

1. Persistent inequalities in maternal and child health exist in the Netherlands as illustrated by the higher prevalence of poor health outcomes in more deprived areas (this thesis).
2. Client-tailored care during pregnancy based on a risk-profile comprising also non-medical factors, does not decrease the incidence of adverse neonatal health outcomes in the index pregnancy (this thesis).
3. Healthcare professionals' awareness for adverse neonatal health outcomes at birth can be improved by extending antenatal risk assessment with non-medical risk factors (this thesis).
4. Postpartum care in the Netherlands is unequally distributed where women with a low socio-economic status less often receive postpartum care, this being associated with higher subsequent healthcare expenses (this thesis).
5. Risk-guided, patient centred care during pregnancy and the postpartum period increases maternal self-efficacy in the early postpartum period, especially in high-risk women (this thesis).
6. Educating health care professionals in social obstetrics and strengthening specific communication skills is essential and will eventually lead to better healthcare.
7. An equitable distribution of postpartum care should be prioritised in the revised Dutch indication protocol (i.e. Landelijk Indicatie Protocol Kraamzorg).
8. When interpreting the results of medical research, an evaluation of missing data is essential.
9. Quasi-experimental studies are a good alternative for randomized trials in the evaluation of interventions at the population level.
10. Equality of opportunity is not enough. Unless we create an environment where everyone is guaranteed some minimum capabilities through some guarantee of minimum income, education, and healthcare, we cannot say that we have fair competition. (Ha-Joon Chang).
11. There is a crack in everything, that's how the light gets in (Leonard Cohen).