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Optimising Down Syndrome screening

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Document Version

Publisher's PDF, also known as Version of record

Publication date:

1998

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Kornman, L. H. (1998). *Optimising Down Syndrome screening: a study to assess the possibilities of improving current screening methods*. [Thesis fully internal (DIV), University of Groningen]. [S.n.].

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OPTIMISING DOWN SYNDROME SCREENING

*A study to assess the possibilities of improving
current screening methods*

22 juni 1998

STELLINGEN

- 1 The indication for invasive prenatal diagnosis of “advanced maternal age” should be replaced by the indication: “screen-positive on maternal serum screening”.
- 2 The only advantage of maternal-age screening over maternal serum screening is that you know whether you will be screen-positive *before* the pregnancy commences.
- 3 Nuchal translucency screening should be performed as a separate test only after the woman has given proper informed consent.
- 4 Seeing is believing - screening based on visible variations is more compelling than that based on biochemical variations.
- 5 Screening is not diagnosis.
- 6 First-trimester screening for Down’s syndrome will not attract many women who decline second-trimester screening.
- 7 An induced first-trimester abortion of a wanted pregnancy is not necessarily a lot easier emotionally than an induced second-trimester abortion.
- 8 First-trimester screening for Down’s syndrome will increase not only the immediate, but also the longer-term workload of the cytogenetics laboratories.
- 9 Dutch emigrants are remarkably poor at passing on their language to their children.

- 10 The Netherlands should subject any recommendation of providing routine second-trimester morphology scans to all pregnant women to the same scrutiny now required of all screening tests.
- 11 Low levels of IgG anticardiolipin antibodies are poorly predictive of future pregnancy loss.
- 12 The menopause is not a natural state for women.
- 13 Practice makes perfect only when you practise to be perfect.
- 14 Only boring people are bored.