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## **Bridging the gaps: prevention, management, and future perspectives in hemolytic disease of the fetus and newborn**

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# Stellingen behorende bij het proefschrift getiteld **Bridging the Gaps: Prevention, Management, and Future Perspectives in Hemolytic Disease of the Fetus and Newborn.**

1. In current fetal *RHD* genotyping to restrict Rhlg, ethnicity of mother and fetus is insufficiently taken into account and leads to unnecessary Rhlg administration. With additional testing this could be improved. (this thesis)
2. The addition of an intraperitoneal deposition of donor blood after an intrahepatic intrauterine transfusion can reduce the decline in fetal Hb thus prolonging the interval between transfusions. (this thesis)
3. The vast majority of women require IUTs again in a subsequent pregnancy after a pregnancy complicated by IUTs. However, in approximately 25% of these women, the need for IUTs arises at a later gestational age in the subsequent pregnancy. (this thesis)
4. Donor blood has no influence on placentas in pregnancies complicated by hemolytic disease of the fetus and newborn. (this thesis)
5. Even in the well-studied, 10-years well working Dutch high-throughput fetal *RHD* screening setting for targeted Rhlg administration addition of an *in process control* improved the platform performance.
6. Ever expanding regulations in scientific research is endangering future feasibility of studies.
7. In the field of rare diseases, international collaboration is essential to unite expertise and accelerate future innovations.
8. First trimester determination of the fetal RhD blood group in a screening setting will reduce Rhlg use and give early reassurance to expecting parents.
9. It can be expected that fetal *RHD* screening to target Rhlg and additional testing in pregnancy is safe, effective and cost-efficient.
10. Do better until you know better. Then you know better, do better – Maya Angelou  
Het idee goed te handelen blijft slechts geldig zolang kritische zelfreflectie geen verbeterpunten aan het licht brengt; zodra nieuw inzicht ontstaat, volgt de verantwoordelijkheid om het handelen daaraan aan te passen
11. Pieker je net, it komt dochs oars – Fries gezegde; vroeger vaak thuis uitgesproken door mijn ouders, tevens van toepassing op wetenschappelijk onderzoek wat ook nooit loopt zoals je denkt dat het zal gaan.
12. “What matters isn’t how well you play when you’re playing well. What matters is how well you play when you’re playing badly.” – Jimmy Connors  
De kwaliteit van medische besluitvorming wordt niet bepaald door het functioneren van protocollen onder ideale omstandigheden, maar door de zorgvuldigheid waarmee wordt gehandeld wanneer bestaande strategieën tekortschieten