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## Physiological measurements of the effect of cord clamping strategies

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Stellingen behorend bij het proefschrift:

## PHYSIOLOGICAL MEASUREMENTS OF THE EFFECT OF CORD CLAMPING STRATEGIES

Emma Brouwer

1. Preterm infants are hemodynamically more stable during fetal-to-neonatal transition when the umbilical cord is clamped after lung aeration has been established (Physiological-based cord clamping; PBCC). *this thesis*
2. Stabilizing very preterm infants with the umbilical cord intact and performing PBCC, using a purpose-built resuscitation table, is feasible and safe. *this thesis*
3. Counting heart rate by umbilical cord palpation underestimates the true heart rate. *this thesis*
4. At birth, the venous return from the placenta is greatly influenced by spontaneous breathing and is likely to play a major role in placental transfusion. *this thesis*
5. Scientific studies using animal models cannot and should not be replaced by epidemiological studies, RCT's or meta/analyses. *Hooper et al, Seminars in fetal and neonatal medicine, 2018 Oct;23(5):300-305.*
6. The ductus arteriosus flow ratio is an objective parameter to assess the success of fetal-to-neonatal transition. *van Vonderen et al, Archives of disease in childhood-fetal and neonatal edition. 2014;99(5):F408-F412*
7. The moment of umbilical cord clamping should not be determined by an arbitrarily defined period of time. *Bhatt et al, The journal of physiology. 2013 April 15;591(Pt 8):2113-2126*
8. While it makes sense to wait with cord clamping until the lungs of the baby are aerated from a physiological perspective, it also makes sense that the baby then can stay close to mother.
9. Santa's law: 'As long as you're not clearly asking for the things you want, you'll end up with something else. *de Best 2009 (modified)*
10. The hardest part of any important task in research is getting started on it in the first place. *Tracey 2001 (modified)*