weeks gestation	Weekly at 34 weeks gestation	Q 4 weeks from 28 weeks	Epic MFMOBESEINITIALAP
Maternal age older than 35 years old	Weekly at 36 weeks if age >39	Individualized (no indication if isolated AMA- text)	Weekly at 36 weeks if age >39	Ultrasound or clinical estimate at 32 weeks	Epic MFMAMAINITIAL Or MFMAMA45
IUFD	Not available	1-2 times per week at 32 weeks gestation *Individualized for IUFD prior to 32 weeks	Weekly at 32 weeks gestation	Individualize	Epic MFMIUFDHX
Previous fetal growth restriction requiring preterm delivery	Not available	Weekly at 32 weeks gestation	No testing in the setting of normal growth	Q 4 weeks from 28 weeks	

Maternal/Fetal Condition	MomBaby	ACOG Recommendation	Recommended Antenatal Testing	Growth ultrasound	Documentation
History of pre-eclampsia requiring preterm delivery	Not available	Weekly at 32 weeks gestation	No testing in the setting of normal growth and blood pressures	Q 4 weeks from 32 weeks	
Cholestasis	Weekly at 32 weeks for bile acids > 40 Last updated 2/24/21	1-2 times per week at time of diagnosis (when delivery would be considered because of abnormal test results)	1-2 times weekly at time of diagnosis	Q 4 weeks at time of diagnosis	Epic MFMCHOLESTASIS
Late term	Not available	1-2 times per week at 41w0d	1-2 times per week at 41w0d	Growth ultrasound at 41 weeks	
Abnormal serum marker: PAPP-A < 5%th% (0.4MoM) 2 nd trimester Inhibin A >2.0 MoM 2 nd trimester AFP > 2-2.5 MoM 2 nd trimester estriol <0.5 MoM	Not available	Weekly at 36 weeks gestation	Antenatal testing not recommended in the setting of normal growth ultrasound, no other comorbidities	Q 4 weeks from 28 weeks	

Maternal/Fetal Condition	MomBaby	ACOG Recommendation	Recommended Antenatal Testing	Growth Ultrasound	Documentation
Chronic placental abruption	Not available	1-2 times per week at time of diagnosis	Weekly and individualize timing	Q 4 week ultrasound at time of diagnosis	
Velamentous cord insertion	Not available	Weekly at 36 weeks gestation	Weekly at 36 weeks gestation	Q 4 weeks from 32 weeks	
Single umbilical artery	Not available	Weekly at 36 weeks gestation	Weekly at 36 weeks gestation	Q 4 weeks from 32 weeks	
Isolated Oligohydramnios (MVP < 2cm)	Not available	1-2 times per week at time of diagnosis	1-2 times per week at time of diagnosis	Q 4 weeks from 28 weeks	
Polyhydramnios (mod-severe, MVP >12cm or AFI >30cm)	Weekly at time of diagnosis Last updated 2/2022	1-2 times per week at 32-34 weeks gestation	Weekly at time of diagnosis	Q 3 weeks at time of diagnosis	

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

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