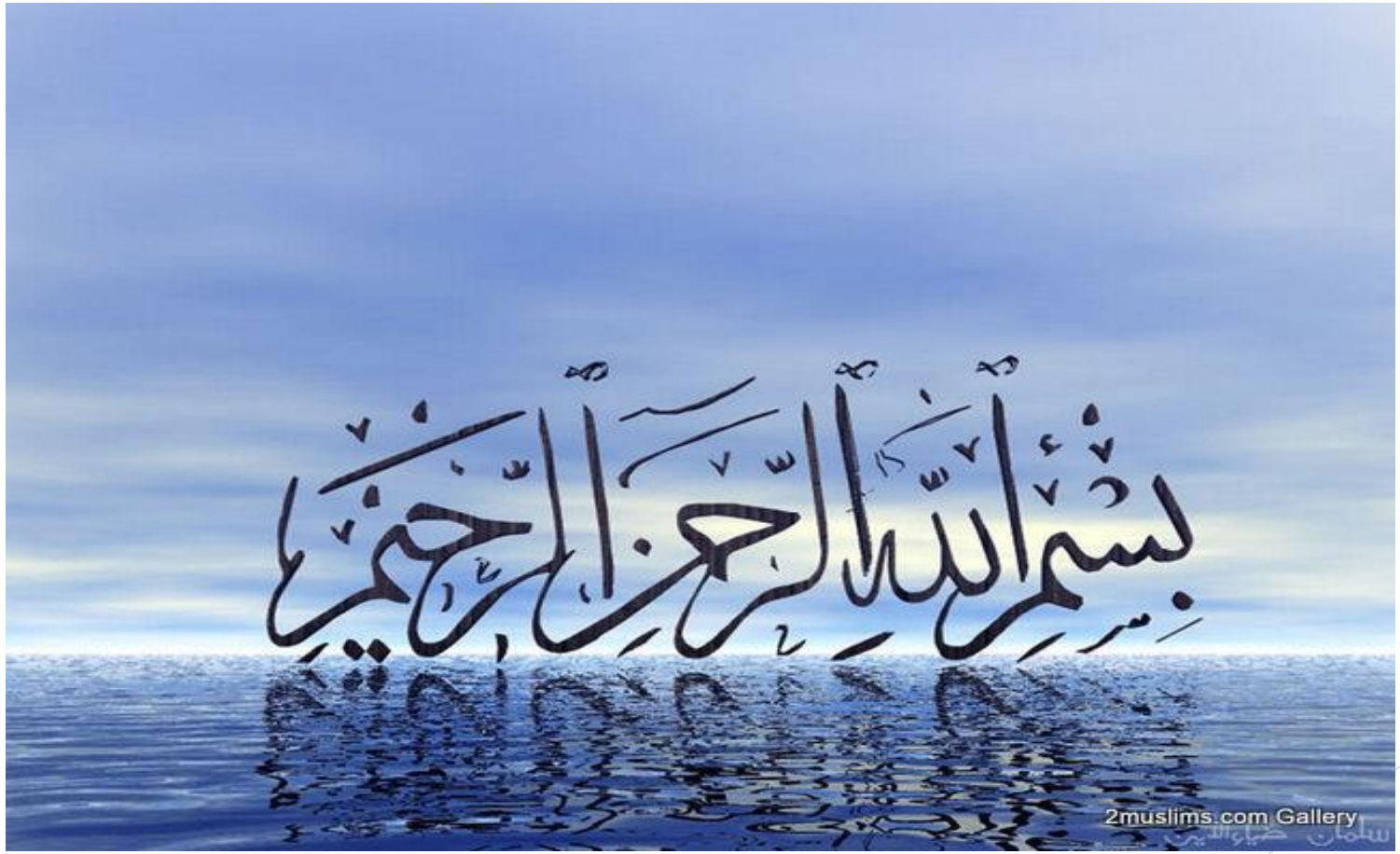
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Antepartum Fetal assessment

هدف استفاده از روش های بررسی سلامت جنین

- تعیین جنین های در معرض خطر
- جلوگیری از مرگ جنین
- جلوگیری از عوارض نورولوژیکی که تدریجی و مزمن پیشرفت می کند
- انجام مداخلاتی جهت کاهش عوارض بارداری های پرخطر

- nonstress test
- biophysical profile
- modified biophysical profile
- contraction stress test
- fetal movement count
- Assessment of amniotic fluid volume
- Doppler velocimetry of fetal and funic vessels

- Chronic hypoxemia ⟹ biophysical change ⟹ physiological adaptation ➡ physiological DE compensation
- Heart rate, movement, breathing, tone are sensitive to fetal oxygenation and PH level

فاکتورهای غیر مرتبط با هیپوکسی که بر جنین اثر گذار است:

- سن حاملگی
- دارهای مصرفی در مادر
- مصرف سیگار
- سیکل خواب و بیداری جنین
- بیماری ها و ناهنجاری های جنین

شرایط هیپوکسی حاد در جنین

- دکلمان کامل جفت
- حوادث بند ناف

EFFICACY

- Observational studies that reported lower rates of fetal death in underwent fetal testing

- Same or lower fetal death in high risk pregnancies than lower risk

more intense prenatal care

Potential benefits and risks

- Ability to identify fetuses at risk and timely intervention to prevent death or adverse neurologic outcomes
- False positive tests : unnecessary additional fetal evaluation or intervention
- False negative tests: do not alert (fetal evaluation or intervention)

- Cerebral palsy and stillbirth may share a common etiologic pathway with common risk factors :

  IUGR, congenital anomalies ,fetal hypoxia

- Effects of antenatal testing on maternal mental states: ANXIETY OR

  REASSURANCE OF FETAL WELL-BEING

- **Potential costs:** money and times, maternal and infant morbidity

  or even mortality from iatrogenic delivery

Indication for fetal surveillance

- Diabetes
- Hypertensive disorders
- Fetal growth restriction
- Twin pregnancy
- Post term pregnancy

- Decreased fetal activity
- Systemic lupus erythematous
- Antiphospholipid syndrome
- Sickle cell disease
- Alloimmunization
- Oligohydraminus or polyhydraminus
- Prior fetal demise

- Preterm prelabour rupture of membrane
- Other: non immune hydrops, maternal cyanotic heart disease, poorly controlled maternal hyperthyroidism, maternal vascular disease
- Possible indication: advanced maternal age, obesity, major fetal anomalies ,abnormalities in biomedical Down syndrome

CHOICE OF TEST:

- Gestational age
- Availability
- Desire for fetal biometry or follow – up congenital anomaly
- Ability to monitor fetal heart rate
- cost

TIMING

- 32 WEEKS become a threshold for initiation of fetal surveillance
- Before 32 weeks for perinatal benefit

FOLLOW UP with normal test

RESULTS

- Negative predictive value of a normal test result
- One week : 99.8 to 100 %
- Follow up for normal result
- (expert opinion, clinical experience , community standards)

Frequency is often increased to two to seven times per week

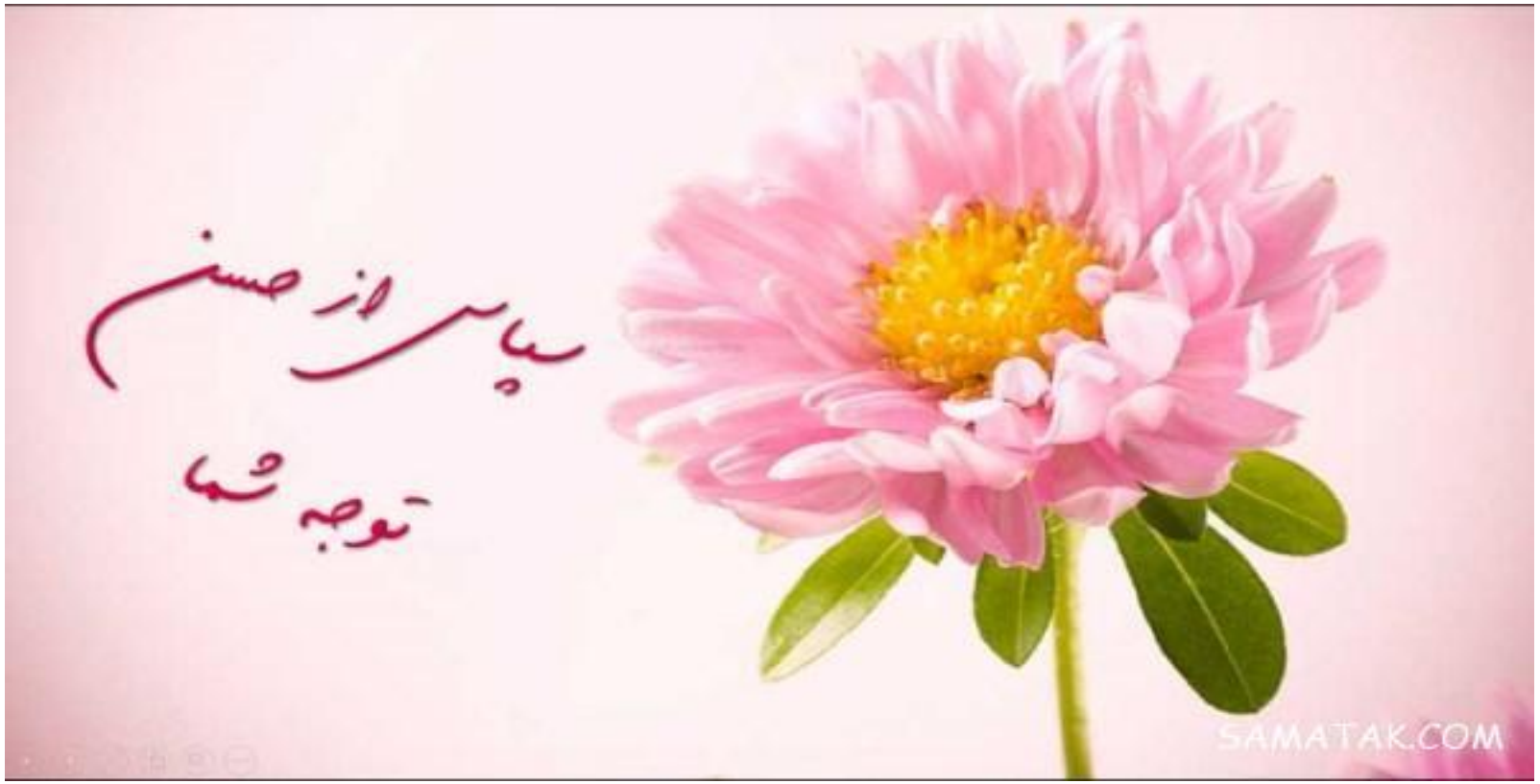
- Change in pregnancy
- High risk pregnancy
- At 36 weeks of gestation

MANAGEMENT WITH ABNORMAL TEST

- Transient condition as a cause of abnormal test
- Chronic condition as a cause of abnormal results : followed by other test
- Clinical judgment
- Gestational age
- Severity of maternal and fetal disease
- Progression of disease
- Other information

Route of delivery

Clinical judgment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