

Bölüm 5

Tedavi Gebeliklerinin Perinatal Sonuçları



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Giriş

Günümüzde infertilite nedeniyle olan başvuru oranlarındaki artış, tedavi gebelikleri ve sonuçları üzerine yapılan çalışmaların ivme kazanmasını sağlamıştır. Tedavi gebeliklerinin spontan gebeliklere göre daha olumsuz obstetrik ve perinatal sonuçlara yol açtığı bilinmektedir. Ancak bu durumun primer olarak subfertilite ya da üremeye yardımcı tedavi (ÜYTE/ART) teknikleri ile ilişkili olduğu konusu tartışılmalıdır. Son olarak güncel bir derlemede bu olumsuz sonuçlardan her iki faktörün de sorumlu olduğu belirtilmiştir [1].

Subfertilite sonrası gelişen gerek spontan gebelikler gereksiz intrauterin inseminasyon (IUI) ve ÜYTE (ART) gebelikleri; fertilité sorunu yaşanmayan spontan gebeliklere göre farklı perinatal sonuçlarla ilişkilidir (Tablo 1). Dolayısıyla; tedavi gebeliklerinde daha yakın antenatal takip ihtiyacı olduğu, hatta bazı tarama testlerinin yorumunda ÜYTE (ART) gebeliklerinin daha farklı değerlendirme gereği unutulmamalıdır. Zira; ÜYTE (ART) gebeliklerindeki plasentasyon farklılığına bağlı olarak biyokimyasal belirteçlerde gözlenebilen değişiklikler, tarama testlerinde yalancı pozitifliğe yol açabilir [2]. Bu bölümde, tedavi gebelikleri IUI gebelikleri ve ÜYTE (ART) gebelikleri olmak üzere 2 ana başlık altında ele alınacaktır.

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sız olarak da antepartum kanama, artmış sezaryan oranı, gestasyonel hipertansiyon, erken membran rüptürü, düşük doğum ağırlığı, preterm doğum ve perinatal mortalite açısından risk altında olduğundan ‘yüksek riskli gebelik’ olarak kabul edilmeli ve yakın antenatal takibe alınmalıdır. Ayrıca, COVID-19 aşlarının erkek ya da kadın infertilitesine yol açmadığı ancak COVID-19 hastalığı geçiren erkeklerde sperm miktarının önemli oranda azaldığı bilgisi ışığında, infertilite tedavisi planlanan çiftlerin mümkünse tedavi öncesi COVID-19 aşlarını tamamlamaları, aşısız olan gebelerin ise ilk trimester sonrası aşı olmaları tavsiye edilmelidir.

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