



23. Bölüm

COVID-19 ve Obstetrik Etkileri

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GİRİŞ

Aralık 2019'da, Çin'in Wuhan kentinden başlayan ve hızla yayılan yeni tip koronavirüs hastalığı mart 2020'de Dünya Sağlık Örgütünün pandemi ilan etmesine neden oldu (1). Bu bölümde COVID-19 hastalığının gebelik dönemindeki etkileri incelenecektir.

ETYOLOJİ

Koronavirüsler zarflı RNA virüsleridir. Elektron mikroskobu görüntüsü taç benzeri olduğu için bu isim verilmiştir. Daha önce insanı enfekte edebilen koronavirüs tipleri, normal bağışıklık sistemi olan insanlarda soğuk algınlığı benzeri hastalık yaptığı için, önemli bir patojen olarak görülmediler. 2002-2003 yılında, Çin'de ortaya çıkan Severe Acute Respiratory Syndrome (SARS) ve 2012 yılında, Suudi Arabistan'da ortaya çıkan Middle East Respiratory Syndrome (MERS) epidemileri ise koronavirüslerin insanda ölümcül hastalık yapabileceklerini gösterdi (2).

Aralık 2019'da, Çin'in Hubei eyaleti, Wuhan kentinde solunum sıkıntısı yaşayan hastalardan alınan örneklerde, insanları enfekte edebilen yeni bir koronavirüs tipi izole edildi. Bu insanlarda enfeksiyon yapabilen yedinci koronavirüs tipi idi³. SARS ve MERS benzerliğinden dolayı yeni tip koronavirüs SARS-CoV-2 olarak adlandırıldı (4). SARS-CoV-2 beta koronavirüs ailesine üye ve genomik olarak yarasa koronavirüsüne %96 oranında benzemektedir (5).

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Doğum Zamanlaması ve Yönetimi

COVID-19 hastalığı erken doğum için yada sezaryen doğum için bir endikasyon değildir. Doğum zamanlaması ve şekli hastanın kliniğine göre ve obstetrik endikasyonlar ile planlanmalıdır.

Semptomu olmayan yada hafif semptomu olan COVID-19 hastalarında doğum, maternal ve fetal kontraendikasyon olmaması durumunda, bulaşı azaltmak amacıyla karantina sonrasına ötelenebilir. Bu dönemde fetal iyilik hali testleri rutin endikasyonlarla yapılır.

Gebenin kliniğinde hızlı bozulma, yeni gelişen organ yetmezliği, septik şok ve güven vermeyen fetal iyilik hali durumlarında sezaryen doğum uygulanabilir. Genel anestezi aerosol gelişimine neden olacağından mümkün olan hastalarda rejional anestezi tercih edilmelidir.

Vajinal doğum planlanan hastalar, mümkünse negatif basınçlı bir odada ve maskeleri takılı olarak doğurtulmalıdır. Şeffaf örtü ile göğüs hizasından yukarıda olacak şekilde izolasyon sağlanması düşünülmelidir. Sürekli fetal monitorizasyon ve maternal satürasyon takibi yapılmalıdır. Satürasyonun düşmesi durumunda oksijen tedavisi verilmelidir. Doğum eylemini kısaltmak için indüksiyon ve augmentasyon yöntemleri kullanılabilir (55). Geç umbilikal kord klemplenmesi term yenidoğanlarda önerilmez.

Postpartum

Doğum sonrası hastalar tek kişilik odalarda takip edilmelidir. Anne bebek ayrılması konusunda yeterli veri olmamakla birlikte temizlik ve maske kurallarına uyularak emzirme sağlanabilir. Sağlık bakanlığı klavuzu ağır yada kritik hastalık durumunda anne bebek ayrılmasını önermektedir (55).

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