



57.

Bölüm

GEBELİK VE EMZİRME DÖNEMİNDE COVID-19 ENFEKSİYONU

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GİRİŞ

Şiddetli akut solunum sendromu koronavirüs 2 (Severe acute respiratory syndrome coronavirüs 2, SARS-CoV-2), 2019 koronavirüs hastalığına (COVID-19) neden olan virüstür. Bu bölümde, prenatal dönemde gebelerde ve emziren kadınlarda SARS-CoV-2 ve COVID-19 tartışacaktır.

VİROLOJİ VE EPİDEMİOLOJİ

Irksal ve etnik azınlık gruplarından hamile (ve hamile olmayan) kişiler daha yüksek COVID-19 oranlarına, COVID ilişkili hastaneye yatışlara ve hastalığa bağlı daha ciddi sonuçlara sahiptir. Bunun nedeni meslek, yaşantı gibi sosyal belirleyiciler olabileceği gibi, biyolojik faktörler de olabilir (1-4).

KORUNMA

10 yaşın altındaki çocuklarda COVID-19 genellikle hafiftir ve ciddi vakalar bildirilmiş olmasına rağmen asemptomatik olabilir ve asemptomatik bireylerden (veya kuluçka dönemi içinde presemptomatik bireylerden) SARS-CoV-2 bulaşması mümkündür. Dolayısıyla evde çocuğu olan hamile anneler dikkatli olmalıdır. Aşılama ve daha güvenli aktivitelerin seçilmesi bulaşma riskini azaltır.

Uygun kişisel koruyucu ekipmanı olan ve el

hijyeni kurallarına uyan ve uygun çevre temizliği olan bir alanda çalışan çoğu hamile işçi, özellikle aşılansız doğum yapana kadar çalışmaya devam edebilmelidir (5). Hastanın komorbiditeleri ve bireysel çalışma durumu kişinin çalışıp çalışmayacağı konusunda verilecek tıbbi kararın belirleyicisidir. Hamile sağlık çalışanları için iş kısıtlamalarına ilişkin standart bir mesleki rehber yoktur.

Günümüzde var olan COVID-19 aşılarının hiçbiri replikasyon özelliğine sahip virüs içermez. Dolayısıyla kullanımda olan aşılardan hiçbiri hastalığa neden olmazlar. Ancak bağışıklık sisteminin aktivasyonu nedeniyle non-spesifik yan etkiler ortaya çıkabilir. mRNA ve viral vektör aşılarının çalışma prensipleri göz önüne alındığında; aşılardan gebe, fetüs veya anne sütü alan yenidoğan için risk oluşturma olasılığının düşük olduğuna inanılmaktadır (6). Bazı inaktif ve COVID-19 aşılarda bir adjuvan içerir. Bir adjuvan (çözünmeyen alüminyum tuzları) gebelikte uygulanan aşılarda (örneğin Tdap) yaygın olarak kullanılmaktadır ve belgelenmiş iyi bir güvenlik profiline sahiptir. Güvenlik verilerinin olmaması nedeniyle hamilelikte yeni adjuvanlı aşılardan genellikle kaçınılır. Bu teorik endişeye rağmen, devam eden bir pandemi riski ve hamilelik sırasında ölüm de dahil olmak üzere ciddi COVID-19'un bilinen riskleri nedeniyle bu endişe

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önemli miktarda ilacı alması olası değildir. Ebola için intravenöz remdesivir tedavisi alan yeni-doğan bebeklerde ciddi advers ilaç reaksiyonları bildirilmemiştir.

Diğer yetişkinlerde olduğu gibi doğum sonrası kişilere de COVID-19 aşısı önerilmektedir. Daha da önemlisi, anne aşısının neden olduğu maternal COVID-19 antikorları anne sütüne geçebilir ve bebeğe pasif bağışıklık sağlayabilir.

Emziren hastalar ilk büyük aşı çalışmalarına dahil edilmemiş olsa da, mevcut aşılardan emziren bebek için bir risk oluşturmadığı düşünülmektedir. Bu aşılardan bulaşıcı virüs içermez ve anne sütüne geçen ve daha sonra bebek tarafından alınan herhangi bir aşının bebeğin sindirim sistemi tarafından etkisiz hale getirilmesi muhtemeldir.

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