

GİRİŞ

Postpartum kanama (PPK) tüm doğumların %1-%10'unu komplike eden ve dünya genelinde anne ölümlerinin önde gelen obstetrik nedeni olmaya devam eden ciddi bir obstetrik acil durumdur (1). 2015 yılında dünya çapında 80.000'den fazla anne ölümünden sorumlu olduğu rapor edilmiştir (1). Genel olarak PPK dünya genelindeki tüm anne ölümlerinin tahmini %27'sini oluşturmaktadır (2,3). Her ne kadar uterotonik ilaçlar, cerrahi müdahaleler ve multidisipliner yönetim yaklaşımları ile önemli ilerlemeler kaydedilmiş olsa da, bazı hastalarda ciddi PPK görülmeye devam etmektedir. PPK klasik olarak, vajinal doğumlarda 500 mL'den fazla ve sezaryen doğumlarda 1000 mL'den fazla kan kaybı olarak tanımlanır ve doğumdan sonraki ilk 24 saat içinde meydana gelir (1). Şiddetli PPK ise genellikle 1000 mL veya daha fazla tahmini kan kaybı veya hipovolemi belirti ve semptomlarının eşlik ettiği kan kaybı olarak belirtilir (2). Bazı tanımlar, 1500 mL veya daha fazla kan kaybını veya transfüzyon gerektiren durumları şiddetli PPK olarak kabul eder (4,5).

PPK önlenmesi ve yönetimi, sağlık hizmeti sağlayıcılarının temel sorumluluklarından biridir. Ancak, her gebelik kendine özgü özellikler taşır ve belirli hasta grupları, PPK geliştirme riski açısından daha yüksek bir potansiyel barındırır. Bu özel hasta gruplarını tanımak ve bunlara özgü risk faktörlerini anlamak; hedefli önleme stratejileri geliştirmek, daha yakın izlem sağlamak ve etkin tedavi müdahalelerini planlamak için kritik öneme sahiptir (3).

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- » Postpartum dönemde yakın vital takip, kanama izlemi ve gerekirse uterotonik tedavinin sürdürülmesi önerilir.

SONUÇ

PPK, dünya genelinde maternal mortalite ve morbiditenin önde gelen nedenlerinden biri olmaya devam etmektedir. Bu komplikasyonun önlenmesi ve etkin şekilde yönetilmesi, sadece klinik bilgiyle değil, aynı zamanda hasta özelinde bireyselleştirilmiş yaklaşımı gerektirir. Anemik, çoğul gebelik, obezite, ileri yaş ve adölesan gibi riskli hasta grupları, bu açıdan özel bir dikkat ve planlama gerektiren gruplardır.

Her bir hasta grubunun PPK'ya katkıda bulunan farklı fizyopatolojik mekanizmaları mevcuttur. Bu hasta gruplarında PPK'nın önlenmesi; antenatal dönemde risklerin doğru tanımlanması, doğum sürecinde aktif yönetim protokollerinin uygulanması ve postpartum dönemde yakın izlem ile mümkündür. Profilaktik uterotonik kullanımı, erken tanı algoritmaları, uygun doğum şekli seçimi ve multidisipliner yaklaşım bu bağlamda temel unsurlardır.

Sonuç olarak, bu özel hasta gruplarının yönetimi, sadece obstetrik deneyimi değil aynı zamanda bütüncül ve bireyselleştirilmiş bir yaklaşımı da zorunlu kılmaktadır. Klinik uygulamalarda bu gruplara özel protokoller geliştirilmesi, hem anne sağlığını koruyacak hem de perinatal sonuçları iyileştirecektir.

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