POSTPARTUM DÖNEMDE HASTA YÖNETİMİ

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GİRİŞ

Gebelik ve doğum, bir kadının tüm sistemlerinde çeşitli fizyolojik değişikliklere neden olan bir süreçtir. Postpartum dönemde bu adaptif değişiklikler normale dönmeye başlasa da, lohusalık dönemi kendine özgü bazı problemlerin gelişebildiği bir dönemdir. Gebelikte var olan veya peripartum kan kaybı sonucu gelişen anemi, artmış venöz tromboemboli riski ve postpartum hüzünden psikoza kadar varabilen psikiyatrik sorunlar, lohusalık döneminde önem verilmesi gereken ve çoğunlukla önlenebilir patolojilerdir. Bu bölümde postpartum anemiye yaklaşım, venöz tromboemboli profilaksisi ve psikolojik destek üzerinde durulacaktır.

POSTPARTUM ANEMİ

Antenatal dönemde anemi açısından tarama ve rutin demir desteği pek çok ülkede rutin uygulamaya geçmiştir. Bu nedenle gebelik döneminde anemi sıklıkla yakalanır ve tedavi edilir. Ancak postpartum dönemde hasta taburcu edildikten sonra anemi gözden kaçabilmektedir.

Tanım

Postpartum anemi (PPA) tanımı için bir fikir birliği bulunmamaktadır. Genel olarak kabul gören tanımlama, postpartum dönemde hastanın hemoglobin değerinin <10g/dL olmasıdır (1). Ancak, Dünya Sağlık Örgütü (DSÖ) tarafından önerilen tanım, hemoglobin değerinin doğum sonrası ilk 1 haftada <11g/dL, 8

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lerine dikkat edilmelidir. İntihar düşüncesi veya psikotik özellikleri olan hastalar hospitalize edilerek tedavi edilmelidir (45).

Postpartum Psikoz

Postpartum psikoz, doğum sonrası dönemde görülen en şiddetli psikiyatrik bozukluklardan birisidir. Depresyondan psikotik özellikler (halüsinasyonlar ve sanrılar) ile ayrılır (51). Görülme sıklığı 1000 doğumda 1-2 olarak bildirilmiştir (52). Başlıca risk faktörleri arasında bipolar bozukluk öyküsü, önceki doğum sonrası psikoz, primiparite, uyku yoksunluğu ve ailede psikoz öyküsü bulunur (53).

Postpartum psikoz patofizyolojisinde hormonal dalgalanmalar (östrojen/progesteron yoksunluğu) ve immün disregülasyon gibi faktörler sorumlu tutulmaktadır (54). Hastalar genelde halüsinasyonlar, sanrılar, ruh hali değişimleri ve zihin bulanıklığı gibi semptomlar ile başvurur (55). Bu semptomlarla başvuran hastalarda bebeğini öldürme düşüncesi ve intihar düşüncesi varlığı mutlaka sorgulanmalıdır (53). Postpartum psikoz için temel tanı kriteri psikotik semptomların doğumdan sonraki ilk 6 hafta içinde ortaya çıkmasıdır (56). Tedavide ilk tercih atipik antipsikotik ilaçlar (örn. olanzapin) dir (51). Ek tedavi seçenekleri arasında duygudurum dengeleyiciler (lityum) ve elektrokonvülsif terapi (EKT) bulunur (51).

Sonuç olarak, doğum süreci ve anneliğe geçiş, bir kadının hayatındaki en yüksek psikolojik strese maruz kaldığı dönemlerdendir. Bu nedenle riskli hastaların belirlenmesi; tanıda gecikmenin önlenmesi ve tedavinin zamanında başlanabilmesi için önemlidir. Gebelik ve doğum sonrası dönemde kolaylıkla gözden kaçabilen bu durumlar hakkında klinisyenlerin farkındalığının artırılması, bu bozuklukların sonucunda yeni kurulan ailenin olumsuz etkilerden korunabilmesi için faydalı olacaktır.

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