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Fetal Pain

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Stellingen

Behorende bij het proefschrift

Fetal Pain

It is likely that the second and third trimester fetus is capable of experiencing stress or even pain (*this thesis*)

Fetal hemodynamic and hormonal changes in intrauterine transfusions are independent of site of transfusion, suggesting that transgression of the fetus is not the cause of these changes (*this thesis*)

Fetal anesthesia should be provided from mid-gestation onwards (*this thesis*)

Placental passage of intravenously administered remifentanyl seems to be low in the second and early third trimester but provides nonetheless excellent fetal immobilisation and therefore probably adequate fetal analgesia (*this thesis*)

Exposure to noxious stimuli in fetal life can probably disrupt normal nociceptive development (*Nesterenko TH, Aly H. Fetal and neonatal programming: evidence and clinical implications. Am J Perinatol 2009;26(3):191-198*)

Maladaptive stress responses may result in maladaptive physiologic and behavioural changes (*Sabban EL, Kvetnansky R. Stress-triggered activation of gene expression in catecholaminergic systems: dynamics of transcriptional events. Trends Neurosci 2001;24(2):91-98*)

Acetaminophen crosses the placenta, which makes it an interesting candidate to evaluate its fetal analgesic potential (*Levy G, Garrettson LK, Soda DM. Letter: Evidence of placental transfer of acetaminophen. Pediatrics 1975;55(6):895*)

The theory without the practice is dead and the practice without the theory is blind. (*Tatyana Nesterenko, pediatrician*)

Judging the PhD candidate on its statements is like judging a book by its cover.
(Daniel Schühle, chemist)

If something is worthwhile doing, than it's also worthwhile doing it wrong *(David Walsh, psychologist)*