

HIGH-RISK FETAL MONITORING PROTOCOL

Due to medical or obstetrical conditions, some OB patients are designated as High-Risk pregnancy. Usually (not always) this involves some form of fetal monitoring, typically starting at about 32 weeks, sometimes later. Fetal monitoring consists of a combination of nonstress tests, usually called NST's, and ultrasounds (sonograms).

DESCRIPTION OF HIGH-RISK PROGRAM

Our high-risk pregnancy fetal monitoring program is as follows:

1. Start the program at 32 weeks' gestational age.
2. NST (nonstress test) are twice a week here in our office. The NST is done either on a Monday-Thursday or Tuesday-Friday schedule.
3. Sometimes the office is closed due to a holiday, and for that week, we may need to make special arrangements.
4. The program includes an ultrasound done once a week. We alternate between two different types of ultrasounds.
 - a. Growth scan. This involves estimating fetal size and weight, determine fetal position, amniotic fluid volume, placental condition and location, and umbilical cord blood flow (using a technology called umbilical cord Doppler).
 - b. Fluid check ultrasound. This brief sono involves looking at the amniotic fluid level, fetal position, and checking the umbilical cord blood flow.
 - c. Growth scans are usually done on the even-numbered weeks, i.e., 32, 34, 36, 38, and sometimes 40 and fluid check on the odd-numbered weeks.
5. We refer to your schedule as having one long day and one short day per week.
 - a. The long day is the NST, the sono and then a doctor visit. Estimate 1-2 hours.
 - b. The short day is just the NST (and perhaps a brief visit with a provider).
 - c. Each NST is reviewed by one of the providers before you leave.

VARIATIONS

This handout does not cover all the reasons we might designate a patient as high risk and does not cover the different scheduling of NSTs that we sometimes use. For example, some of our patients have an NST once per week. Some of our patients start this protocol at 36 or 38 weeks and some start at 40 weeks, depending on other medical reasons. For most of our high-risk patients, we try to follow the above protocol.

MFM – maternal-fetal medicine specialists

If you are in this protocol and having a weekly ultrasound, it may not be necessary for you to also see the maternal/fetal medicine (MFM) specialist. We are trying to avoid duplication of ultrasounds. Please do not make this assumption until you talk to your individual obstetrical care provider.