

BÖLÜM 3

PRETERM EYLEM: KLİNİK BULGULAR, TANISAL DEĞERLENDİRME VE İLK TEDAVİ

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GİRİŞ

Preterm doğum (PTD), global ölçekte maternal-fetal sağlığı tehdit eden en ciddi obstetrik komplikasyonlardan biridir. Dünya Sağlık Örgütü'ne (DSÖ) göre her yıl yaklaşık 15 milyon bebek preterm doğmakta olup bu sayı, tüm canlı doğumların %11'inden fazlasını oluşturmaktadır (1). Neonatal mortalitenin birincil nedeni olan PTD, aynı zamanda uzun vadeli morbidite, yaşam kalitesinde düşüş ve önemli ekonomik yüklerle ilişkilidir (2). Bu doğumların yaklaşık 1 milyonu neonatal dönemde yaşamını yitirmekte, sağ kalanların önemli bir kısmı ise ileri yaşlara kadar devam eden medikal ve nörogelişimsel sorunlar yaşamaktadır (3,4).

Prematüriteye bağlı komplikasyonlar; solunum sıkıntısı sendromu (RDS), bronkopulmoner displazi, intraventriküler hemoraji, nekrotizan enterokolit, periventriküler lökomalazi gibi çok sistemli ve yaşamı tehdit eden patolojileri içermektedir. Uzun dönem etkiler arasında ise serebral palsi, duyuşsal bozukluklar, kognitif gecikme ve okul başarısızlığı gibi nörolojik sekel oranları öne çıkmaktadır (5,6).

Perinatal ve neonatal bakımın son yıllarda belirgin şekilde ilerlemiş olması, hayatta kalma oranlarını artırsa da, preterm doğuma bağlı morbidite yükü halen ciddi düzeydedir. Özellikle gelişmekte olan ülkelerde sağlık sistemine erişim ve doğum öncesi bakım hizmetlerinin kısıtlılığı nedeniyle bu yük daha da belirgindir (7).

Bütün bu veriler, preterm doğumun önlenmesi, öngörülmesi ve yönetilmesinin kadın doğum pratiğinde merkezi bir öneme sahip olduğunu göstermektedir.

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