



The Leading Edge in Women's Imaging

Suggested Guidelines for Antepartum Ultrasound Surveillance Protocols

Effective May 2014

Indication	Growth Ultrasound Every 4 weeks in the 3rd Trimester	Weekly BPP & Starting Week	Cervical Length
AMA (≥ 35)	NONE	36	NONE
Asthma on inhaled corticosteroids	YES	NONE	NONE
Cholestasis	YES	upon diagnosis	NONE
Diabetes - GDMA	YES	36	NONE
Diabetes - GDMA ₂ or Pregestational	YES	32	NONE
Elevated MSAFP (≥ 2.0 MoM)	YES	36	NONE
Hypertension	YES	32	NONE
Hyperthyroid	YES	32	NONE
Hypothyroid on meds	YES	NONE	NONE
IBD (Crohn's, Ulcerative Colitis)	YES	NONE	NONE
IVF	YES	36	Once with Detailed Anatomy Sono
Low Estriol (≤ 0.5 MoM)	YES	36	NONE
Low free BHG ($\leq 1\%$)	YES	36	NONE
Low PAPP-a (≤ 5 th percentile)	YES	36	NONE
Obesity (pre-pregnancy BMI ≥ 30.0)	YES	36	NONE
Placenta Previa	YES	NONE	NONE
Prior Abruption	YES	32	NONE
Prior IUFD	YES	32 / poss earlier	NONE
Prior Leep/Cone	NONE	NONE	16-28 wks, q 4 wks if no prior term birth
Prior Preterm Birth	NONE	NONE	16-32 wks, q 2 wks
Lupus	YES	32	NONE
Thrombophilia	YES	32	NONE
Twins	YES (mono-di q 2 weeks)	32	16-32 wks, q 2 wks
Uterine Malformations	YES	NONE	16-32 wks, q 2 wks if no prior preterm birth

**for further information go to :
www.CarnegieImaging.com/guidelines **