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Leiden
The Netherlands

Improving care for red blood cell alloimmunized pregnant women

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Citation

Slootweg, Y. M. (2023, September 13). *Improving care for red blood cell alloimmunized pregnant women*. Retrieved from <https://hdl.handle.net/1887/3640573>

Version: Publisher's Version

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Downloaded from: <https://hdl.handle.net/1887/3640573>

Note: To cite this publication please use the final published version (if applicable).





Appendices

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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, Zwieters 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.

Allereerst hebben vele (zwangere) vrouwen, verloskundigen en gynaecologen door heel Nederland meegewerkt aan dit onderzoek. Dankzij de persoonlijke verhalen en waardevolle inbreng van hen, heb ik meer inzicht gekregen in wat er nodig is om de zorg rondom rode bloedcel alloimmunisatie te optimaliseren.

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

Beste Masja, op alle vlakken heb je mij gestimuleerd en gemotiveerd om dit proefschrift tot een einde te brengen. Je hebt mij alle vrijheid gegeven om mijn promotietraject zo in te kleuren zoals ik graag wilde en dat maakt dat ik kan terugkijken op een heel waardevolle tijd.

Beste Joke, jouw proefschrift was de opstap naar mijn proefschrift, het was heerlijk om voort te kunnen borduren op zo'n gedetailleerd werk. Dank voor je motivatie, steun en toewijding.

Beste Inge, tijdens dit hele traject heb je mij precies begrepen en aangevoeld wanneer ik behoefte had aan wat extra steun. Dank voor je kritische en verhelderende blik op alle onderzoeksresultaten.

Beste Dick, jij bent degene geweest die samen met Masja de weg naar een promotietraject voor mij hebt vrijgemaakt. Dank voor het vertrouwen dat je in mij hebt gesteld en voor je waardevolle input in veel van mijn manuscripten.

Beste Annemieke, dank voor je aanmoediging de afgelopen jaren om het boek nu toch echt eens af te maken. Je bent een geweldige coach geweest om mij de eerste stappen als leidinggevende te laten zetten.

Alle medewerkers van Sanquin Diagnostiek en in het bijzonder Claudia Folman, Peter Ligthart, en Jessie Luken. Ik heb genoten van jullie enthousiasme en passie voor de wetenschap. Ik voelde mij lid van de Sanquin familie, veel dank hiervoor.

Lieve Carolien en Anne-Marie, met jullie heb ik alle successen en frustraties op onderzoeksgebied kunnen delen. Carolien, ik heb ervan genoten om jou met flair en bevologenheid je promotie te zien afronden en later te starten met je opleiding tot

gynaecoloog. Je bent een geweldige dokter. Anne-Marie, ongelooflijk hoe treffend jij observaties kan communiceren. Je bent een geweldige collega.

Lieve Jeanette, je bent met mij de nieuwe uitdaging aangegaan om een duo te vormen. Ondanks dat ik mij nog niet vol overgave op deze baan kon richten, hebben we samen al veel bereikt. Dank voor je steun en scherpzinnigheid.

Lieve verloskundigen van het geboortehuis, ik ben er trots op om bij dit sterke team te horen. De afgelopen tijd heb ik gezien hoe we als team voor elkaar en voor andere collega's klaar staan in tijden van krapte en persoonlijk lastige gebeurtenissen. Dank voor jullie belangstelling en motivatie.

Stafleden, verpleegkundigen, verpleegkundig teamleiders, arts-assistenten, research medewerkers, poli assistenten, Ivanka, Maaïke, Sandra en Marieke van het Geboortehuis Leiden, veel dank voor de samenwerking en steun.

Mijn familie en vrienden, dank voor jullie interesse, borrels, etentjes, wandelingen en gezonde balans tussen werk en ontspanning. Ik kijk er naar uit om deze dag met jullie te vieren.

Lieve Henk en Ria, mijn schoonpapa en mama, altijd hebben jullie voor mij klaar gestaan alsof ik jullie eigen kind ben. Dank voor jullie onvoorwaardelijke steun en liefde. Ik ben blij dat jullie beiden deze dag met mij mee kunnen vieren.

Lieve Annemarieke, jij bent de beste surrogaatmoeder voor mijn kinderen en ik ben je enorm dankbaar voor je liefdevolle opvang en je onvoorwaardelijke steun voor mij. Lieve Gerdine, jij hebt altijd voor mij en mijn gezin klaar gestaan als ik dat nodig had en daar ben ik je enorm dankbaar voor. Lieve broers, dank voor jullie grappen en grullen, jullie laten zien hoe het leven gevierd moet worden. Lieve Jurriaan, ondanks de loodzware tijd waar je in zit, hou je je kin omhoog. Ik bewonder je doorzettingsvermogen en kracht.

Lieve pap en mam, jullie hebben mij gevormd tot wie ik nu ben. Door jullie steun en onvoorwaardelijke liefde kon ik uitgroeien. En nu in deze moeilijke tijd blijkt dat we een hechte basis met elkaar vormen.

Mijn lieve Job en Roos, jullie zijn mijn wereld, uit de zorg voor jullie en jullie tomeloze nieuwsgierigheid, haal ik mijn inspiratie. Jullie kijk op het leven relateert en brengt mij enorm veel geluk en plezier.

Mijn lieve Maarten, zonder jouw motivatie en nuchtere kijk op het leven zou ik niet zo ver zijn gekomen. Je houdt me scherp op wat het belangrijkste is in het leven. Wat er ook op ons pad komt, met jou durf ik het aan.

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
RhIg – Anti-D prophylaxis
RIVM – Rijksinstituut voor Volksgezondheid en Milieu
UMCG – University Medical Center Groningen

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