I. Introduction
   A. Antepartum testing is the use of electronic fetal monitoring and/or ultrasound to assess for fetal well being.

II. Indications
   A. Any patient at risk for developing decreased utero-placental function, including but not limited to:

   **Indications** | **When to start test**
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   PIH | after 32 weeks or when diagnosed
   Chronic hypertension | after 32 weeks
   Collagen-vascular (e.g. antiphospholipid syndrome, SLE) | after 32 weeks
   Hyperthyroidism (poorly controlled) | after 32 weeks
   Renal disease | 34 weeks
   Diabetes mellitus
   - Class A1 (uncomplicated) | 40 weeks
   - Class A2 | 34 weeks
   - Class B, C, D | 34 weeks
   - Class F, R | 32 weeks
   Sickle cell or other Hemoglobinopathies (not trait) | 32 weeks
   Rh isoimmunization without hydrops | 32 weeks
   Cyanotic Heart Disease | 32 weeks
   Prolonged pregnancy | 41 weeks
   Previous stillbirth | 34 weeks
   Suspected intrauterine growth retardation | 28 weeks or when suspected
   Oligohydramnios | 
   Polyhydramnios | 
   Decreased fetal movement* | 32 weeks or when suspected
   Irregular/abnormal FHR by auscultation | when suspected
   Third trimester bleeding (e.g. previa, abruption) | 32 weeks or when suspected
   Multiple Pregnancy (with significant growth discrepancy) | 32 weeks (if discordant)

III. Not valid Indications (in and of themselves)
   Advanced Maternal Age
   Smoking
   Preterm Labor (on or off tocolytics)
   Preterm Contractions (on or off tocolytics)
   Uterine Fibroids
   Uterine abnormality (e.g. bicornuate uterus)
   Macrosomia

IV. Method
   For patient with bona fide indications, primary surveillance will be NSTs performed once to twice a week and ideally with weekly AFI.

V. Notes
   *For patient with non-recurrent reduced fetal movements, antepartum testing should be performed on a one time basis with return p.r.n.

   NST may be performed to confirm the presence of suspected contractions, but should not be used on an ongoing basis to assess the frequency of contractions if the patient is not complaining of increasing contractions.