

Guidance for ultrasound surveillance during pregnancy

Indication	GA at initiation	Frequency	Growth
Preeclampsia with severe features	Hospitalization		
Superimposed preeclampsia with severe features	Hospitalization		
Vasa Previa	Individualized		
Oligohydramnios	Individualized		
Diabetes; poorly controlled	Individualized		
Monochorionic monoamniotic twins	Individualized		
Isoimmunization	Individualized		
Fetal chromosomal abnormality	Individualized		
Fetal anomaly	Individualized		
FGR; 3-9%	At diagnosis/viability	1Xweek	Every 2 weeks @ 20 wk
FGR; <3%, elevated UAD's	At diagnosis/viability	2Xweek	Every 2 weeks @ 20 wk
Abruption	At diagnosis/viability	1Xweek	Every 2-4 weeks @ 20 wk
Gestational hypertension	At diagnosis/viability	2Xweek	Every 2-4 weeks @ 20 wk
Preeclampsia without severe features	At diagnosis/viability	2Xweek	Every 2-4 weeks @ 20 wk
Superimposed preeclampsia without severe features	At diagnosis/viability	2Xweek	Every 2-4 weeks @ 20 wk
Intrahepatic cholestasis of pregnancy	At diagnosis/viability	2Xweek	Every 2-4 weeks @ 20 wk
Monochorionic diamniotic twins	28/32 weeks	1Xweek/2Xweek	Every 2-4 weeks @ 16 wk
Pregestational diabetes	28/32 weeks	1Xweek/2Xweek	Every 2-4 weeks @ 20 wk
Gestational diabetes, A2	28/32 weeks	1Xweek/2Xweek	Every 2-4 weeks @ 20 wk
Systemic lupus erythematosus	28/32 weeks	1Xweek/2Xweek	Every 2-4 weeks @ 20 wk
Triplets and higher order multiples	28/32 weeks	1Xweek/2Xweek	Every 2-4 weeks @ 20 wk
Antiphospholipid Syndrome	28/32 weeks	1Xweek/2Xweek	Every 2-4 weeks @ 20 wk
Previous IUFD	28/32 weeks	1Xweek/2Xweek	Every 2-4 weeks @ 20 wk
Chronic Kidney Disease	28/32 weeks	1Xweek/2Xweek	Every 2-4 weeks @ 20 wk

If comorbidities, complications or concurrent conditions exist, antenatal surveillance may need to be individualized.

The guidance offered in this table should be construed only as suggestions, not mandates. Reviewed by the Division of Maternal Fetal Medicine at Maine Medical Center on 8/2023. This table may be periodically updated.

Indication	GA at initiation	Frequency	Growth
Dichorionic diamniotic twins	32 weeks	1Xweek	Every 4 weeks @ 20 wk
Thyroid disease; poorly controlled	32 weeks	1Xweek	Every 4 weeks @ 20 wk
Chronic hypertension	32 weeks	1Xweek	Every 4 weeks @ 20 wk
Maternal age >40	32 weeks	1Xweek	Every 4 weeks @ 20 wk
IBD; poorly controlled	32 weeks	1Xweek	Every 4 weeks @ 20 wk
Polyhydramnios- Moderate/Severe	32 weeks	1Xweek	Every 4 weeks @ 20 wk
Maternal Cardiac Disease	32 weeks	1Xweek	Every 4 weeks @ 20 wk
Previous PEC requiring indicated PTB	32 weeks	1Xweek	Every 4 weeks @ 20 wk
Previous FGR requiring indicated PTB	32 weeks	1Xweek	Every 4 weeks @ 20 wk
Polysubstance use, active	36 weeks	1Xweek	Every 4 weeks @ 20 wk
Hemoglobinopathies	36 weeks	1Xweek	Every 4 weeks @ 32 wk
Velamentous cord insertion	36 weeks	1Xweek	Every 4 weeks @ 32 wk
Gestational diabetes, A1	36 weeks	1Xweek	Every 4 weeks @ 32 wk
Single umbilical artery	36 weeks	1Xweek	Every 4 weeks @ 32 wk
IVF	36 weeks	1Xweek	Every 4 weeks @ 32 wk
Alcohol use >= 5 drinks/week	36 weeks	1Xweek	Every 4 weeks @ 32 wk
Late term	41 weeks	2Xweek	1X @ 41 weeks
Maternal age 35-39	NA	NA	1X @ 32 weeks
Polyhydramnios- Mild	NA	NA	1X @ 32 weeks
Obesity BMI 30-34.9	NA	NA	1X @ 32 weeks
Obesity BMI 35-39.9	37 weeks	1Xweek	Every 4 weeks @ 32 wk
Obesity BMI >= 40	34 weeks	1Xweek	Every 4 weeks @ 20 wk
Medication assisted treatment	NA	NA	Every 4 weeks @ 20 wk

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