

Who should have a Targeted Anatomical Survey and MFM referral

1. Previous fetus or child with congenital, genetic, or chromosomal abnormality
2. Known or suspected fetal anomaly in the current pregnancy (either on previous ultrasound or current ultrasound)
3. Known fetal growth disorder in the current pregnancy
4. Fetus at increased risk for a congenital anomaly
 - a. First trimester NT > 3 mm
 - b. Maternal genetic disorder such as PKU, Ehlers-Danlos and neurofibromatosis
 - c. Maternal Morbid Obesity (BMI > 35)
 - d. Multiple gestation
 - e. Maternal chronic diseases, including: hypothyroidism, seizure disorder, type 1 diabetes, type 2 diabetes, SLE (Lupus), or other systemic rheumatologic disease
 - f. Family history of congenital anomaly or genetic condition (1st, 2nd, 3rd degree relative(s) to the fetus)
 - g. Maternal drug exposure—alcohol, depakote, phenytoin, lamictal, antidepressants, recreational drugs
 - h. Other teratogen exposure
 - i. History of previous 2nd or 3rd trimester IUFD
 - j. In vitro fertilization (IVF) contraception
5. Fetus at risk for genetic or chromosomal abnormality
 - a. Maternal age > 35 years old at delivery
 - b. Paternal carrier of a chromosomal or genetic abnormality
 - c. Abnormal maternal serum screening or abnormal NIPT/ cell free DNA screening
 - d. Soft aneuploidy marker noted on ultrasound
 - i. Presence of fetal echogenic bowel or choroid plexus cyst or echogenic intracardiac focus
 - ii. Nuchal thickness > 5mm in the second trimester (<22 weeks)
 - iii. Presence of fetal 2 vessel umbilical cord
 - iv. Shortened fetal femur or humerus (<10th percentile)
 - v. Presence of fetal renal abnormality such as pyelectasis, hydronephrosis ureteral dilation
6. Other conditions affecting the fetus
 - a. Suspected congenital infections: maternal TORCH infection exposure (toxoplasmosis, CMV, Parvovirus, Varicella)
 - b. Isoimmunization: Rh Disease (anti D, E, c antibodies), Kell antibody, etc
 - c. Oligohydramnios (DVP less than 2 cm) or anhydramnios
 - d. Polyhydramnios (DVP > 8 cm or AFI > 24 cm)
7. Second opinion or uncertain ultrasound findings
8. Concern for placental abnormalities
 - a. Placenta accreta (prior c/s and placenta previa)
 - b. Low lying placenta vs. placenta previa
 - c. Possible vasa previa

- d. Abnormal umbilical cord anatomy or insertion into placenta
- 9. Pregnancy complicated by trauma, vaginal bleeding, risk of abruption

This is a guide and not standard of care. Only written to help guide obstetric physicians. Clinical judgment of the physician or care practitioner and individualization of care is most important.