

POSTPARTUM KANAMA

20. BÖLÜM

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Postpartum kanama obstetrik bir acildir. Maternal mortalitenin en önemli sebeplerinden biri olan postpartum kanama, tüm dünya ortalaması baz alındığında anne ölümlerinin ¼'ünün sebebi olarak karşımıza çıkmaktadır (Say L, 2014). Maternal ölümlere ilaveten postpartum kanama, ARDS, koagülopati, fertilitate kaybı, Sheehan sendromu gibi komplikasyonları ile morbiditeyi de ciddi bir şekilde arttırır.

Burada tanımlanan kanama doğum sonrası kanama olduğu için 20. gebelik haftasından bü-

yük gebeliklerden sonraki kanamalar bu gruba dahil edilmelidir. Doğum yapan her kadın postpartum kanamayla ilgili potansiyel risk altındadır. Hiçbir risk faktörü olmayan hastalarda da postpartum kanama gelişebilir. Postpartum kanama riskini arttıran durumlar Şekil 20-1'de tablo haline getirilmiştir.

Postpartum kanama erken (birincil) ve geç (ikincil) olarak sınıflandırılabilir. İlk 24 saat içindeki aşırı kan kaybına birincil veya erken postpartum kanama, 24 saat ile 12 hafta arasında olan

Şekil 20-1: Postpartum kanama risk faktörleri

Düşük risk	Orta risk	Yüksek risk
Tek gebelik Dörtten az doğum Geçirilmiş uterin cerrahi olmaması Postpartum kanama öyküsü olmaması Vajinal doğum	Geçirilmiş sezaryen ya da uterin cerrahi olması Şu an ki doğumun sezaryen olması Dörtten fazla doğum yapmış olmak Çoğul gebelik olması Büyük myom olması Koryoamniyonit Magnezyum sülfat, nifedipin, indometazin kullanımı Oksitosin infüzyonu Uzamış eylem Operatif doğum 35 yaş üstü gebelik Preeklampsi Gün aşımı	Pl. Previa, Pl.akreta, Pl. inkreta, Pl. perkreta Anemi (Hct <30) Acile başvurma sebebi: kanama Bilinen koagülopati Postpartum kanama öyküsü olması

(Dilla AJ, 2013; Kebede BA,2019)

Willebrond faktör ve faktör XIII'den zengindir. Bir ünite kriyopresipitat 5-10 mg/dl fibrinojen artışı sağlar. Taze donmuş plazmadan farkı minimal volüm sağlamasıdır.

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