PROPOSITIONS

1. Children born to mothers with psychological distress during pregnancy have an increased risk of asthma at school age (this thesis).

2. Lower respiratory tract infections in childhood are associated with adverse respiratory health, and not vice-versa (this thesis).

3. Maternal *Chlamydia trachomatis* infection during pregnancy is, independent of birth characteristics, associated with impaired lung function and asthma in childhood (this thesis).

4. The overall compositional variation of the gut microbiome at school-age is associated with inhalant allergy, but not with other atopic outcomes (this thesis).

5. Nasopharyngeal bacterial carriage with *H. influenzae, M. catarrhalis* or *S. pneumoniae* in early-childhood is associated with preschool wheezing but not with lung function or asthma in later childhood (this thesis).

6. Exposures intrauterine or early postnatally must be the trigger of early onset asthma (FD Martinez, Immunol Allergy Clin North Am 2019).

7. In managing asthma, our focus going forward should be firmly on improving not only short-term symptoms, but also the long-term respiratory and other health outcomes (SC Dharmage et al, Front Pediatr 2019).

8. Negative findings are a valuable component of the scientific literature (N Matosin et al, Dis Model Mech 2014)

9. Those who are less well off in many spheres of life because of socio-economic inequalities should not be allowed to live shorter lives, and shorter in good health (JP Mackenbach, Presidency of the EU 2006).

10. There’s a false perception that mothers can’t be truly invested in both family and work, and are therefore less committed to paid work than fathers and women without children (SJ Correll et al, American Journal of Sociology 2007).

11. La médecine c’est guérir parfois, soulager souvent, consoler toujours (attributed to Ambroise Paré).