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They also recommend that when mother and baby are healthy, induction should not take place before 39 weeks. They state that there is insufficient evidence to show that fetal testing for advanced maternal age can reduce the risk of stillbirth, and that care providers and women should weigh the pros and cons of such testing.

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giving chemotherapy causes ...

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a maternal-fetal infection is a placental tropism of the virus i.e. the virus will infect the placental cells and thus be transmitted to the fetal...

### **Evidence on: Advanced Maternal Age - Evidence Based Birth®**

Little evidence supports the routine use of activity restriction for preterm birth and other obstetric conditions, and some data indicate adverse impact on obstetric outcomes. In addition, prolonged inactivity is associated with a variety of negative physiological and psychological effects (Table 3).

### **Publications & Guidelines - Society for Maternal-Fetal ...**

During her tenure as the director of a high volume fetal



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imaging center and maternal-fetal medicine group, her passion for timely and accurate diagnosis of birth defects and delivery of evidence-based obstetric care was emboldened.

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Maternal-Fetal and Obstetric Evidence Based Guidelines, 2nd Edition. Posted on April 21, 2013 July 26, 2014 by admin. 21 Apr. By Vincenzo Berghella (Editor) Maternal-Fetal Medicine Evidence-Based Guidelines reviews the evidence for best practice in maternal-fetal medicine.

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Maternal-Fetal Evidence Based Guidelines 3rd 2017

DESCRIPTION This new edition of an acclaimed text reviews the evidence for best practice in maternal-fetal medicine, to present the reader with the right information, with appropriate use of proven interventions and avoidance of ineffectual or harmful ones, and by rating the evidence of the key references.

## **Maternal-Fetal and Obstetric Evidence Based Guidelines**

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**Maternal, Fetal Considerations for the Treatment and ...**

Created in partnership with the Society for Maternal-Fetal Medicine. SMFM was established in 1977 to “give Maternal-Fetal Medicine (MFM) physicians and scientists a place to share knowledge, research and clinical best practices in order to improve care for moms and babies.” \_\_ References

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risks. This consult reviews the current literature on activity restriction and examines the evidence regarding its use in

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obstetrical management. The recommendations by the Society for Maternal-Fetal Medicine are as follows: (1) we recommend against the routine use of any type of activity restriction in

## **Effects of interventions in pregnancy on maternal weight**

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Major obstetric haemorrhage has an estimated incidence of 6 in 1000 maternities. 5 This is among the most common causes of maternal collapse and was responsible for 13 maternal deaths between 2012 and 2014. 3 Causes of major obstetric haemorrhage include postpartum haemorrhage, major antepartum haemorrhage from placenta praevia, placental abruption, uterine rupture and ectopic pregnancy.

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**Evidence and possible mechanisms of rare maternal-fetal  
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Overview: New information on obstetric and gynecologic practice is being produced at a rapid rate. Leaders in the field, including those at the American College of Obstetricians and Gynecologists, take an evidence-based approach when formulating practice guidelines.

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