系所組別：護理學系丙組
考試科目：產兒科護理學　　　　　　　　　　　　　　　　　考試日期：0224，節次：2

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一、 共同題 40%: 所有考生皆須回答此題

1. 2004-2008 之間，美國進行一項主題為「Pregnancy Risk Assessment Monitoring System」之調查，其中包括針對意外懷孕的 15-19 歲青少女之避孕調查，此計畫部分研究結果呈現在 Table1 和 Table 2

(1) 請說明 Table 1 和 Table 2 的內容 (20%)

(2) 請根據 Table 1 和 Table 2 結果，提出應用於青少女生殖健康之照護措施 (20%)

TABLE 1. Self-reported reasons for not using contraception when an unintended pregnancy occurred among teen mothers aged 15–19 years who had live births — 19 states* participating in the Pregnancy Risk Assessment Monitoring System (PRAMS), 2004–2008

Characteristic	No. in sample[§]	Weighted no.	%[¶]	Thought I could not get pregnant at the time[†]		Partner did not want to use contraception		Did not mind if I got pregnant		Had trouble getting birth control		Side effects from contraception		Thought partner or I was sterile	
				%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Total	4,836	186,447	100.0	31.4	(29.1–33.8)	23.6	(21.6–25.8)	22.1	(20.1–24.4)	13.1	(11.5–15.0)	9.4	(8.2–10.8)	8.0	(6.8–9.3)
Age group (yrs)															
15–17	1,630	62,404	33.5	35.1	(31.0–39.4)	26.1	(22.5–30.0)	18.1	(14.7–22.0)	14.0	(11.0–17.7)	6.8	(5.1–9.0)	8.3	(6.4–10.8)
18–19	3,206	124,043	66.5	29.5	(26.7–32.5)	22.4	(20.1–25.0)	24.2	(21.6–26.9)	12.7	(10.8–14.8)	10.8	(9.2–12.6)	7.9	(6.5–9.5)
Race/Ethnicity															
White, non-Hispanic	2,521	90,360	48.5	26.7	(23.6–30.0)	25.0	(22.0–28.2)	22.5	(19.6–25.7)	13.6	(11.4–16.1)	9.8	(8.0–11.8)	9.0	(7.2–11.1)
Black, non-Hispanic	1,358	59,321	31.8	31.9	(27.3–36.8)	21.1	(17.8–24.8)	20.2	(16.4–24.7)	14.0	(10.6–18.1)	12.2	(9.6–15.3)	6.8	(5.1–9.0)
Hispanic	957	36,766	19.7	42.0	(37.3–46.8)	24.5	(20.5–29.0)	24.4	(20.3–29.0)	10.7	(8.1–13.9)	4.2	(2.9–6.2)	7.6	(5.4–10.5)

Abbreviation: CI = confidence interval.
* Alaska, Arkansas, Colorado, Georgia, Hawaii, Illinois, Maryland, Maine, Michigan, Minnesota, Nebraska, New Jersey, New York, Oklahoma, Oregon, Rhode Island, Utah, Washington, and West Virginia.
[†] Reasons for no contraception are not mutually exclusive.
[§] Unweighted sample totals from 4,836 teen mothers responding to questions about reasons for not using contraception.
[¶] Percentages based on weighted data; totals might not sum to 100% because of rounding.

TABLE 2. Self-reported birth control methods used when an unintended pregnancy occurred among teen mothers aged 15–19 years who had live births — five states* participating in the Pregnancy Risk Assessment Monitoring System (PRAMS), 2004–2008

Characteristic	No. in sample**	Weighted no.	%[††]	Highly effective[†]		Moderately effective[§]		Less effective[¶]		No method	
				%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Total	2,321	89,668	100.0	21.0	(18.7–23.5)	24.2	(21.7–26.9)	5.1	(3.9–6.7)	49.6	(46.7–52.6)
Age group (yrs)											
15–17	852	28,981	32.3	15.8	(12.5–19.7)	29.6	(25.0–34.8)	4.6	(2.9–7.2)	50.0	(44.9–55.1)
18–19	1,469	60,686	67.7	23.5	(20.6–26.7)	21.6	(18.8–24.7)	5.4	(3.9–7.5)	49.5	(45.8–53.1)
Race/Ethnicity											
White, non-Hispanic	1,147	56,156	62.6	23.0	(19.9–26.4)	22.5	(19.3–26.0)	6.2	(4.5–8.4)	48.4	(44.4–52.3)
Black, non-Hispanic	557	14,321	16.0	14.1	(11.0–18.0)	28.1	(22.6–34.4)	2.7	(1.5–4.9)	55.1	(48.7–61.3)
Hispanic	617	19,191	21.4	20.4	(16.0–25.6)	26.3	(21.3–31.9)	4.0	(2.1–7.6)	49.3	(43.6–55.1)

Abbreviation: CI = confidence interval.
* Colorado, Michigan, Minnesota, Oregon, and Utah.
[†] Includes tubal ligation, vasectomy, injectable medroxyprogesterone, oral contraceptive pill, birth control patch, vaginal ring, or intrauterine device. Effectiveness determined by the percentage of women who experience pregnancy during first year of typical use; categorized as highly effective (<10%), moderately effective (10%–15%), and less effective (>15%).
[§] Male condom.
[¶] Includes diaphragm, cervical cap, contraceptive sponge, rhythm method, or withdrawal.
** Unweighted sample totals from 2,321 teen mothers responding to contraception methods questions.
[††] Percentages based on weighted data; totals might not sum to 100% because of rounding.

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二、自選題 (2-7 題) 60%：考生可以自選以下任三題試題進行回答

2. 陳護理師正在進行有關待產過程中增加產婦舒適措施的實證報告，她由資料庫搜尋以下一篇研究報告， 請根據此篇研究摘要之內容回答問題 (20%)

ABSTRACT: Background: *Perineal warm packs are widely used during childbirth in the belief that they reduce perineal trauma and increase comfort during late second stage of labor. The aim of this study was to determine the effects of applying warm packs to the perineum on perineal trauma and maternal comfort during the late second stage of labor.* **Methods:** *A randomized controlled trial was undertaken. In the late second stage of labor, nulliparous women (n = 717) giving birth were randomly allocated to have warm packs (n = 360) applied to their perineum or to receive standard care (n = 357). Standard care was defined as any second-stage practice carried out by midwives that did not include the application of warm packs to the perineum. Analysis was on an intention-to-treat basis, and the primary outcome measures were requirement for perineal suturing and maternal comfort.* **Results:** *The difference in the number of women who required suturing after birth was not significant. Women in the warm pack group had significantly fewer third- and fourth-degree tears and they had significantly lower perineal pain scores when giving birth and on "day 1" and "day 2" after the birth compared with the standard care group. At 3 months, they were significantly less likely to have urinary incontinence compared with women in the standard care group.* **Conclusions:** *The*

(1) 簡述此研究目的為何? (5%)

(2) 簡述此研究過程 (5%)

(3) 根據此研究的結果，提出臨床上應用性 (10%)？

3. 【情況題】30 歲，未婚的陳小姐，有固定性伴侶，教育程度為大專，至婦產科門診就診發現感染人類乳突病毒感染且合併子宮頸癌前病變第一期(CIN I)， 陳小姐得知自己的檢查結果後非常焦慮與擔心，問護理人員：「我怎麼會感染病毒呢? 我是不是很快就會變成子宮頸癌? 有沒有什麼方式可以消除病毒和治癒病變?」，請回答以下問題 (20%)：

　(1) 如果您是護理人員，您如何向陳小姐說明 「人類乳突病毒、子宮頸癌前病變和子宮頸癌三者之間關係與致病機轉」(10%)
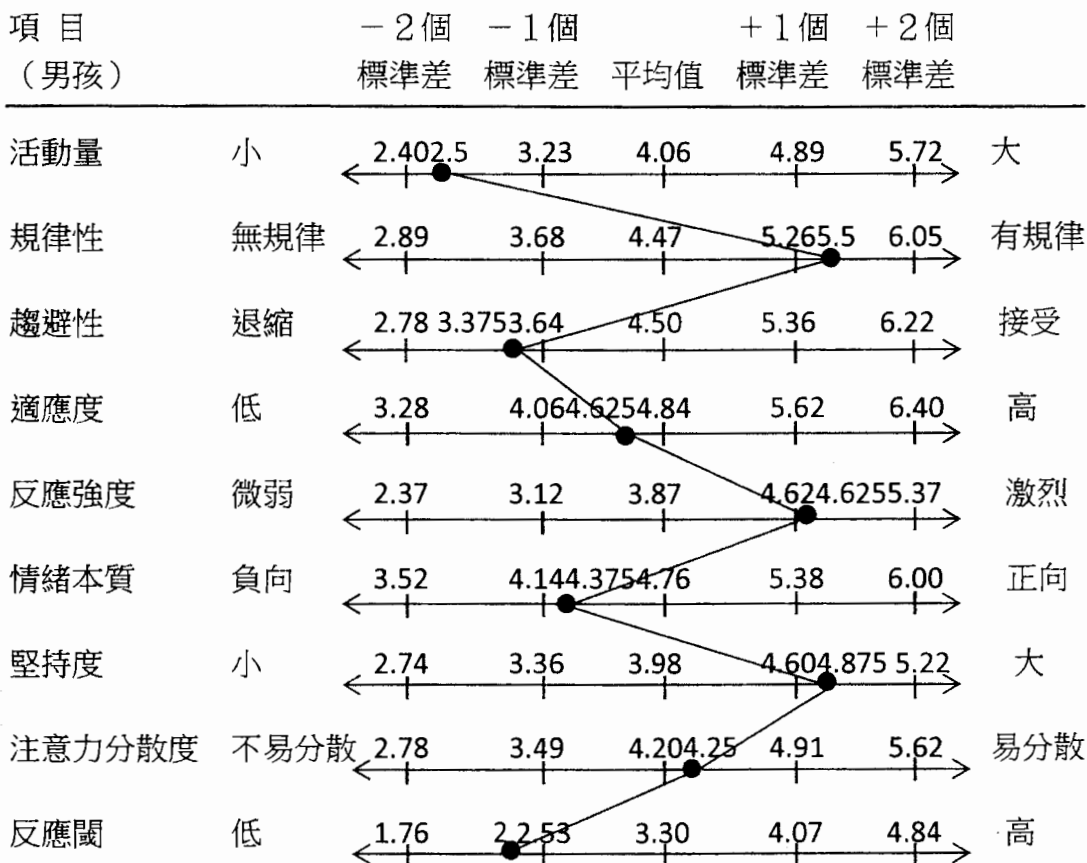
　(2) 您如何給予陳女士相關之照護指導內容 (10%)

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4. 【情況題】吳女士，國中老師， 二天前剖腹生下足月雙胞胎，吳女士已有一位三歲男孩，護理人員 10AM 執行傷口換藥時，吳女士剛未完奶，正在吃早餐，吳女士主訴：「我一直沒休息的餵母奶，兩位小孩要輪流餵奶，沒有時間休息，連吃飯時間都沒有，抱小孩餵奶傷口又痛，夜裡也沒有好好睡，一直要醒來餵奶，出院回家後，家裡還有一位小孩要照顧，我可能沒有辦法像第一胎一樣可以很順利餵母奶到個月。你看，我一餐飯還沒吃完，老三又餓哭了，又要餵奶了」， 隨後又說：「我媽說『小孩要顧，大人身體也要顧』， 她勸我不一定要堅持餵母奶，我開始覺得我沒有信心與能力哺餵母乳」，請回答以下問題 (20%)：

(1) 如果您是照護吳女士的護理師，你會如何回應吳女士的情境? (10%)

(2) 護理人員可提供那些照護措施，協助吳女士能成功哺餵母乳? (10%)

5. 咚咚，男，4 歲 8 個月大。媽媽為主要照顧者，下圖為媽媽填寫兒童氣質量表的結果。

(1) 請根據圖示結果（圓點為各項氣質測定值），說明瞭解孩子氣質的目的為何（2%），

(2) 判讀和說明咚咚的氣質表現（6%）

(3) 提供具體的建議給咚咚的父母（12%）。

項 目（男孩）		－2個標準差	－1個標準差	平均值	＋1個標準差	＋2個標準差	
活動量	小	2.40 2.5	3.23	4.06	4.89	5.72	大
規律性	無規律	2.89	3.68	4.47	5.26 5.5	6.05	有規律
趨避性	退縮	2.78 3.375 3.64		4.50	5.36	6.22	接受
適應度	低	3.28	4.06 4.625 4.84		5.62	6.40	高
反應強度	微弱	2.37	3.12	3.87	4.62 4.625 5.37		激烈
情緒本質	負向	3.52	4.14 4.375 4.76		5.38	6.00	正向
堅持度	小	2.74	3.36	3.98	4.60 4.875 5.22		大
注意力分散度	不易分散	2.78	3.49	4.20 4.25	4.91	5.62	易分散
反應閾	低	1.76 2.253		3.30	4.07	4.84	高

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6. 【情況題】兩年前，8 歲的小豪為了買玩具的事跟媽媽大吵了一架。第二天，媽媽到醫院體檢時，發現得了乳癌。接受治療期間，都是由外婆負責照顧小豪。小豪問外婆：「媽媽生了什麼病？」外婆沒有隱瞞，直接告訴小豪媽媽得了乳癌的事實。小豪知道後，變得比較不愛說話。兩年後，小豪的媽媽和小豪同意參與了一項探討罹癌父母對學齡期兒童影響的研究。小豪於填寫問卷的過程中，突然哭了起來，哭著說：「都是我害媽媽得乳癌的！」

請就上述之情況題，回答：

(1) 應用兒童發展理論分析小豪對媽媽得乳癌事件的反應（8%）。

(2) 臨床上，常見罹癌父母經常為不知如何跟未成年子女溝通自身罹癌的事實而煩惱。請以兒科護理專業人員的角度，說明您怎麼指導媽媽「如何與小豪溝通她罹癌的事件」？（12%）

7. 【情況題】小文休假回來第一次照顧一位患有慢性病、再度入院 5 歲半的小女孩糖糖。先前照護糖糖的資深護理人員琪琪，交班時提到：「糖糖的家人非常保護小孩，對所有有關糖糖的照護工作，非常積極地參與，要求很多，操控性也很強，會監視每一個照護的措施 ……。」

(1) 身為兒科護理人員，如果您是小文，面對上述的情況，請說明您會如何回應琪琪的說法（6%）

(2) 到病房時，第一次與糖糖的父母見面時，你如何運用以家庭為中心的照護概念與父母互動，讓照護工作順利地進行（14%）？