Propositions accompanying the thesis

**Maternal iodine status, thyroid function during pregnancy, and child neurodevelopment**

1. Mild iodine deficiency during pregnancy is not associated with meaningful changes in maternal thyroid function. (this thesis)
2. Optimal maternal iodine status in the first 14 weeks of gestation is important for fetal brain development. (this thesis)
3. There is no consistent evidence for an association between mild iodine deficiency during pregnancy and child behavioral problems. (this thesis)
4. Low FT4 is more robustly associated with lower child IQ than high TSH. (this thesis)
5. Country-specific determinants of maternal iodine status call for country-specific strategies to improve iodine intake during pregnancy. (this thesis)
6. Meta-analyses of individual participant data should ideally be informed by a rigorous systematic review that searches for both published and unpublished studies. (Ahmed et al., BMJ 2011)
7. Owing to the lack of strict criteria for heterogeneity, the value of a meta-analysis depends on the insight and choices of the meta-analyst.
8. It can be expected that overtreatment in pregnancy is more common if treatment focuses on reducing TSH, and FT4 is seldom monitored. (adapted from Hales et al., JCEM 2019)
9. Openly acknowledging the lack of knowledge is just as much a task of science as proclaiming the acquired knowledge.
10. To imagine we can end antisemitism is like dreaming we can reverse the aging process.
11. The noblest pleasure is the joy of understanding. (Leonardo da Vinci)