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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. Since the 1900s, based on the belief that activity restriction results in uterine quiescence and increased blood flow to the uterus, obstetrical care providers have recommended activity restriction to prevent preterm birth (PTB), and it remains a common intervention for PTB prevention in multiple clinical settings ...

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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. The information is presented in the right format by summarizing evidence succinctly and clearly in tables and algorithms.

Maternal-Fetal Evidence Based Guidelines 3rd 2017 | MedBook

Haydon ML, Gorenberg DM, Nageotte MP, et al. The effect of maternal oxygen administration on fetal pulse oximetry during labor in fetuses with nonreassuring fetal heart rate patterns. Am J Obstet Gynecol. 2006;195:735-738. Fawole B, Hofmeyr GJ. Maternal oxygen administration for fetal distress. Cochrane Database Syst Rev. 2012;12:CD0000136.

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obstetric complications and their babies [T] Evidence review for labour after 42 weeks of pregnancy NICE guideline NG121 Evidence reviews for women at high risk of adverse outcomes for themselves and/or their baby because of obstetric complications or other reasons March 2019 Final Developed by the National Guideline

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