Neonatal management and outcome in red cell alloimmunization

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Stellingen behorende bij het proefschrift

Neonatal management and outcome in red cell alloimmunization

1. Prophylactic treatment with intravenous immunoglobulin in neonates with Rhesus hemolytic disease does not reduce the need for exchange transfusion. In view of the absence of beneficial effects, the use of intravenous immunoglobulin for this indication should be discouraged. *(this thesis)*

2. In neonatal red cell alloimmune hemolytic disease, prompt and intensive phototherapy should be started immediately after birth, in order to reduce the need for exchange transfusion. However, additional prospective studies are warranted to investigate the long-term adverse effects of (intensive) phototherapy. *(this thesis)*

3. In experienced hands severe permanent sequelae due to exchange transfusion procedures can be kept to a minimum. Therefore, a centralized management of neonatal red cell alloimmunization is essential. *(this thesis)*

4. The majority of infants with red cell alloimmune hemolytic disease require one or more top-up transfusions in the first three months of life. Consequently, routine work-up (including invasive diagnostic tests) to exclude other causes of anemia is not necessary. *(this thesis)*

5. In children treated with intrauterine transfusion (IUT) for red cell alloimmune hemolytic disease, the overall incidence of neurodevelopmental impairment is only 4.8%. The high rate of intact survival proves the success of antenatal IUT-treatment. *(this thesis)*

6. Neonaten met ernstige Rhesusziekte worden op de afdeling Neonatologie van het Leids Universitair Medisch Centrum uitgebreid in het zonnetje gezet. *(dit proefschrift)*

7. Acronym-named randomized trials are cited at twice the rate of trials that are not named with acronyms (13.8 versus 5.7 citations per year, $p < 0.001$). Although other explanations are possible (for example, exemplary investigators may generate both clever acronyms and important research), these results support the hypothesis that naming randomized trials with an acronym may enhance the citation rate. *(Stanbrook M, Austin P, Redelmeier D. Acronym-Named Randomized Trials in Medicine -The ART in Medicine Study. NEJM 2006; 355(1):101-102)*

8. Reduction of the rate of iatrogenic events in vulnerable, neonatal patients should be one of the main aims in providing best possible quality of health care for children. *(Ligi I, Arnaud F, Jouve E, et al. Iatrogenic events in admitted neonates: a prospective cohort study. Lancet 2008; 371:404-410)*

9. Uit de heldhaftige reizen van Albert II en Able blijkt dat wetenschappelijk Rhesusonderzoek een hoge vlucht kan nemen als de onderzoekers alle ruimte wordt geboden. *(Gray T. A brief history of animals in space. NASA 1998; http://history.nasa.gov/animals.html)*

10. Kleine vrouwen stoten hun hoofd minder snel tegen het glazen plafond.

11. Het schrijven van een proefschrift lijkt in vele opzichten op het lopen van een marathon: de noodzaak van een goede planning en een efficiënt tempo, de strijd tegen de tijd, de twijfels of je het ooit zult halen en het geweldige gevoel als je de finish hebt bereikt.

12. It's a beautiful day. The sun is shining. I feel good and no one's gonna stop me now. *(Queen, Made in heaven)*

Vivianne Smits-Wintjens, 15 februari 2012