

# BÖLÜM 5

## Gebelikte Kalp Hastalıkları



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### Giriş

Gebelik döneminde hipertansif hastalıklar %8 olarak en sık görülür. Hamileliklerin %2'sinde kalp hastalığı gözlenmektedir. Gelişmiş olan ülkelerde konjenital nedenler sık olmakla beraber gelişmekte olan ülkelerde romatizmal kalp hastalığı daha yaygındır (1). Kalp hastalıkları dünya çapında gebelik sırasında fetal ve maternal, morbidite ve mortalitenin en önemli sebeplerinden biridir.

### Normal Hamilelik Sırasında Meydana Gelen Hemodinamik Değişiklikler

Kırmızı kan hücrelerinde %20-30, plazma hacminde ise %40-50 oranında artış gözlenmektedir. Bu durum gebelikte total kan hacmini arttırıp rölatif anemi ortaya çıkarır. Kalp hızı 10 atım/dk artmakta olup sistemik ve pulmoner vasküler dirençte azalma gelişir. Kalp atım hızında 32. Haftaya kadar düzenli artış izlenir. Kardiyak atım hacmi de öncesine göre %30-55 oranında artar (2). Rahim kardiyak atımın ortalama %18'ine ihtiyaç duyar bu da düzenli olarak hamilelikte oksijen tüketiminin artışına yol açar. Kan basıncı hamilelik süresince hafif düşüş eğiliminde olup doğumdan 2-4 hafta sonra normale döner. Büyümüş rahim alt ekstremitte venöz yapılarına bası yapar bu da bacak venöz yapılarında belirginleşmeye yol açar. Gebenin sol yana yatış pozisyonu venöz dönüşteki azalmayı en aza indirmiş olur (3).

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## Sonuç

Kalp hastası olan kadınlar gebe kalmadan önce mutlaka değerlendirilmelidir. DSÖ risk sınıflamasına göre anne ve doğacak çocuğun riski belirlenmelidir. Önemli kalp hastalığı olan gebeler kardiyolog ve kadın doğum uzmanıyla ortak tedavi edilmeli ve mutlaka hastanede doğum önerilmelidir.

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