

# Stellingen

behorende bij het proefschrift

## Born into Inequality

### Organizational and Environmental Influences on Reproductive Health

1. In the Netherlands, a pregnant woman's chance of a healthy pregnancy is influenced by the neighborhood in which she lives (this dissertation).
2. On average, ethnic minority women are at higher risk for adverse birth outcomes than native Dutch women; this trend is reversed in neighborhoods with a high proportion of ethnic minorities due to the higher level of social support ethnic minority women receive in these neighborhoods (this dissertation).
3. The current Dutch antenatal care system does not meet the needs of women with an accumulation of non-medical risk factors such as having debt or a lack of social support (this dissertation).
4. The fragmented organizational structure of the antenatal care system as well as the insufficient quality of communication and relationships among obstetricians and community midwives make it difficult for these two professional groups to work together (this dissertation).
5. In the area of family planning and public health in general, policy makers and scholars often recommend designing 'multilevel' interventions; very few family planning interventions have translated this recommendation into practice (this dissertation).
6. As people are constrained by the contexts in which they live, interventions that emphasize individual responsibility and choice over seeking to change these contexts will only have limited impact.
7. The current obstetric guidelines (*Verloskundige Indicatielijst*) and the insurance policy for reimbursements do not incentivize community midwives and obstetric professionals to take on shared responsibility for the care of pregnant women.
8. The currently insufficient level of coordination between community midwives and obstetric professionals in the Netherlands places a disproportional burden on pregnant women who are lowly educated and/or not fluent in Dutch.
9. Academic researchers should dedicate more time and energy to discerning which questions are worth asking, and ask questions other organizations are either unwilling or unable to address.
10. The choice for a qualitative or quantitative method should logically follow from the research question at hand, rather than from ideology; in public health, this is currently not the case.
11. Don't be so humble – you are not that great.

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