

Table 10. Weight Gain Recommendations for Singletons and Twins(274)

Pre-pregnancy Weight (BMI in kg/m ²)	Singletons	Twins
Underweight (BMI <18.5)	12.7–18.2 kgs (28–40 lbs)	22.7–28.1 kgs (50–62 lbs)
Normal Weight (BMI 18.5–24.9)	11.3–15.9 kgs (25–35 lbs)	16.8–24.5 kgs (37–54 lbs)
Overweight (BMI 25.0–29.9)	6.8–11.3 kgs (15–25 lbs)	14.1–22.7 kgs (31–50 lbs)
Obese (BMI ≥30.0)	5.0–9.1 kgs (11–20 lbs)	11.3–19.1 kgs (25–42 lbs)

Abbreviations: BMI: body mass index; kg/m²: kilograms per square meter; kgs: kilograms; lbs: pounds

d. Fundal Assessment, Fetal Heart Tones, Fetal Movement

Assessment of the fundal height at each visit, beginning at 20 weeks' gestation, is a simple, inexpensive test to monitor expected growth. Fetal heart tones are recommended at each antenatal visit to confirm a viable fetus and to provide psychological reassurance to the pregnant patient. The pregnant patient's perception of fetal movements is the oldest and most commonly used method to assess fetal wellbeing as decreased fetal movement has been associated with an increased risk of stillbirth.(275)

e. Anatomy (Dating) Ultrasound

An integral part of routine antenatal care, antenatal ultrasonography is widely used in pregnancy to assess fetal growth and anatomy and to detect fetal anomalies. It is recommended as an accurate method of determining gestational age, fetal number, viability, anatomic survey, placental location, amniotic fluid, and assessment of pelvic organs. The optimal timing of the complete fetal anatomy ultrasound is in the second trimester between 18 and 22 weeks' gestation. Ultrasonography should be performed by technologists or providers who have undergone specific training and only when a valid medical indication for examination is present.

The diagnosis of a fetal anomaly significantly reduces perinatal mortality and morbidity and maternal morbidity. Prenatal diagnosis enables a psychologically less traumatic and early medical termination of pregnancy for patients who choose abortion. It also enables planning for specific fetal palliative care for patients who elect to continue pregnancy. It decreases probable complications of continuation of pregnancy and labor, prevents an unnecessary cesarean section for a fetus with lethal anomalies diagnosed too late for medical termination of pregnancy, allows planning delivery at the optimal time in a well-equipped tertiary care center with necessary neonatal care facilities, and allows in utero therapy in selected cases. Based on evidence currently available, routine clinical scanning of every pregnant patient using real-time B-mode (2-D) imaging is not contraindicated.

The standard ultrasound evaluation includes the evaluation of fetal presentation, amniotic fluid volume, fetal cardiac activity, placental position, fetal biometry, and fetal number plus an anatomic survey.