POSTPARTUM KONTRASEPSİYON

31. BÖLÜM

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GİRİŞ

Doğum öncesi ve sonrası dönemler, kadınların doğum kontrolünü başlatmak için motive oldukları ve bu konuda uygun uzmanlığa sahip kişilerden sağlık hizmeti alabilecekleri en ideal dönemdir. Bu nedenle kadınların hastaneden taburcu olmadan önce aile planlaması yöntemleri hakkında bilgilendirilmiş olmaları ve hangi yöntemi kullanacaklarına bu dönemde karar vermeleri istenmeyen gebeliklerin önlenmesi açısından önemlidir. Doğum kontrolü ile ilgili verilen danışmanlık hizmeti, bir hastanın gelecekteki gebelik planlarını, doğum kontrol seçenekleriyle ilgili tercihlerini ve doğum kontrol yöntemlerinin özelliklerini ve niteliklerini anlamayı içerir. Diğer tıbbi hususlar arasında doğumdan sonra kontraseptif başlama zamanlaması, tıbbi komorbiditeler ve emzirme durumu yer almaktadır.

Doğum sonrası, kontraseptif yöntem tercihi genellikle emzirme durumuyla ilişkili olarak değişkenlik göstermektedir. Doğumdan sonra fertilite; emzirmenin süresine, sıklığına, gece emzirme durumuna ve annenin beslenmesine bağlı olarak bir süre baskılanır. Ancak bu sürenin uzunluğu net olarak belli değildir. Literatürde ilk ovulasyonun kadınların %18'inde postpartum 3. ayda, emzirmeyen kadınlarda ise ortalama 45-96 gün içerisinde, en erken 25. günde gerçekleştiği bildirilmektedir[(1)]. Bunların çoğu non-ovulatuar sikluslardır ancak bazı hastalarda ovulatuar sikluslar görülebilmektedir. Yapılan çalışmalarda kadınların %51'e yakınının postpartum altıncı haftadaki kadın doğum muayenesinden önce seksüel aktivitede bulundukları belirtilmiştir. Bu durum ise istenmeyen gebeliklere veya gebelikler arası sürenin kısalmasına neden olmaktadır[(2)]. Bu bilgilere dayanarak postpartum dönemde her kadın, emzirme ve adet görme durumundan bağımsız lohusalık sürecinin tamamlandığı 6. haftanın sonunda ya da cinsel ilişki başladığında, emzirmeyen kadınların ise postpartum 3. haftada etkili bir kontraseptif yöntem kulllanmaya başlaması gerekmektedir.

Canlı doğum ile sonraki gebeliğin başlangıcı arasındaki süre **(IPI: Interpregnacy Interval)** ile ilgili olumsuz maternal, perinatal ve bebek sonuçlarını bildiren çalışmalara dayanarak, Dünya Sağlık Örgütü en az 24 aylık bir aralık önermektedir[(3)]. Ancak bu önerilere rağmen

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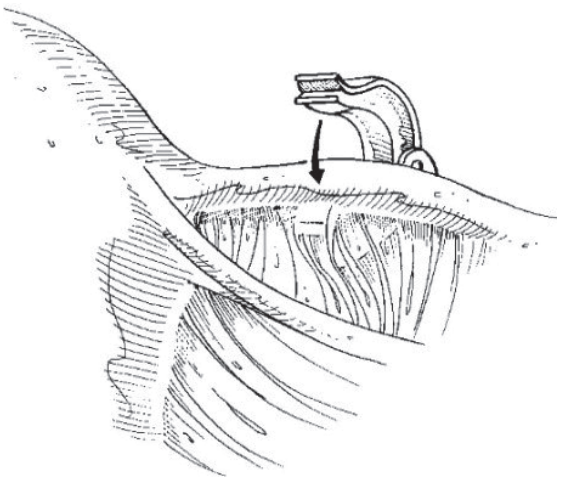
Şekil 8: Titanyum Klip



Şekil 9: Kadın Sterilizasyonu- Titanyum Klip Yerleştirilmesi

Başarısız Sterilizasyon Nedenleri

Postpartum sterilizasyon yöntemleri oldukça etkilidir. Parsiyel salpenjektomi prosedürlerinin <% 1'inde sterilizasyon sonrası gebelik oluşur. Başarısız sterilizasyon nedenleri nedenleri arasında round ligament gibi rezeke edilmiş yanlış yapının olması, inkomplet tubal ligasyon, tuboperitoneal fistül oluşumu ve tubal lümenin spontan rekanalizasyonu yer almaktadır.

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