FETAL INDICATIONS						
Indication (absolute risk of stillbirth per 1000)	Timing of fetal growth	EGA at which to begin testing	Frequency of testing (per week)	Testing modality ¹	Recommended delivery timing	
Fetal growth restriction (including EFW < 10% or isolated AC < 10%)	Q 3-4 weeks (MFM)	At diagnosis or at viability after shared decision making	See below	See below	See below	
- Normal Dopplers, EFW >3% (3/1000)			2x	1x BPP/Dopplers (MFM) 1x NST	38-39 weeks	
- Normal Dopplers, EFW < 3% (6/1000)			2x	1x BPP/Dopplers (MFM) 1x NST	37 weeks	
- Elevated SD ratio (6-20/1000)			2x	1x BPP/Dopplers (MFM) 1x NST	37 weeks	
- Absent end diastolic flow (70/1000)			2-3x	Consider 2-3x weekly BPP/Dopplers (MFM) 1x NST	32-34 weeks	
- Reversed end diastolic flow (200/1000)			Daily	Individualize	30-32 weeks	

¹ Nonstress test; mBPP = modified biophysical profile (NST+fluid assessment with MVP); BPP = biophysical profile

Indication (absolute risk of stillbirth per 1000)	Timing of fetal growth	EGA at which to begin testing	Frequency of testing (per week)	Testing modality ²	Recommended delivery timing
Multiple pregnancy					
- Uncomplicated di/di twins (2-11/1000)	Q 4 weeks (MFM)	36 weeks	1x	NST or BPP	38 weeks
 Complicated di/di twins (variable) 	Individualize (MFM)	Individualize (MFM)	Individualize (MFM)	Individualize (MFM)	Individualize (MFM)
- Uncomplicated mo/di twins (3-10/1000)	Q 4 weeks (MFM)	32 weeks	1x	Individualize (MFM)	36-37 weeks
- Complicated mo/di twins (variable)	Individualize (MFM)	Individualize (MFM)	Individualize (MFM)	Individualize (MFM)	Individualize (MFM)
Trisomy 21 (3-50/1000)	Individualize (MFM)	36 weeks	1x	BPP	38-39 weeks
Other aneuploidy (variable)	Individualize (MFM)	Individualize (MFM)	Individualize (MFM)	Individualize (MFM)	Individualize (MFM)
Single umbilical artery (12/1000)	28 and 36 weeks	36 weeks	1x	NST or BPP	39 weeks
Velamentous cord insertion (34/1000)	28 and 36 weeks	36 weeks	1x	NST or BPP	39 weeks

² Nonstress test; mBPP = modified biophysical profile (NST+fluid assessment with MVP); BPP = biophysical profile

Indication (absolute risk of stillbirth per 1000)	Timing of fetal growth	EGA at which to begin testing	Frequency of testing (per week)	Testing modality ³	Recommended delivery timing
Isolated oligohydramnios (MVP < 2) (14/1000)	Q 3 weeks (MFM)	32 weeks	2x	1x BPP/Dopplers (MFM) 1x NST	36-37 weeks
Isolated mild polyhydramnios (MVP 8-10 cm or AFI 24-29 cm)	Q 3-4 weeks (MFM)	Not indicated			Not indicated
Moderate to severe polyhydramnios (MVP > 11 or AFI > 30) (18-66/1000)	Q 3-4 weeks (MFM)	32 weeks	2x	1x BPP/Dopplers (MFM) 1x NST	39 weeks
Decreased fetal movement (13/1000)	1x	At complaint	2x until resolved	NST or BPP	N/A

³ Nonstress test; mBPP = modified biophysical profile (NST+fluid assessment with MVP); BPP = biophysical profile

MATERNAL INDICATIONS						
Indication (absolute risk of stillbirth per 1000)	Timing of fetal growth	EGA at which to begin testing	Frequency of testing (per week)	Testing modality⁴	Recommended delivery timing	
CHTN not on meds Variable	28 and 34 weeks	Not indicated			38-39 weeks	
CHTN on meds Variable	28 weeks then q 4 weeks	32 wks	2x	1x BPP or mBPP 1x NST	37-39 weeks	
GHTN (12-29/1000)	Q 3-4 weeks	At diagnosis or at viability after shared decision making	2x	1x BPP or mBPP 1x NST	37 weeks	
Preeclampsia without severe features ⁵ (9-51/1000)	Q 3-4 weeks	At diagnosis or at viability after shared decision making	2x	1x BPP or mBPP 1x NST	37 weeks	
Maternal congenital heart disease ⁶ Variable	Q 4 weeks	32 weeks	2x	1x BPP or mBPP 1x NST	Variable based on lesion	
Pregestational Type 1 diabetes, well-controlled (21/1000)	Q 4 weeks (MFM)	32 weeks (MFM)	2x	1x BPP (MFM) 1x NST	37-39 weeks (MFM)	

⁴ Nonstress test; mBPP = modified biophysical profile (NST+fluid assessment with MVP); BPP = biophysical profile ⁵ Preeclampsia with severe features not included in this list as inpatient care is recommended for this population. ⁶ Some lesions may not indicate antenatal testing, particularly corrected simple lesions such as corrected ASD or VSD. This should be clarified in MFM recommendations from consultation.

Indication (absolute risk of stillbirth per 1000)	Timing of fetal growth	EGA at which to begin testing	Frequency of testing (per week)	Testing modality ⁷	Recommended delivery timing
Pregestational type 2 diabetes, well-controlled (14-25/1000)	Q 4 weeks	32 weeks	2x	1x BPP or mBPP 1x NST	39 weeks
Gestational diabetes, no medications, well-controlled (6-10/1000)	38 weeks	Not indicated			Not indicated
Gestational diabetes, on medications, well-controlled (6-35/1000)	Q 4 weeks	32 weeks	2x	1x BPP or mBPP 1x NST	39 weeks
Poorly controlled diabetes (any type)8	Q 3-4 weeks (MFM)	Individualize	2x	1x BPP or mBPP 1x NST	Individualize (MFM)
Systemic lupus erythematosis (40-150/1000)	28 weeks then q 4 weeks (MFM)	32 weeks	2x	1x BPP or mBPP 1x NST	39 weeks
Antiphospholipid antibody syndrome (217/1000)	Q 4 weeks	32 weeks	2x	1x BPP or mBPP 1x NST	39 weeks

⁷ Nonstress test; mBPP = modified biophysical profile (NST+fluid assessment with MVP); BPP = biophysical profile ⁸ Poorly controlled diabetes defined as >50% logs abnormal, presence of polyhydramnios, presence of macrosomia, or comorbidities from diabetes including retinopathy, nephropathy, or neuropathy

Indication (absolute risk of stillbirth per 1000)	Timing of fetal growth	EGA at which to begin testing	Frequency of testing (per week)	Testing modality ⁹	Recommended delivery timing
Sickle cell disease (Hgb SS, Hgb SC, or HgbS-beta thal) (81/1000)	Q 4 weeks (MFM)	32 weeks	2x	1x BPP or mBPP 1x NST	37-39 weeks
Chronic kidney disease (Cr > 1.4, not on dialysis) (15200/1000)	Q 4 weeks (MFM)	32 weeks	2x	1x BPP or mBPP 1x NST	37-39 weeks
Hypothyroidism, well-controlled, without history of Graves' disease ¹⁰	Not indicated	Not indicated			Not indicated
Hypothyroidism, poorly controlled (defined as TSH>10)	Q 4 weeks	32 weeks	1x	NST or BPP	39 weeks
Hyperthyroidism, well controlled	28 and 34 weeks (MFM)	Not indicated			Not indicated
Hyperthyroidism, poorly controlled (Free T4 > 1.5 upper limit of normal)	Q 4 weeks (MFM)	32 weeks	1x	mBPP or BPP	39 weeks
AMA > 40 (11-21/1000)	32 weeks	36 weeks	1x	NST or BPP	39 weeks

⁹ Nonstress test; mBPP = modified biophysical profile (NST+fluid assessment with MVP); BPP = biophysical profile

10 Exception: 28 and 34 week growth evaluation recommended if ongoing or treated Graves' disease with positive TRAb or TSI antibodies

Indication (absolute risk of stillbirth per 1000)		EGA at which to begin testing	Frequency of testing (per week)	Testing modality ¹¹	Recommended delivery timing
Ongoing alcohol use (>5 drinks/week) (12/1000	32 weeks	36 weeks	1x	NST or BPP	39 weeks
Other substance use disorder Variabl	32 weeks	Not indicated			
BMI > 35 (prior to pregnancy) (5/1000	37-38 weeks	36 weeks	1x	NST or BPP	39 weeks
BMI > 40 (prior to pregnancy) (6/1000	28 and 32 weeks	32 weeks	1x	NST or BPP	39 weeks
BMI > 50 (prior to pregnancy) (8/1000	28 and 32 weeks	32 weeks	1x	BPP	39 weeks

¹¹ Nonstress test; mBPP = modified biophysical profile (NST+fluid assessment with MVP); BPP = biophysical profile

OBSTETRIC INDICATIONS						
Indication (absolute risk of stillbirth per 1000)	Timing of fetal growth	EGA at which to begin testing	Frequency of testing (per week)	Testing modality ¹²	Recommended delivery timing	
Alloimmunization without transfusion (3/1000)	Q 4 weeks (MFM)	32 weeks	1x	BPP with MCA Dopplers (MFM)	37-38 weeks	
Intrahepatic cholestasis						
- BA<40 (1.3/1000)	Q 4 weeks	32 weeks	1x	NST	37 weeks	
- BA>=40 (12-30/1000)	Q 4 weeks	At diagnosis or at viability after shared decision making	2x	NST or BPP	36 weeks (may be earlier in complex cases per OBTS guidelines)	
History of unexplained stillbirth (22/1000)	Q 4 weeks	2 weeks prior to GA of stillbirth, or at viability after shared decision making (whichever is later)	1x	BPP	39 weeks, may be individualized with shared decision making	
History of SGA infant requiring preterm delivery in prior pregnancy (9-19/1000)	32 weeks	32 weeks	1x	BPP or NST	39 weeks	

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¹² Nonstress test; mBPP = modified biophysical profile (NST+fluid assessment with MVP); BPP = biophysical profile

Indication (absolute risk of stillbirth per 1000)	Timing of fetal growth	EGA at which to begin testing	Frequency of testing (per week)	Testing modality ¹³	Recommended delivery timing
History of preeclampsia requiring preterm delivery in prior pregnancy (11-27/1000)	32 weeks	32 weeks	1x	BPP or NST	39 weeks
Chronic abruption (40-70/1000)	Q 4 weeks (MFM)	At diagnosis or at viability after shared decision making	2x	1x BPP (MFM) 1x NST	37 weeks
Postdates pregnancy (>41 weeks) (14-40/1000)	N/A	41 weeks	2x	1x mBPP or BPP 1x NST	When acceptable to patient
IVF conception (12/1000)	36 weeks	36 weeks	1x	NST or BPP	39 weeks

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¹³ Nonstress test; mBPP = modified biophysical profile (NST+fluid assessment with MVP); BPP = biophysical profile