

1. ULUSLARARASI KILAVUZLARLA POSTPARTUM KANAMA ALGORİTMALARI

Postpartum kanama (PPK) dünya genelindeki çoğu ülkede anne morbidite ve mortalitesinin önde gelen nedeni olmaya devam etmektedir. Ciddi bir obstetrik acil olan PPK' nin etiolojisinde uterus atonisi, travma, rest plasenta ve koagülopati yer almaktadır. Atoni, en sık PPK nedeni olup oksitosin kullanımı, koryo-amniyonit, multiparite, genel anestezi ve çoğul gebelik, polihidramnios ve fetal makrozomi gibi uterus aşırı gerilmesine ile oluşabilir. Travma, vakaların %15-20' sini oluşturur ve çoğunlukla perineal veya servikal laserasyonlar, perineal hematomlar veya uterus rüptürü kaynaklıdır. Hızlı ve kontrolsüz doğumlar veya operatif vajinal doğumlar ile meydana gelebilir. Rest plasenta ise PPK riskini 3.5 kat artırabilir. Risk faktörleri arasında süksentriat plasenta ve daha önce yapılan girişimsel işlemler yer alır. Pıhtılaşma sorunları von Willebrand hastalığı, hemofili ve idiyopatik trombositopenik purpura, antikoagülan tedavi kullanımı ve plasenta dekolmanından sonra yaygın intravasküler koagülopati, şiddetli pre-eklampsi, intrauterin fetal ölüm, sepsis veya amniyon sıvısı embolisi gibi nedenlerdir. Diğer PPK etiyojileri ise uterus inversiyonu ve anormal plasentasyondur. Plasenta akreta spektrumuna birçok ülkedeki yüksek sezaryen doğum oranları nedeniyle mutlaka dikkat edilmelidir.

PPK önleme, takip ve tedavi için birçok ülkede doğum sonrası kanama stratejileri ve algoritmaları uygulanmaktadır. PPK'yi önlemeye yönelik, ihtiyaç du-

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