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Improving care for red blood cell alloimmunized pregnant women

Slootweg, Y.M.

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Publications

Risk factors for RhD immunisation in a high coverage prevention programme of antenatal and postnatal Rhlg: a nationwide cohort study.

Slootweg YM, Zwiers C, Koelewijn JM, van der Schoot E, Oepkes D, van Kamp IL, de Haas M.

BJOG. 2022 Feb 8.

Third trimester screening for alloimmunisation in Rhc-negative pregnant women: evaluation of the Dutch national screening programme.

Slootweg YM, Koelewijn JM, van Kamp IL, van der Bom JG, Oepkes D, de Haas M.

BJOG. 2016 May;123(6):955-63.

Facilitators and barriers for RhD-immunized women to become and remain anti-D donors.

Slootweg YM, Koelewijn JM, de Kort WL, de Haas M, Merz EM.

Transfusion. 2018 Apr;58(4):960-968.

Diagnostic value of laboratory monitoring to predict severe hemolytic disease of the fetus and newborn in non-D and non-K-alloimmunized pregnancies.

Koelewijn JM, Slootweg YM, Folman C, van Kamp IL, Oepkes D, de Haas M.

Transfusion. 2020 Feb;60(2):391-399.

Predicting anti-Kell-mediated hemolytic disease of the fetus and newborn: diagnostic accuracy of laboratory management.

Slootweg YM, Lindenburg IT, Koelewijn JM, Van Kamp IL, Oepkes D, De Haas M.

Am J Obstet Gynecol. 2018 Oct;219(4):393.e1-393.e8.

Knowledge, attitude and practices of obstetric care providers towards maternal red-blood-cell immunization during pregnancy.

Slootweg YM, Walg C, Koelewijn JM, Van Kamp IL, De Haas M.

Vox Sang. 2020 Apr;115(3):211-220.

When a pregnancy is complicated by red blood cell alloimmunization: the importance of sincere information – a qualitative study of women's experiences

Slootweg YM, Koelewijn JM, Van Kamp IL, de Haas M. Manuscript in preparation

Survey of prophylactic use of uterotonics in the third stage of labour in the Netherlands.

Smit M, van Stralen G, Wolterbeek R, van Dillen J, van Roosmalen J, Slootweg Y.

Midwifery. 2013 Aug;29(8):859-62.

Curriculum Vitae

Yolentha Slootweg werd geboren op 22 november 1986 in Valkenburg (Z-H) als zesde en jongste kind van drie zoons en drie dochters. Na afronding van de HAVO aan het Visser 't Hooft Lyceum in Leiden ging zij naar de Verloskunde Academie in Amsterdam. In 2008 voltooide zij de opleiding tot verloskundige.

Gedurende een korte periode werkte Yolentha als eerstelijns verloskundige in de omgeving van Leiden. Daarna werkte zij een klein jaar als tweedelijns verloskundige in het Vlietland Ziekenhuis in Schiedam. In december 2009 ging zij werken als klinisch verloskundige in het LUMC.

Intussen wilde Yolentha zich verder gaan verdiepen in het doen van wetenschappelijk onderzoek. Daarom startte zij in 2010 met de Master Midwifery Science aan de Universiteit van Amsterdam en studeerde zij in 2013 af. Voor haar Masterthesis deed Yolentha een evaluatiestudie naar de opbrengst van de tweede screening onder Rhc-negatieve vrouwen, welke in 2011 was toegevoegd aan het nationale programma preventie en screening naar infecties en erythrocytenimmunisatie. Tijdens de module Kwalitatief onderzoek werd de interesse gewekt om de wat meer sociale kant van rode bloedcel immunisatie tijdens de zwangerschap wetenschappelijk te exploreren. Samen met Masja de Haas en Joke Koelewijn van Sanquin, Dick Oepkes en Inge van Kamp van het foetale therapie team van het LUMC werd een promotietraject samengesteld. In 2015 startte zij officieel als promovendus, gedeeltelijk gefinancierd door een beurs van Sanquin Blood Supply. Dit traject was een samenwerking tussen de afdeling Verloskunde van het LUMC en de afdeling translationele immunohematologie van Sanquin.

Tijdens haar gehele promotie bleef Yolentha werken als klinisch verloskundige en vanaf 2019 werd zij leidinggevende van het team van verloskundigen. Yolentha is namens de KNOV lid van de programmacommissie Preventie en screening naar infecties en erythrocytenimmunisatie. Daarnaast is Yolentha actief bestuurslid van het verloskundig samenwerkingsverband Leiden in haar rol als leidinggevend verloskundige.

Yolentha woont in Rijnsburg met haar man Maarten Messemaker en haar zoon Job (2014) en dochter Roos (2017).

Dankwoord

Velen hebben bijgedragen aan het schrijven van dit proefschrift en hen wil ik in het bijzonder bedanken.

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De afdeling Verloskunde van het LUMC en de afdeling Translationele Immunohematologie Sanquin hebben mij de mogelijkheid gegeven om mij op dit promotieonderzoek te richten.

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Abbreviations

ADCC – Antibody-dependent cell-mediated cytotoxicity assay
BIBI - Special Institute for Blood Group Investigations
Can MEDS – Canadian Medical Education Directives for Specialists
CS – Caesarean Section
FMH – Fetomaternal hemorrhage
HbF – Fetal hemoglobin
HDFN – Hemolytic disease of the fetus and newborn
HZFP – Hemolytische ziekte van de foetus en pasgeborene
IU – International units
IUT – Intrauterine transfusion
IVIg – Intravenous immunoglobulins
KBT – Kleihauer Betke test
LUMC- Leiden University Medical Center
MCA-PSV – Middle cerebral artery peak systolic velocity
MoAb – Monoclonal antibody
MoM – Multiple of the Median
MRP – Manual Removal of the placenta
NIPT – Non-invasive prenatal test
NNS – Number needed to screen
OCP – Obstetric care provider
OPZI – Opsporing en Preventie van zwangerschapsimmunisatie
PSIE – Prenatal Screening for Infectious diseases and erythrocyte immunization
RBC – Red blood cell
Rh – Rhesus
RHD – Rhesus- D antigeen
Rhlg – Anti-D prophylaxis
RIVM – Rijksinstituut voor Volksgezondheid en Milieu
UMCG – University Medical Center Groningen

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