

Stellingen

behorende bij het proefschrift

Umbilical venous volume inflow and liver size in normal and abnormal fetal development

1. Normal umbilical venous volume flow increases 7-fold during the second half of pregnancy, but when expressed per kg fetal weight depicts a significant reduction during the last trimester of pregnancy. *(Thesis)*
2. In fetal growth restriction umbilical venous volume flow standardised for fetal weight is reduced only in association with raised umbilical artery downstream impedance. *(Thesis)*
3. Fetal liver size is affected in fetal growth restriction, but fetal liver volume measurement is not a better discriminator than measurement of the upper abdominal circumference. *(Thesis)*
4. In maternal insulin dependent diabetes mellitus fetal liver volume is positively related to maternal glycosilated hemoglobin level reflecting degree of maternal glycemc control. *(Thesis)*
5. Combined maternal administration of plasma expander and dihydralazine does not have a deleterious effect on the fetoplacental circulation as expressed by umbilical artery pulsatility index and umbilical venous volume flow measurements. *(Thesis)*
6. Centralisation of the fetal circulation during fetal growth restriction is a mechanism of adaptation and not a mechanism of decompensation.
7. Ductus venosus flow velocity is a good monitor to check fetal growth restriction longitudinally *(Hecher K et al. Ultrasound Obstet Gynecol 2001;18:564-70.)*
8. Early and severely growth-restricted fetuses develop Doppler abnormalities in a time-dependent, progressive sequence which include early stage Doppler changes

in the umbilical artery and middle cerebral artery, as well as late stage Doppler changes occurring in the ductus venosus and aortic outflow tracts. (*Ferrazzi et al. Ultrasound Obstet Gynecol 2002;19:140-6*)

9. The optimal timing of delivery in pregnancies complicated by intrauterine growth restriction is still an issue to be resolved. (*Hecher K et al. Ultrasound Obstet Gynecol 2001;18:564-70*)

10. Prenatal diagnosis may result from the deliberate use of a specific diagnostic procedure or from routine pregnancy surveillance using ultrasound or other screening tests. The need for counselling and consent apply equally to the use of these latter techniques. (*Guidelines produced by the FIGO Committee for The Study of Ethical Aspects of Human Reproduction and Women's Health*)

11. The deeper we look into nature the more we recognise that it is full of life, and the more profoundly we know that all life is a secret, and we are all united to all this life. (A. Schweitzer)

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