

POSTPARTUM KANAMA RİSK FAKTÖRLERİ VE DEĞERLENDİRMESİ

3 BÖLÜM

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|GİRİŞ

Postpartum kanama (PPK), doğum sonrası kan kaybının fizyolojik sınırları aşması sonucu gelişen, maternal morbidite ve mortalitenin başlıca nedenlerinden biridir. Dünya Sağlık Örgütü'ne (DSÖ) göre PPK, doğumdan sonraki ilk 24 saat içinde ≥ 500 mL kan kaybı olarak tanımlanmaktadır (1). Amerikan Kadın Doğum ve Jinekologlar Koleji (ACOG) ise PPK'yi, doğum şeklinden bağımsız olarak ilk 24 saat içinde gelişen 1000 mL ve üzeri kan kaybı ya da hipovolemi bulgu veya semptomlarının (taşikardi, hipotansiyon, azalmış idrar çıkışı, bilinç bulanıklığı vb.) eşlik ettiği miktardan bağımsız kanama olarak tanımlamıştır (2). Ciddi olgularda hemodinamik instabilite, koagülopati ve çoklu organ yetmezliği gibi hayatı tehdit eden tablolar gelişebilir.

Postpartum kanamalar, genellikle primer ve sekonder olmak üzere ikiye ayrılır. Primer PPK, doğumdan sonraki ilk 24 saat içinde gerçekleşirken; sekonder PPK, doğumdan sonraki 24 saat ile 12 hafta arasında ortaya çıkar (3). Primer PPK daha sık görülmekte ve hızlı müdahale gerektirmektedir.

PPK, özellikle düşük ve orta gelirli ülkelerde, annelerin yaşamını tehdit eden en sık nedenlerden biri olarak öne çıkmaktadır. Küresel istatistikler, doğumla ilişkili tüm maternal ölümlerin yaklaşık %27'sinin postpartum kanamadan kaynaklandığını göstermektedir (4). Sağlık altyapısının yetersiz olduğu bölgelerde bu oran daha da yüksektir. Örneğin Sahra Altı Afrika'da maternal ölümlerin yaklaşık üçte biri postpartum kanamaya bağlıdır (5).

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- » Hepsinde *placenta previa*, *PAS*, *derin anemi*, *önceki PPK* gibi durumlar yüksek risk olarak değerlendirilir.

Tablo 3. Doğum Sonrası Kanama (PPH) ile İlişkili Risk Faktörleri, “Dört T” Sınıflaması ve Olgu Oranları (OR, %95 Güven Aralığı) (42)

Risk Faktörü	Dört T	OR (95% GA)
Çoğul gebelik	Tonus	3.30 (1.00–10.60) 4.70 (2.40–9.10)
Önceki PPH	Tonus	3.60 (1.20–10.20)
Preeklampsi	Trombin	5.00 (3.00–8.50) 2.20 (1.30–3.70)
Fetal makrozomi	Tonus	2.11 (1.62–2.76) 2.40 (1.90–2.90)
İkinci evrede ilerlemenin durması	Tonus	3.40 (2.40–4.70) 1.90 (1.20–2.90)
Üçüncü evrenin uzaması	Tonus	7.60 (4.20–13.50) 2.61 (1.83–3.72)
Retansiyone plasenta	Doku (Tissue)	7.83 (3.78–16.22) 3.50 (2.10–5.80) 6.00 (3.50–10.40)
Plasenta akreata	Doku (Tissue)	3.30 (1.70–6.40)
Epizyotomi	Travma	4.70 (2.60–8.40) 2.18 (1.68–2.76) 1.70 (1.10–2.50)
Perineal laserasyon	Travma	1.40 (1.04–1.87) 2.40 (2.00–2.80) 1.70 (1.10–2.50)
Genel anestezi	Tonus	2.90 (1.90–4.50)

Açıklamalar:

Dört T kavramı postpartum kanama nedenlerini kategorize eder: *Tonus, Tissue (Plasental veya uterin doku kalıntısı), Travma (Doğum travması), Trombin (Koagülopati).

OR: Odds Ratio (Olgu Oranı), %95 GA: Güven Aralığı

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