

**MAINE MEDICAL CENTER DIVISION OF MATERNAL-FETAL MEDICINE
GUIDANCE FOR INPATIENT FHR MONITORING**

HIGHEST RISK	HIGH RISK	MODERATE RISK
NST 2x daily	NST 1-2x daily	NST 1x daily
US 2x weekly	US 1-2x weekly	US x1 weekly
Vasa previa	PPROM	Diabetic control
Mono/mono twins	Placental abruption	Initial evaluation for elevated BPs
FGR w/ AEDF, REDF		Preeclampsia w/o severe features
Preeclampsia w/ severe features		Cervical insufficiency (post viability)
ESRD w/ inpatient dialysis		Preterm labor
Fetal hydrops		Placenta previa

***Monitoring for patients admitted for isolated oligohydramnios:**

NST daily, US daily (with potential for discharge once normal amniotic fluid for 2-3 days)

***Potential indications for continuous FHR monitoring (discuss with MFM):**

Acute presentation (e.g., active vaginal bleeding, first 24 hours following PPROM)

FGR w/ REDF

Certain maternal conditions MFM (e.g., hypoxia, sepsis, DKA)

Fetal hydrops

***May individualize if multiple risk factors present**

Guidelines translate best evidence into best practice. If comorbidities, complications or concurrent conditions exist, antenatal surveillance needs to be individualized. The guidance offered should be construed only as suggestions, not mandates.

Reviewed by the Division of Maternal Fetal Medicine at Maine Medical Center on 8/2023.

Reference: ACOG, June 2021. Indications for Outpatient Antenatal Fetal Surveillance.