

STELLINGEN

behorende bij het proefschrift

Risk of pregnancy in women with cardiovascular disease

1. The modified WHO classification, although the best available tool for pregnancy risk prediction in women with cardiac disease, has a moderately accurate performance, and thus adding clinical predictors remain paramount when estimating the risk of a cardiac event in these women. *(this thesis)*
2. Pregnancy outcome in women with structural heart disease is partly explained by socioeconomic factors, but the maternal condition is the main denominator. *(this thesis)*
3. There is a remarkable though explainable coincidence between the timing of supraventricular tachycardia and heart failure at the end of the second trimester. *(this thesis)*
4. The availability of a low-risk intervention is an incentive to consider balloon commissurotomy of moderate or severe mitral stenosis with low threshold in young women with a desire for pregnancy, even if they are asymptomatic. *(this thesis)*
5. Women with a mechanical heart valve administered on oral anticoagulation (Vitamin K antagonists) in the first trimester have an increased risk not only of early but also of late fetal demise. *(this thesis)*
6. Preconception counselling should not be aimed at discouraging women from becoming pregnant; rather it should empower them to make informed choices. *(Cauldwell 2016 Heart)*
7. The decision on appropriate therapeutic regimen for pregnant women with single-valve replacement in mitral or aortic position or double valve replacements needs to be based on the individual case scenario taking level of system resources, access of patients to health care, and distance to appropriate testing of INR and anti-Xa into consideration. *(Sliwa 2015 European Heart Journal)*
8. Prior aortic root replacement is a risk factor for late type B dissection. *(Braverman 2016 American Journal of Medical Genetics)*
9. While randomized controlled trials during pregnancy would provide strongest evidence, ethically and practically these are hard to conduct, which is why very long-term prospective observational registries are the next best thing to improve our experience and efficacy in managing this particularly vulnerable, young patient group. *(partly based on Konstantinides 2016 Eur Journal Heart Failure)*
10. Education is the most powerful weapon, which you can use to change the world. *(Nelson Mandela)*
11. It is not the strongest of the species, nor the most intelligent that survives. It is the one that is most adaptable to change. *(Charles Darwin)*