

Stellingen behorende bij het proefschrift:

A dive into the wondrous world of congenital diaphragmatic hernia

An international multicenter clinical approach

1. Conventional mechanical ventilation is the preferred initial ventilation mode in antenatally diagnosed congenital diaphragmatic hernia patients born after 34 weeks gestation. (this thesis)
2. The SNAP-II score is a reliable score to predict mortality, need for ECMO, and development of chronic lung disease in congenital diaphragmatic hernia patients. (this thesis)
3. Due to variations in survival rates between years, and patient populations between centers, future multicenter studies should be evaluated over a sufficient period of time and corrected for center. (this thesis)
4. The biomarkers NT-proBNP and hs-Troponin T are not useful in the prediction of clinical outcome in congenital diaphragmatic hernia patients. (this thesis)
5. In a relative rare condition such as congenital diaphragmatic hernia, multicenter collaboration and standardization of both treatment and follow-up is essential to improve outcome. (this thesis)
6. Ensuring data are made widely available to the research community accelerates the pace of discovery and enhances the efficiency of the research enterprise. (Walport M. Lancet, 2011)
7. Optimal prenatal counseling of parents who expect a child with a congenital anomaly, includes information on postnatal research.
8. Expert consensus on, and implementation of, standardized outcome definitions and core outcome sets is fundamental to reducing bias when comparing effects across trials. (Blackwood B. Am J Respir Crit Care Med 2014)
9. A good balance between working from home and working at the hospital leads to the highest productivity, when performing a PhD and beyond. (Bloom N. Harvard Business Review, 2014)
10. Practice in anesthesiology should be an integral part in the curriculum of medical students.
11. After climbing a great hill, one only finds that there are many more hills to climb. (Nelson Mandela)