

Klinik Uygulama Rehberleri

# EBELİK & KADIN SAĞLIĞI

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Ebelere ebedi ve kutsal bir güven duyulur. Bu güveni, kendi deneyimlerimiz ve hizmet verdiğimiz kadın ve ailelerin deneyimleri hakkında yaşam boyu bilinçli öğrenme ve yansıtma yoluyla kazanırız. Ebelik, kadının değerlerine ve geleneklerine saygı gösteren ve kadınların yaşadığı deneyimleri doğrulayan bir disiplindir. Ebeler, kadının kendi yaşam bağlamı içinde sağlık hizmeti sunmak ve üreme konusunda bakım sağlamak adına *kadını dinler*.

Bu kitabı, bu yükümlülükleri yerine getirme ve bize emanet edilen kadınlara ve ailelere mükemmel ebelik bakımı sağlama aracı olarak sunuyoruz.

-Nell L. Tharpe, Cindy L. Farley, Robin G. Jordan

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# Temel Ebelik Uygulamaları

**E**belik, bilimi sanatla kaynaştıran ve teknolojiyi gelenekle sentezleyen bir disiplindir; bireyin, doğum ve doğurganlık süreçlerinin kutsallığını tanıyan, ömür boyu kadınları onurlandıran, kadınlara, yenidoğanlara ve ailelerine kaliteli sağlık hizmeti sunan hümanistik bir yaklaşımdır.

Ebeler işlerine tutkuyla bağlıdır. Ebelerin bakım verdiği kadınların onları takdir etmesi, bu tutkunun düşünceli ve becerikli bir ifadesidir ve bu, ebelik disiplininin gelişmesine yardım etmiştir.

Bu metin çalışan ebeler için tasarlanmıştır. Metin, ebelik bakım modelinin arkasındaki sanat ve bilimi vurgulayan klinik bakıma yoğunlaşır ve özetler. Yazarlar; bu metnin uygulamaya özel klinik uygulama rehberleri oluşturmak yerine bakım sunulan kadınlar üzerine odaklanmayı sağlayan bir kaynak olarak profesyonel ebelik uygulamalarını desteklemesini amaçlamaktadır.

## KISIM 1: EBELİK UYGULAMALARI İÇİN TEORİK TEMEL

### *Önce Kadınlar*

Ebeler ve diğer kadın sağlığı profesyonelleri giderek daha karmaşık bir sağlık sistemi içinde çalışmaktadır. Ebelik ve kadın sağlığı, her şeyden önce kadının psikososyal ve fiziksel ihtiyaçlarına saygı duyan bir tutum içinde kadınla ve bakımla ilgilenir. Her kadın otonomisini ve kendisi için bakım becerisini destekleyen yeterli ve güvenli bakım almayı hak eder. Böyle bir bakım, kadınların kişisel, kültürel ve gelişimsel ihtiyaçlarını ele alır. Kadınlar, kendi doğruları, algılanan sağlık ihtiyaçları ve içsel inançları ile tutarlı yol gösteren sağlık uzmanına başvurmaktadır.

Ülkemizde ebeler kadınlara bakım verirken, kadınların endişelerini dinleme ve bu endişeleri verdikleri bakıma dahil etme becerileri ebelik uygulamasının ayrılmaz bir parçasıdır. Amaç; ebeğin farkındalığını yansıtan, ulusal, bölgesel ve yerel beklentilerin paylaşımını ve bakım önerilerini esas alan, ebe ve kadın tarafından karşılıklı olarak geliştirilen ve desteklenen bireysel bir bakım planı ile kadının ifade ettiği ve tanımladığı ihtiyaçları doğrultusunda bakım sağlamaktır.

## KLİNİSYENLER İÇİN WEB KAYNAKLARI

KAYNAKLAR	URL
Sağlık Araştırma ve Kalite Ajansı. EPC Kanıt Temelli Raporlar	<a href="http://www.ahrq.gov/research/findings/evidence-based-reports/index.html">http://www.ahrq.gov/research/findings/evidence-based-reports/index.html</a>
Amerika Kanser Topluluğu, Kanser Erken Tespit Edilmesi İçin Rehberler	<a href="http://www.cancer.org/docroot/PED/concent/PED_2_3X_ACS_Cancer_Detection_Guidelines_36.asp?sitearea=PED">http://www.cancer.org/docroot/PED/concent/PED_2_3X_ACS_Cancer_Detection_Guidelines_36.asp?sitearea=PED</a>
ICD-10 Kodları	<a href="http://www.icd10data.com/">http://www.icd10data.com/</a>
Tıp Enstitüsü	<a href="http://www.iom.edu/Reports.aspx">http://www.iom.edu/Reports.aspx</a>
Ulusal Kalp, Akciğer ve Kan Enstitüsü, Klinik Uygulama Rehberleri	<a href="http://www.nhlbi.nih.gov/health-pro/guidelines/current">http://www.nhlbi.nih.gov/health-pro/guidelines/current</a>
Ulusal Sağlık Enstitüleri, Ulusal Kliring Odası Kılavuzu	<a href="http://www.guideline.gov/index.aspx">http://www.guideline.gov/index.aspx</a>
Ulusal Sağlık Enstitülerinde, Yüksek Tansiyonu Önleme, Tespit Etme, Değerlendirme ve Tedavi Etme	<a href="http://www.nhlbi.nih.gov/files/docs/guidelines/jnc7full.pdf">http://www.nhlbi.nih.gov/files/docs/guidelines/jnc7full.pdf</a>
Sistem Formunun İncelenmesi	<a href="http://www.fammed.ouhsc.edu/forms/FMC_ROS_Form.pdf">http://www.fammed.ouhsc.edu/forms/FMC_ROS_Form.pdf</a>
Risk İletişimi Enstitüsü, Paling Plattes	<a href="http://riskcomm.com/paling_plattes.htm">http://riskcomm.com/paling_plattes.htm</a>

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## Gebelik Esnasında Kadının Bakımı

**Prenatal bakım, sürekli ve anaç bir ilişki bağlamında, kadının hayatını değiştirecek bir zaman diliminde anlamlı sağlık bakım hizmeti sunma fırsatı sağlamaktadır.**

Biz ebeler olarak, gebelik esnasında anne ve fetüsün büyüme ve gelişmesine tanık ve destek olmak gibi ayrıcalıklara sahibiz. Prenatal bakım, gebe kadın ve ailesinin biyofiziksel, psikososyal ve eğitim gereksinimlerini yansıtan kapsamlı ve sürekli bir bakım programıdır. Prenatal bakımın amacı, gebe kadına koruyucu temel sağlık bakım hizmeti sunmanın yanı sıra gebelik ve doğum sonuçlarını optimal seviyeye ulaşmasını sağlayan sağlık davranışları ile ilgili bilgi düzeylerini arttırmaktır. Dahası, maternal veya fetal iyilik halini etkileyebilecek olan anormal değişikliklerin tespit edilmesi amacıyla her takipte risk değerlendirmesi yapılmaktadır. Gebeliğin normal seyrinin dışında gerçekleşen durumlarda, ebe uygun bir klinisyene danışabilir, işbirliği yapabilir veya kadının sevk edilmesini sağlayabilir. Gebe kadınlar için ihtiyaç halinde en çok danışılan kişiler bir obstetrisyen veya perinatologdur. Elbette gebe kadın hastalıklar ve yaralanmalar yönünden diğer bireyler ile benzer ölçüde risk taşımaktadır. Bu yüzden dermatolog, endokrinolog, psikolog veya fizik tedavi uzmanı gibi diğer sağlık profesyonellerinin bakımı gerekli olabilmektedir.

Prenatal bakımın temel bileşenlerinin sağlanması, ebelik uygulamasının temel yetkinlikleri kapsamındadır. Ebe, daha fazla bilgi için Amerikan Hemşire-Ebe Koleji (American College of Nurse-Midwives-ACNM), Kuzey Amerika Ebeler Birliği (the Midwives Alliance of North America-MANA) ve Uluslararası Ebeler Konfederasyonu (International Confederation of Midwives-ICM) tarafından geliştirilen temel ebelik uygulaması standartlarını karşılaştırmaya cesaretlendirilmektedir. Bu organizasyonlar tarafından oluşturulan temel dokümanları (organizasyonların resmi internet sayfalarında yer alan online erişim ile bu dokümanlara ulaşılabilir) yeniden gözden geçiren bir kişi, Amerika Birleşik Devletlerinde ve tüm dünyada ebelik uygulamaları için beklenen standartlar konusunda fikir sahibi olabilir. Dahası, her bir ebeğin perinatal uygulama yöntemi eyaletler, yerel düzenlemeler, olanaklar ve standart uygulamalar yolu ile şekillenmektedir.

Ebeler prenatal bakımın yapısı, süreci ve sonuçları hakkında ve bakım sunduğu kadının gerçek kişiliği ile ilgili endişe duymaktadır. Bu bileşenlerin tümü kadınların ihtiyaçlarına cevap veren, kalitenin değerlendirilmesini ve iyileştirmeyi sağlayan bir bakım ve hizmet sunumu modeli geliştirmede önemlidir. Prenatal bakımın sürekliliği, kadın ve ebe arasında

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## Prenatal Koşullarda Gebe Kadının Bakımı

**E**beler, anne ve bebek için mümkün olan en iyi sonucu elde etmek için gebelikle ilgili durumları ve komplikasyonları olan kadınları bu endişelerin belirlenmesi ve tedavisinin başlaması yoluyla desteklemektedir. Ebeler, saygılı bakımı sürdürürken gebeliği normal bir fizyolojik durum olarak kabul eder ve gelişebilecek sorunlar ve komplikasyonların farkındadırlar. Bu kapsamlı bakış açısı, kadınların ebelik bakımını aramasının nedenlerinden biridir (Parry, 2008). Potansiyel veya gelişmekte olan koşulların değerlendirilmesi sırasında, ebe, kadının kendisi ve doğmamış bebeğinin bakımıyla ilgili görüşme ve kararlara aktif olarak katılmasını sağlar. Gebelikte problemleri tahmin etme yeteneği, yetenekli ebelik uygulamasının temel bir bileşenidir.

Ebelik bakımının ayırt edici özellikleri arasında bilgilendirilmiş seçim, ortak karar verme ve özerklik hakkı (American College of Nurse-Midwives [ACNM] 2012) vardır. Kadın gebeliği sırasında sorunların gelişimi ile ilgili hiç kontrole sahip olmayabilir veya sınırlı kontrole sahip olabilir. Sorunlar ortaya çıktığında kendilerini tehdit altında hissedebilse de, ebe, seçimin mümkün olduğu alanlarda seçenekler sunarak kadının kontrol duygusunu geliştirebilir. Beklenmeyen bir sorun ortaya çıktığında ve aktif müdahale gerektirdiğinde, her kadının ihtiyaçlarına saygı özellikle önemlidir.

Birçok kadın, gelişmekte olan problemler, tanı değerlendirme ve tedavi önerileri ile tedavi seçeneklerinin beklenen sonuçları hakkında dengeli bir görüş için ebesine başvurabilir. Kadınlar, sağlık hizmeti alırken kendileri ile ilgili kararlara aktif olarak katılmayı seçebilir ve ebesinin, bir eylem sürecini açıkça önermesini bekleyebilir. Öneriler, kadının özel durumu ve mevcut probleme dayalı olarak anne ve fetus için en iyi bakımın ne olacağı yargısına dayanır. Bazen, ebeğin önerileri kadının tercihlerine veya hastaneye yönelik standart bakım beklentilerine aykırı olabilir.

Gebelikle ilgili birçok yaygın enfeksiyon bu bölümde ele alınmaktadır, ancak gebeliğe zarar verme potansiyeline sahip birçok patojen vardır. Kadın ve fetüse yönelik bir enfeksiyonun etkileri, maruz kalma sırasında ve enfekte edici ajanın virülansı ile birlikte gestasyonel yaşa göre değişir. Antibiyotik direnci olan mikroplar veya bilinmeyen tedavi ortaya çıkıyor. Pandemiler bir endişe kaynağıdır; küreselleşme ve ülkeler arası seyahat ve ticaretin artması, bulaşıcı hastalıkların hızla yayılması ile sonuçlanmıştır (bkz. Zika Virüs metin kutusu), Gebe kadınlarda bulaşıcı hastalık yükünü azaltmak için, ebeler sağlığı yükseltme, hastalıkları önleme, gelişmekte olan enfeksiyonların, tedavisinin farkındalığını birleştirerek bütüncül bir yaklaşım kullanır.

**Clinician Information**

Female genital mutilation (WHO, 2014)	<a href="http://apps.who.int/iris/bitstream/10665/77428/1/WHO_RHR_12.41_eng.pdf">http://apps.who.int/iris/bitstream/10665/77428/1/WHO_RHR_12.41_eng.pdf</a>
Treatment of hepatitis in pregnancy (CDC, 2015a)	<a href="http://www.cdc.gov/std/tg2015/default.htm">http://www.cdc.gov/std/tg2015/default.htm</a>
Interim Guidelines for Pregnant Women During a Zika Virus Outbreak - United States, 2016 (CDC, 2016)	<a href="http://www.cdc.gov/mmwr/volumes/65/wr/mm6502e1.htm">http://www.cdc.gov/mmwr/volumes/65/wr/mm6502e1.htm</a>
Recommendations for ARV therapy in pregnancy (NIH, 2015)	<a href="https://aidsinfo.nih.gov/contentfiles/lvguidelines/PerinatalGL.pdf">https://aidsinfo.nih.gov/contentfiles/lvguidelines/PerinatalGL.pdf</a>
March of Dimes	<a href="http://www.marchofdimes.com/professionals/patients.html">http://www.marchofdimes.com/professionals/patients.html</a>

**KAYNAKLAR**

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## Travay ve Doğumda Kadının Bakımı

**A**ktif doğumda kadınların yanında sürekli terapötik bulunuş ebelik bakımının ayırt edici özelliğidir ve “kadınla birlikte” olmanın özü olmaya devam etmektedir. Travay ve doğum sırasında “kadınla birlikte” olanlar arasında annenin güveninin doğum sürecinde hayati bir değer olduğu yaygın bir bilgidir. Kendine güvenen bir kadın, hangi şartlar olursa olsun galip gelme yeteneğine inanan ve en iyi sonucu sağlamak için gerekli olan duygusal dayanıklılığı, olumlu tutumu ve başa çıkma davranışlarını ortaya çıkarabilen kişidir. Ebeler, kadınları kendilerine bu inancı geliştirmelerinde desteklemek ve yanlarında bulunarak, alnını silme, elini sıkma, sırtını ovma veya “Güçlüsün, yapabilirsin” diye fısıldayarak destek verme ayrıcalığına sahiptir.


Doğum sırasında kadınlar en savunmasız, yaratıcı ve güçlü anlarından bazılarını yaşamaktadırlar. Doğum, kadının hayatını pek çok şekilde geri dönülmez bir şekilde değiştiren yeni bir yaşam ortaya çıkaran dönüşümsel bir süreçtir. Doğum, sosyal süreçlere gömülü psikofizyolojik olarak kabul edilen önemli bir yaşam olayını temsil eder. Her yıl Amerika Birleşik Devletleri’nde doğum yapan neredeyse 4 milyon kadından çoğu bu olayı normal, sağlıklı ve kutlama sebebi olarak görmektedir.

Doğum yapma, anne, çocuk ve aile üzerindeki etkileri doğumun ötesine geçen kadının yaşamında önemli gelişimsel bir kilometre taşıdır. Bir çocuğun doğumu, bir kadının yaşam tarihinde eşsiz ve önemli belirleyici bir olaydır. Çoğu kadın için zaman, “çocuklardan önceki yaşam” ve “çocuklardan sonraki yaşam” olarak adlandırılır. Kadınlar, hayatları boyunca her doğum deneyimlerinin canlı hatıralarını taşırlar.

Pek çok kültürden ve her kesimden kadın doğum ve bakım için ebelere başvurmaktadır. Bu kadınlar güvenli, şefkatli bir doğum için ebelerden yardım alırlar. Pek çok kadının ebelik bakımını seçmesinin nedeni, arzu etikleri doğum deneyimini doğal olarak yaşamak istemeleridir. Kadınlar doğum sürecinde çok büyük miktarda enerji harcayarak bebeklerini dünyaya getirirler. Kadınların bu süre zarfında normal doğum süreçlerini kolaylaştırabilecek ve sağlık sisteminin karmaşıklıklarını yönetmelerine yardımcı olacak bir savunucuya ihtiyaçları vardır. Ebeler, hem savunucu hem de rehber rolleriyle anne adına hareket eder.

Doğum uzmanları olarak ebelerin insancıl ve uygun maliyetli bir şekilde yüksek kaliteli doğum ve kadın sağlığı hizmetleri sağladığına dair çok sayıda kanıt bulunmasına rağmen, ABD’de bir çok hastanede ve doğum merkezinde ebeler birincil doğum bakımı sağlayıcıları olarak yeterince kullanılmamaktadır.(American College of Nurse-Midwives [ACN-MJ, n.d.]). Her doğum ve kadın sağlığı hizmetine ebelerin entegre edilmesi, ebelik bakımını Amerika’daki tüm kadınlar için erişilebilir hale getirecektir. Ebelik bakımı, gebelik ve do-



- Uterus rüptürü belirtileri ve bulguları görülen kadınlar için STAT
- Distosi veya obstrüksiyon geliştiğini gösteren kanıt
- Tekrarlayan sezaryen için anne talebi
- Retansiyon plasenta
- Pediatrik servis: yenidoğan resüsitasyonuna ihtiyaç duyulması
-  Ebelik liderliği
- SSVD seçeneğinin yaygın olarak kullanılmasını savunmada
- SSVD'yi seçen kadınların bakımında fizyolojik doğum uygulamalarını kullanmada
- Birincil sezaryeni önlemede
- Ebenin uygulama alanının dışındaki tanı veya tedaviler için

## KLİNİSYENLER İÇİN WEB KAYNAKLARI

<b>Ebelik Uygulama Kaynakları</b>	
BirthTOOLS.org	<a href="http://birthtools.org">http://birthtools.org</a>
Breastcrawl	<a href="http://www.breastcrawl.org/science.shtm!">http://www.breastcrawl.org/science.shtm!</a>
Childbirth Connection	<a href="http://www.childbirthconnection.org/">http://www.childbirthconnection.org/</a>
Lotus Birth	<a href="http://www.1otusbirth.net/">http://www.1otusbirth.net/</a>
Prevent Croup B Strep App for Obstetric and Neonatal Providers	<a href="http://www.cdc.gov/groupbstrep/guidelines/prevention-app.html">http://www.cdc.gov/groupbstrep/guidelines/prevention-app.html</a>
Spinning babies	<a href="http://spinningbabies.com/">http://spinningbabies.com/</a>
Safe prevention of primary cesarean delivery	<a href="http://www.ajog.org/pb/assets/raw/Health%20Advance/journals/ymob/YMOB,,Consensus.pdf">http://www.ajog.org/pb/assets/raw/Health%20Advance/journals/ymob/YMOB,,Consensus.pdf</a>
Waterbirth International	<a href="http://www.waterbirth.org/">http://www.waterbirth.org/</a>
<b>Anatomy and Physiology of Labor and Birth</b>	
Hormonal Physiology of Childbearing	<a href="http://childbirthconnection.org/pdfs/CC.NPWF.HPoC.Report.2015.pdf">http://childbirthconnection.org/pdfs/CC.NPWF.HPoC.Report.2015.pdf</a>
Bishop score calculator app	<a href="https://itunes.apple.com/us/app/bishops-score-calc/id287945218?mt=8">https://itunes.apple.com/us/app/bishops-score-calc/id287945218?mt=8</a>
<b>Complex Perinatal Conditions</b>	
AWHONN Postpartum Hemorrhage Project	<a href="http://www.pphproject.org">http://www.pphproject.org</a>
California Maternity Quality Care Collaborative (CMQCC)	<a href="https://www.cmqcc.org/">https://www.cmqcc.org/</a>
Clinical Opiate Withdrawal Scale	<a href="http://www.mdcalc.com/cows-score-for-opiate-withdrawal/">http://www.mdcalc.com/cows-score-for-opiate-withdrawal/</a> and <a href="https://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf">https://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf</a>
Guidelines for safe use of oxytocin	<a href="http://www.idahoperinatal.org/documents/FinalMedicationSafetyOxytocinUse2009.pdf">http://www.idahoperinatal.org/documents/FinalMedicationSafetyOxytocinUse2009.pdf</a>
Guidelines for transport from a home or freestanding birth center to a hospital setting	<a href="http://www.maine.gov/dhhs/mecdc/population-health/mch/documents/01-2014-Maine-CDC-Transport-Guidelines-FINAL.pdf">http://www.maine.gov/dhhs/mecdc/population-health/mch/documents/01-2014-Maine-CDC-Transport-Guidelines-FINAL.pdf</a>
Protocols for postpartum hemorrhage	<a href="https://www.cmqcc.org/resources-tool-kits/toolkits/ob-hemorrhage-toolkit">https://www.cmqcc.org/resources-tool-kits/toolkits/ob-hemorrhage-toolkit</a>
Safe motherhood initiative	<a href="http://www.safemotherhood.org/nn">http://www.safemotherhood.org/nn</a>
VBAC project	<a href="http://www.nnepqin.org/VBAC.asp">http://www.nnepqin.org/VBAC.asp</a>

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## Doğumdan Sonra Anne ve Yenidoğanın Bakımı

**F**etüsün intrauterin yaşamdaki ekstra uterin yaşama bir yenidoğan olarak geçişinde ve gebe kadının doğum sonunda anneye dönüşümünde, homeostazi korumak için hızlı adaptasyonlara gereksinim vardır. Bu fizyolojik ve duygusal değişiklikler; anne ve bebeğin birlikte kalması ile birbirlerine bağlanmalarını ve aralarındaki sinerjik etkiyi artırır.

Doğum; anne ve yenidoğanın tehlikelere açık olduğu ve büyük değişimler geçirdiği kritik bir zamanın başlangıcıdır. Yenidoğanın beslenmesi ve solunum gereksinimleri intrauterin ortamda umbilikustan karşılandığından dolayı, dış ortama geçişte yenidoğanın nefes almasını başarılı bir şekilde başlatması ve hayatta kalmak için emmeye başlaması müthiş bir geçiş sürecine sebep olur. Değişken ortam sıcaklığı, yenidoğanın dinamik çevresel değişikliklere uyum sağlaması için iç termoregülasyonun başlatılmasını gerektirmektedir.

Kadında da doğumdan sonra inanılmaz bir fizyolojik değişim gerçekleşmektedir. Plakental ayrılma, tüm vücut sisteminde basamaklı etkileri oluşturarak hormonlardaki temel değişime neden olurken (Buckley, 2015); aynı zamanda aşırı kanamaya da duyarlı hale gelir. Miyometriumun sekiz şeklindeki orta kas tabakası, uterin kasların canlı ligatürleri homeostazi sağlamak için kontrakte olur. Anne- bebek bağlanması ve annelik rol gelişimi; anne, bebeğini kollarının arasında aldığı zaman yeni bir boyut kazanır. Anne-bebek bağlanması bu adaptasyon sürecinin vazgeçilmez bir parçasını oluşturur. (Farley, 2014).

Doğumdan hemen sonra gerçekleşen uzun ve kesintisiz ten-tene temas; yenidoğanda sıcaklığın korunmasını, annenin kalp atışlarının ve gastrointestinal sistemin tanıdık seslerinin duyulmasını ve dokunma hissinin uyandırılmasını sağlar. Bu uygulamalar, çift taraflı bağlanmayı ve endojen oksitosinin serbest bırakılmasına neden olur. Anne bebek bağlanmasını teşvik etmek, ebelik uygulamasının ayrılmaz bir parçasıdır. Yetenekli bir ebeğin denetiminde olmayı kabullendikleri takdirde destekleyici bakım; anne ve bebeğin birbirlerine odaklanmalarını sağlar.

Doğumdan sonra optimal anne bakımı; erken postpartum dönemde ebelerin sık ev ziyareti yapmasına ek olarak evde daha geniş kapsamlı yardım ve desteği içermektedir. Amerika Birleşik Devletleri'nde hastanelerde doğum yapan kadınlara uygulanan standart postpartum bakım, diğer gelişmiş birçok ülkeden düşüktür. O ülkelerde erken post-partum dönemde ev ziyaretlerini ve ev içi yardımı sıklıkla yapmak bir rutindir. Ayrıca ücretli doğum izni süresi de uzundur. Amerika'daki postpartum ve yenidoğan bakımında; aile merkezli bakım modeli ve doğumdan sonraki ilk yılda anne ve bebeğin sağlığının, refahının desteklenmesi gibi yeniliklere gereksinim duyulmaktadır (Bloomfield & Rising, 2013). Sosyal destek, kadının

- Pelvik apse
- Pelvik hematoma
- Yara enfeksiyonu
- Septik pelvik tromboflebit

### **Disiplinler arası Yaklaşım: Konsültasyon, İşbirliği veya Sevk**

- Obstetrik hizmet

- Postpartum ateş veya enfeksiyonun değerlendirilmesi veya tedavisi
- Bakımın evden veya doğum merkezinden hastaneye devredilmesi
- 24-48 saat içinde oral tedaviye cevap vermeyen enfeksiyon
- Ebenin uygulama alanı dışındaki tanı ve tedavi için

### **KLİNİSYENLER İÇİN WEB KAYNAKLARI**

KAYNAKLAR	URL
<b>Yenidoğan Kaynakları</b>	
American College of Medical Genetics and Genomics. Genetic screening clinical guidelines	<a href="https://www.acmg.net/ACMG/Publications/PracticeGuidelines/ACMG/Publications/PracticeGuidelines.aspx">https://www.acmg.net/ACMG/Publications/PracticeGuidelines/ACMG/Publications/PracticeGuidelines.aspx</a>
Critical Congenital Heart Defects	<a href="http://www.cdc.gov/ncbddd/heartdefects/hcp.html">http://www.cdc.gov/ncbddd/heartdefects/hcp.html</a>
Lifestart, neonatal resuscitation	<a href="http://www.inditherm.co.uk/medical/neonatal-resuscitation-lifestart/and">http://www.inditherm.co.uk/medical/neonatal-resuscitation-lifestart/and</a> <a href="https://www.youtube.com/watch?v=f2AnDOsCePE">https://www.youtube.com/watch?v=f2AnDOsCePE</a>
Neonatal abstinence screening tool	<a href="https://www.youtube.com/watch?v=f2AnDOsCePE">https://www.youtube.com/watch?v=f2AnDOsCePE</a>
Neonatal Behavioral Assessment Scale	<a href="http://www.brazelton-institute.com/intro.html">http://www.brazelton-institute.com/intro.html</a>
New Ballard Score	<a href="http://www.ballardscore.com/">http://www.ballardscore.com/</a>
Period of PURPLE Crying	<a href="http://purplecrying.info">http://purplecrying.info</a>
Safe to Sleep	<a href="https://www.nichd.nih.gov/sts/Pages/default.aspx">https://www.nichd.nih.gov/sts/Pages/default.aspx</a>
State mandated newborn screening	<a href="http://www.babysfirsttest.org/">http://www.babysfirsttest.org/</a>
<b>Emzirme Kaynakları</b>	
Breast crawl	<a href="http://www.breastcrawl.org/">http://www.breastcrawl.org/</a>
Breastfeeding the healthy term baby	<a href="https://thewomens.r.worldssl.net/images/uploads/downloadable-records/clinical-guidelines/breastfeeding-the-healthy-term-baby.pdf">https://thewomens.r.worldssl.net/images/uploads/downloadable-records/clinical-guidelines/breastfeeding-the-healthy-term-baby.pdf</a>
Lactation management self-study modules	<a href="http://wellstart.org/Self-Study-Module.pdf">http://wellstart.org/Self-Study-Module.pdf</a>
LactMed	<a href="http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm">http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm</a>
<b>Postpartum Kaynaklar</b>	
Adverse Childhood Events screening	<a href="http://acestoohigh.com/got-your-ace-score/">http://acestoohigh.com/got-your-ace-score/</a>
Mothering resources	<a href="http://www.med.umich.edu/yourchild/topics/mother.htm">http://www.med.umich.edu/yourchild/topics/mother.htm</a>
Postpartum doulas	<a href="http://www.dona.org/mothers/faqspostpartum.php">http://www.dona.org/mothers/faqspostpartum.php</a>
Postpartum support international	<a href="http://www.postpartum.net/resources/overview/">http://www.postpartum.net/resources/overview/</a>
Psych on Demand App: a comprehensive collection of validated psychiatric screening tools	<a href="https://itunes.apple.com/us/app/psych-on-demand/id768349681?mt=8">https://itunes.apple.com/us/app/psych-on-demand/id768349681?mt=8</a>
Suture characteristics	<a href="http://www.ecatalog.ethicon.com/sutures-absorbable">http://www.ecatalog.ethicon.com/sutures-absorbable</a>

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# Yaşam Boyu Sağlıklı Kadınlar İçin Temel Koruyucu Sağlık Hizmetleri

**Y**aşam boyu sağlıklı kadının ebelik bakımı; pek çok kadının yaşamı süresince karşılaşılabileceği sayısız sosyal ve sağlık sorunları karşısında, her bir kadının sağlığının ve iyilik halinin geliştirilmesini amaçlar.

## KADINLAR İÇİN TEMEL KORUYUCU SAĞLIK HİZMETLERİ

Temel bakım, bireyin fiziksel, ruhsal ve sosyal iyilik halinin geliştirilmesi için sağlık sistemi genelinde bakımın meslekler arası koordinasyonunu kapsayan ulaşılabilir ve kapsamlı olarak verilmesini içerir (de Jonge ve ark., 2015). Temel bakımın kapsayıcı amacı, her bireyin sağlık ve yeteneklerini optimal düzeyde güçlendirmektir. Ebeler, kadınların temel sağlık bakımı uzmanlarıdır. Ebeler destek ve anlayış ortamında kadınların sağlık bakımını sağlayarak, her kadının öz bakım becerisini geliştirebilir ve gerektiğinde alt uzmanlık bakımına uygun şekilde erişimlerini teşvik edebilir.

Birçok bölgede, sosyal, kültürel ya da mali kısıtlamalar nedeniyle kadınların sağlık bakım hizmetlerine erişimi sınırlıdır. Ebeler, bu uçuruma köprü olmak için yaşadıkları veya çalıştıkları toplumdaki kadınlara ulaşabilirler. Toplum temelli birinci basamak ebelik uygulamaları, evde bakımdan mahalle kliniklerine, bölgesel sevk merkezleri bünyesinde verilen kompleks kadın sağlığı hizmetlerine kadar değişebilmektedir. Her bakım ortamında, ebelerin hizmet verdikleri kadınların yaşamlarında bir fark yaratma potansiyeli vardır. Bir kadının sağlık bakım giderlerini karşılama yeteneğini sorgulamak, sağlık eşitsizliğinin ve erken teşhis ve tedaviyle azaltılabilecek olan meme kanseri veya serviks kanseri gibi ciddi sağlık sorunlarından dolayı artan ölüm oranının azaltılmasında oldukça çok önemlidir (de jonne, ve ark, 2015; Roman ve ark, 2014).

Neredeyse her kültürde, kadınların kendi ihtiyaçlarıyla ilgilenmeden önce başkalarının ihtiyaçlarını karşılama öyküleri vardır. Bu eğilim sosyal beklentiler ve kadının rollerini çevreleyen geleneklerden kaynaklanabilse de, katkı sağlayan diğer etmenler arasında kadınların üreme sağlığı bakımı tavsiyeleri konusunda bilgi veya farkındalığının olmaması, önemli iletişim veya dil engelleri, ulaşım sorunları ve/veya hizmetlerin maliyetinin karşılanacağı kaynakların olmaması yer almaktadır. Kadınları aktif olarak dinleme süreci; her kadının deneyimlerini geçerli kabul etmeyi, belirtilen ihtiyaçlarını kabullenmeyi, eleştirel olmayan desteği sunmayı ve ifşa olan bilginin bu kadını ailesi ve toplum içerisinde nasıl etkileyebileceğini göz önünde bulundurmaya içermektedir.

Her yaşta kadın için ebelik bakım hizmetleri vardır. Bunlar, üreme sağlığı taraması ve değerlendirilmesi; spor, okul ya da işle ilgili değerlendirmeler; tanı testleri, aile planlaması

## KLİNİSYENLER İÇİN WEB KAYNAKLARI

KAYNAKLAR	URL
CDC Adult immunization Schedule	<a href="https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combinedschedule.pdf">https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combinedschedule.pdf</a>
CycleBeads	<a href="http://www.cyclebeads.com">www.cyclebeads.com</a>
Emergency Contraception	<a href="http://www.ec.princeton.edu/for-providers.html">www.ec.princeton.edu/for-providers.html</a>
FDA adverse medication event reporting (MedWatch)	<a href="https://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting.home">https://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting.home</a>
FDA adverse vaccine event reporting (VAERS)	<a href="https://vaers.hhs.gov/index">https://vaers.hhs.gov/index</a>
Kindera fertility app	<a href="http://www.kindera.com/home">www.kindera.com/home</a>
March of Dimes family health history form	<a href="http://www.marchofdimes.org/materials/family-healthhistory-form.pdf">www.marchofdimes.org/materials/family-healthhistory-form.pdf</a>
Medical eligibility criteria for contraceptive use, United States	<a href="http://www.cdc.gov/reproductivehealth/unintendedpregnancy/pdf/legal_summary-chart_english_final_tag508.pdf">http://www.cdc.gov/reproductivehealth/unintendedpregnancy/pdf/legal_summary-chart_english_final_tag508.pdf</a>
Medications interactions with grapefruit	<a href="http://www.cmaj.ca/content/suppl/2012/11/26/cmaj.120951.DC1/grape-bailey-1-at.pdf">http://www.cmaj.ca/content/suppl/2012/11/26/cmaj.120951.DC1/grape-bailey-1-at.pdf</a>
North American Menopause Society, clinical care recommendations	<a href="http://www.menopause.org/publications/clinical-care-recommendations">http://www.menopause.org/publications/clinical-care-recommendations</a>
Preconception folic acid recommendations	<a href="http://sogc.org/wp-content/uploads/2015/06/gui324CPG1505E.pdf">http://sogc.org/wp-content/uploads/2015/06/gui324CPG1505E.pdf</a>
QueaseEASE	<a href="https://soothing-scents.com">https://soothing-scents.com</a>
Taking charge of your fertility	<a href="http://www.tcoyf.com">http://www.tcoyf.com</a>
World Organization of Oculation Method Billings	<a href="http://www.woomb.org">http://www.woomb.org</a>

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# Üreme Sağlığı Problemi Olan Kadınların Bakımı

**K**adınlar üreme sağlığı sorunlarıyla karşılaştıklarında, bireysel değerlendirme, tanı, bakım ve gerektiğinde uygun yerlere sevk için ebelere başvururlar.

Birçok kadın gebelikle ilgili olmayan üreme sağlığı hizmetlerinde ebelere güvenmektedir. Profesyonel ebelik uygulaması, düzenli kadın sağlığı kontrollerine ek olarak, çoğu zaman üreme sağlığı problemlerini ve normalden sapmaları da kapsamaktadır. Üreme sağlığı problemi olan kadınlara sağlanan bakımın kapsamı sadece ebenin eğitim, deneyimine değil, aynı zamanda uygulamanın yeri ve türü, klinik alan beklentileri, alana özgü eğitim ve meslekler arası destek ve hizmet verilen kadın popülasyonunun ihtiyaçları gibi ek faktörlerle de ilişkilidir.

Uzman ebe, normalin geniş spektrumunu temsil eden durumları veya bulguları, anormal durumların güç fark edilen göstergelerinden ayırt etme becerisini geliştirir. Tanı becerileri, ebelik uygulaması için hayati öneme sahiptir ve kadınlara kapsamlı bakım sağlamanın ayrılmaz bir ögesidir. Kesin tanı ve kadının endişelerinin doğrulanması için probleme dayalı alınmış bir öykü esastır. Fizik muayenede, ilgili vücut sistemlerinin anatomisi ve fizyolojisine odaklanılır. Klinik izlemin veya olası ayırıcı tanılarının listesi, ebenin uygun tanı çalışmaları ve sürekli bakım, konsültasyon veya sevkini gerekli olduğu durumlarla ilgili kararlarına rehberlik eder. Optimal ebelik bakım planı, öngörülü düşünmeyi net bir şekilde betimler ve semptomların hem çözüldüğü hem de çözülmediği planlı Uzman ebe, geniş spekturumda normal kabul edilen durumları veya bulguları, anormal durumların güç fark edilen göstergelerinden ayırt etme becerisini geliştirir. Tanı becerileri, ebelik uygulaması için hayati öneme sahiptir ve kadınlara kapsamlı bakım sağlamanın ayrılmaz bir ögesidir. Kesin tanı ve kadının endişelerinin doğrulanması için probleme dayalı alınmış bir öykü esastır. Fizik muayenede, ilgili vücut sistemlerinin anatomisi ve fizyolojisine odaklanılır. Klinik izlemin veya olası ayırıcı tanılarının listesi, ebenin uygun tanı çalışmaları ve sürekli bakım, konsültasyon veya sevkini gerekli olduğu durumlarla ilgili kararlarına rehberlik eder. Optimal ebelik bakım planı, öngörülü düşünmeyi net bir şekilde betimler ve semptomların hem çözüldüğü hem de çözülmediği planlı takibi ele alır.

Kadınların üreme sağlığı bakımında yetkinliği sürdürmek, tarama ve teşhis ölçümleri, terminoloji ve tedavi yöntemlerindeki değişiklikleri takip etmek için sürekli mesleki eğitim gereklidir. Sık karşılaşılan kadın sağlığı sorunlarının taranması, teşhisi ve tedavisinde yetkinliği geliştirmek, sürdürmek ve iyileştirmek için pek çok yol vardır. Özenli bir takip, tanı çalışmalarının düzenli olarak dikkatle incelenmesi ve hekimlerden uygun şekilde yararlanmak önlenebilir olumsuz sonuçları azaltmanın en etkin yollarıdır.

Amerikan Hemşireler-Ebeler Konseyi (ACNM, 2012), ebelik uygulamasının tanımını ve kapsamını “cinsel yolla bulaşan enfeksiyonlarda (CYBE’ler) erkek partnerlerin tedavisi de içerecek şekilde revize etmiştir. Bu bölüm öncelikle kadın sağlığındaki değişikliklerle ilgili olsa da, erkeklerin CYBE açısından değerlendirilmesiyle başlamaktadır. CYBE’nin çoğu tedavisi kadın ve erkek için aynı olduğundan, kadınlara özel tedaviler spesifik klinik uygulama kılavuzunda ele alınmıştır.

## KLİNİSYENLER İÇİN WEB KAYNAKLARI

KAYNAKLAR	URL
American Sexual Health Association	<a href="http://www.ashasexualhealth.org">http://www.ashasexualhealth.org</a>
American Society for Colposcopy and Cervical Pathology Guidelines	<a href="http://www.asccp.org/Guideelines">http://www.asccp.org/Guideelines</a>
Association of Reproductive Health Professionals managing premenstrual symptoms	<a href="http://www.arhp.org/publications-and-resources/quick-reference-guide-for-clinicians/pms">http://www.arhp.org/publications-and-resources/quick-reference-guide-for-clinicians/pms</a>
Breast Cancer Risk Assessment Tool	<a href="http://www.cancer.gov/bcrisktool/">http://www.cancer.gov/bcrisktool/</a>
California Department of Health: Breast cancer diagnostic algorithms	<a href="https://qap.sdsu.edu/screening/breastcancer/bda/pdf/BDA_4thEdition_bw.pdf">https://qap.sdsu.edu/screening/breastcancer/bda/pdf/BDA_4thEdition_bw.pdf</a>
Candida testing, Strong Step	<a href="http://www.limingbio.com/html/candida.pdf">http://www.limingbio.com/html/candida.pdf</a>
CDC expedited partner therapy	<a href="http://www.cdc.gov/std/ept/">http://www.cdc.gov/std/ept/</a>
CDC Sexually Transmitted Diseases Summary of Treatment Guidelines	<a href="http://www.cdc.gov/std/tg2015/2015-pocket-guide.pdf">http://www.cdc.gov/std/tg2015/2015-pocket-guide.pdf</a>
CDC Occupational exposure to bloodborne infectious diseases	<a href="http://www.cdc.gov/niosh/topics/bbp/">http://www.cdc.gov/niosh/topics/bbp/</a>
Endometriosis Association	<a href="http://www.endometriosisassn.org">http://www.endometriosisassn.org</a>
HIV Laboratory Testing	<a href="http://stacks.cdc.gov/view/cdc/23447">http://stacks.cdc.gov/view/cdc/23447</a>
Infertility; Ovarian reserve testing	<a href="http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/Ovarian-Reserve-Testing">http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/Ovarian-Reserve-Testing</a>
Infertility support groups	<a href="http://www.resolve.org/support/support-group/support-groups-list.html">http://www.resolve.org/support/support-group/support-groups-list.html</a>
Lice R Gone Shampoo	<a href="http://www.safesolutionsinc.com">www.safesolutionsinc.com</a>
Menstrual assessment chart	<a href="http://www.hemophiii.ca/fiies/Menstrual%20Assessment%20Chart.pdf">http://www.hemophiii.ca/fiies/Menstrual%20Assessment%20Chart.pdf</a>
Pelvic Pain Assessment Form	<a href="http://pelvicpain.org/docs/resources/forms/history-and-physical-formenglish.aspx">http://pelvicpain.org/docs/resources/forms/history-and-physical-formenglish.aspx</a>
PMDD symptom tracker	<a href="http://napmdd.org/trackingsymptoms.html">http://napmdd.org/trackingsymptoms.html</a>
PregPrep Kit	<a href="http://www.pregprep.com/the-anatomy-of-pregprep-2/">http://www.pregprep.com/the-anatomy-of-pregprep-2/</a>
ThePapApp	<a href="http://www.thepapapp.org">http://www.thepapapp.org</a>
Vermont Department of Health: Tanner stages	<a href="http://healthvermont.gov/family/toolkit/tools%5CJ-1%20CARD%20Tanner%20Stages.pdf">http://healthvermont.gov/family/toolkit/tools%5CJ-1%20CARD%20Tanner%20Stages.pdf</a>

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## Ebelikte Birincil Bakım ve Kadın Sağlığı

**K**adınlar için birincil sağlık bakımı sağlığın geliştirilmesi, hastalıkların önlenmesi, yaygın sağlık problemlerinin tanı ve tedavisini kapsar ve ebeler tarafından uzmanlıkla ve şefkatle sağlanabilir. Birincil bakım “bireylerin kişisel sağlık bakım gereksinimlerinin büyük bir çoğunluğunu ele almaktan, hastalarla sürdürülebilir bir ortaklık geliştirmekten, aile ve toplum bağlamında uygulama yapmaktan sorumlu olan klinisyenler tarafından entegre, ulaşılabilir sağlık bakım hizmetlerinin sağlanması”olarak tanımlanır (Donaldson, Yordy, & Vaneselow, 1994, p. 31). Birçok ebe, uygulama alanları dahilinde geniş kapsamlı birincil bakım hizmetlerini sunmaktadır. Sertifikalı Hemşire-Ebeler (CNMs) ve Sertifikalı Ebeler (CMs) federal olarak tanınan birinci basamak sağlık hizmeti sağlayıcılarıdır (Johnson, 2015; Philippi & Barger, 2015). Yaygın birinci basamak sağlık problemlerini değerlendirme ve teşhis etme becerisi, gerektiğinde ileri bir tedavi için kadını sevketmeyi de içeren ebelik bakımını geliştirir. Bu bölümdeki uygulama rehberleri birinci basamak sağlık bakım koşullarına genel bir bakış sağlar.

Amerika Birleşik Devletleri’nde ebe tarafından kadınlara sağlanan birincil sağlık bakımının niteliği ve kapsamı gelişmektedir (American College of Nurse Midwives [ACNM] 2012). Kadınlar sağlık bakım hizmetlerini erkeklerden daha çok kullanmaktadır ve genellikle aileleri için sağlık bakım kararlarını kadınlar vermektedir. Tarihsel olarak, ebeler doğum yapan kadınlara ve onların yenidoğanlarına hizmet sunan, birincil sağlık bakım sağlayıcıları olarak bir rol üstlenmiştir. Modern ebelik uygulamaları geliştikçe, ebeler daha fazla kadına daha kapsamlı birincil sağlık bakım hizmeti sunmaktadır. Ebelik uygulamaları içerisinde birinci basamak sağlık hizmetlerinin yaygınlaşması, doğumdan sonraki yılda kadınların olumlu sağlık seçimleri yapabilmeleri için, ebelere gerekli desteği, bakımı ve eğitimi sağlamada fırsatlar yaratır (ACNM, 2012).

2014’te Hasta Koruma ve Uygun Bakım Yasasının tam olarak uygulanmasından bu yana, sigortasız olan tahmini 16.4 milyon insan, şu anda sağlık sigortasına sahip ve ek olarak 55 milyon kadın koruyucu sağlık hizmeti almaktadır (U.S. Department of Health and Human Services, 2015). Hem birinci basamak sağlık hizmeti sunanlar, hem de anne bakımı sağlayıcıları için yapılan işgücü oranlaması, Amerikalı kadınların ve ailelerinin sağlık bakım ihtiyaçlarını karşılamak için ihtiyaç duyulan bakım sağlayıcılarının niteliğindeki ve dağılımındaki eksiklikleri tahmin etmektedir (Transforming Maternity Care Vision Team et al., 2010; U.S. Department of Health and Human Services, 2013). Ebeler, bu ihtiyacı karşılamada değerli katkı sağlayıcılar olabilirler. Ebelik mesleğinden, ihtiyaç duyulan ebelerin yetiştirilmesi için çaba sarfetmeleri beklenmektedir ki ebeler

## KAYNAKLAR

## URL

National Institute of Arthritis and Musculoskeletal and Skin Diseases	<a href="http://www.niams.nih.gov/Health_Info/default.asp">http://www.niams.nih.gov/Health_Info/default.asp</a>
WHO Fracture Risk Assessment Tool	<a href="http://www.shef.ac.uk/FRAX/index.aspx">http://www.shef.ac.uk/FRAX/index.aspx</a>
<b>Nörolojik Kaynaklar</b>	
National Institute of Neurologic Disorders and Stroke	<a href="http://www.ninds.nih.gov/">http://www.ninds.nih.gov/</a>
Neurologic exam	<a href="http://library.med.utah.edu/neurologicexam/htmi/home_exam.html">http://library.med.utah.edu/neurologicexam/htmi/home_exam.html</a>
American Headache Society. Printable patient headache diaries	<a href="http://www.achenet.org/resources/headache_diaries/">http://www.achenet.org/resources/headache_diaries/</a>
Women and headaches	<a href="http://www.headache-help.org/women-headaches-migraines-menstrual-pregnancymenopause">http://www.headache-help.org/women-headaches-migraines-menstrual-pregnancymenopause</a>
Articles on various topics such as headache triggers, integrative therapies, and treatments for various types of headaches	<a href="http://www.achenet.org/resources/articles/">http://www.achenet.org/resources/articles/</a>
For mobile devices	Headache Diary Lite; iHeadache.
<b>Solunum Kaynakları</b>	
American Thoracic Society	<a href="http://www.thoracic.org/professionals/clinical-resources/disease-relatedresources/">http://www.thoracic.org/professionals/clinical-resources/disease-relatedresources/</a>
Asthma: Healthcare professionals	<a href="http://www.cdc.gov/asthma/healthcare.html">http://www.cdc.gov/asthma/healthcare.html</a>
Lung disease at Women'sHealth.gov	<a href="http://www.womenshealth.gov/statistics/statistics-by-topic/lung-disease.html">http://www.womenshealth.gov/statistics/statistics-by-topic/lung-disease.html</a>
Tuberculosis	<a href="http://www.istcweb.org/Home.html">http://www.istcweb.org/Home.html</a>
Upper respiratory tract infections	<a href="http://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleid=29">http://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleid=29</a>

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