國立成功大學
110學年度碩士班招生考試試題

編　號：309

系　所：護理學系

科　目：產兒科護理學

日　期：0203

節　次：第 2 節

備　註：不可使用計算機

※ 考生請注意：本試題不可使用計算機。請於答案卷(卡)作答，於本試題紙上作答者，不予計分。

本試題包含【共同題組】與【婦產科/兒科題組】，【共同題組】為所有考生必須作答，隨後考生可依據自己為產科或兒科專長，就【婦產科題組】或【兒科題組】擇一回答。

【共同題組 30%】

1.在全球新型冠狀病毒肺炎大流行的影響下，臺灣現有的婦嬰健康及兒童保護政策亦可能受到疫情之衝擊，請舉其中一項可能會受到影響的政策進行以下之論述：

（1）請由您的實務經驗簡述其背景或現象問題（5%）

（2）分析問題的成因及相關因素（5%）

（3）說明此政策相關之目標族群、資源、機構/組織或服務提供等可能受到的影響（10%）

（4）請提出可行之改善策略方案以助於修訂或擬定新政策（10%）

以下請任選【婦產科題組】或【兒科題組】擇一作答，作答時請清楚標示題號及次標題號

【婦產科題組 70%，共兩題】

2.在婦女待產期間提供持續性的生產支持（continuous labor support）是重要的，請根據此篇文章之摘要內容回答下列問題。

Objectives: The primary objective was to assess the effects, on women and their babies, of continuous, one-to-one intrapartum support compared with usual care, in any setting.

Main results: We included a total of 27 trials, and 26 trials involving 15,858 women provided usable outcome data for analysis. These trials were conducted in 17 different countries: 13 trials were conducted in high-income settings; 13 trials in middle-income settings; and no studies in low-income settings. Women allocated to continuous support were more likely to have a spontaneous vaginal birth (average RR 1.08, 95% confidence interval (CI) 1.04 to 1.12; 21 trials, 14,369 women; low-quality evidence) and less likely to report negative ratings of or feelings about their childbirth experience (average RR 0.69, 95% CI 0.59 to 0.79; 11 trials, 11,133 women; low-quality evidence) and to use any intrapartum analgesia (average RR 0.90, 95% CI 0.84 to 0.96; 15 trials, 12,433 women). In addition, their labours were shorter (MD -0.69 hours, 95% CI -1.04 to -0.34; 13 trials, 5429 women; low-quality evidence), they were less likely to have a caesarean birth (average RR 0.75, 95% CI 0.64 to 0.88; 24 trials, 15,347 women; low-quality evidence) or instrumental vaginal birth (RR 0.90, 95% CI 0.85 to 0.96; 19 trials, 14,118 women), regional analgesia (average RR 0.93, 95% CI 0.88 to 0.99; 9 trials, 11,444 women), or a baby with a low five-minute Apgar score (RR 0.62, 95% CI 0.46 to 0.85; 14 trials, 12,615 women). Data from two trials for postpartum depression were not combined due to differences in women,

hospitals and care providers included; both trials found fewer women developed depressive symptomatology if they had been supported in birth, although this may have been a chance result in one of the studies (low-quality evidence). There was no apparent impact on other intrapartum interventions, maternal or neonatal complications, such as admission to special care nursery (average RR 0.97, 95% CI 0.76 to 1.25; 7 trials, 8897 women; low-quality evidence), and exclusive or any breastfeeding at any time point (average RR 1.05, 95% CI 0.96 to 1.16; 4 trials, 5584 women; low-quality evidence). Subgroup analyses suggested that continuous support was most effective at reducing caesarean birth, when the provider was present in a doula role, and in settings in which epidural analgesia was not routinely available. Continuous labour support in settings where women were not permitted to have companions of their choosing with them in labour, was associated with greater likelihood of spontaneous vaginal birth and lower likelihood of a caesarean birth. Subgroup analysis of trials conducted in high-income compared with trials in middle-income countries suggests that continuous labour support offers similar benefits to women and babies for most outcomes, with the exception of caesarean birth, where studies from middle-income countries showed a larger reduction in caesarean birth. No conclusions could be drawn about low-income settings, electronic fetal monitoring, the timing of onset of continuous support or model of support.

文獻出處：Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. *Cochrane Database Syst Rev. 2017;7(7):CD003766.*

（1）請說明本研究的主要發現 （15%）

（2）請根據本研究內容提出在臨床照護中如何落實以下各面向的持續性生產支持（continuous labor support）：

a）生理方面的支持（physical support；10%）

b）心理情緒方面的支持（emotional support；10%）

c）訊息的支持（informational support；10%）

d）產婦權益的擁護（advocacy；10%）

3.李太太，36歲，G1P1，剖腹產產下足月女嬰，今天為產後第二天，生命徵象穩定，無發燒，執行部分親子同室。主訴：「好奇怪，昨天乳房都還軟軟的阿，今天就脹得我好痛喔，睡覺壓到胸部都覺得好不舒服，但是乳汁又都擠不出來，護理師我到底該怎麼辦? 好痛苦，好想乾脆退奶算了。」「護理人員早上有推寶寶教我親餵，但吃了兩三口都含不上去，所以教我要手擠乳，但我右邊一滴也擠不出來；我已經擠了一個多小時了，還是一樣脹」。病人雙乳乳房明顯腫脹、左側乳房擠壓可以擠出一兩滴奶水、右側尚未能擠出奶水。

請根據李太太的情況，提出您的具體照護建議與措施（15%）

【兒科題組 70%，共兩題】

4.菁菁今年四歲，未就讀幼稚園，因持續發燒、腹瀉，由祖父母帶到醫院就診而收治入院，菁菁的媽媽今年 21 歲，目前待業中，父親今年 25 歲，到處兼職打零工；母親為菁菁之主要照顧者，家庭經濟主要來源為父親薪資以及祖父母之資助。祖父母務農，會不定期從外縣市來探視菁菁，幫忙打掃整理家裡，並提供生活用品。菁菁入院時，身高 102 公分，體重 15 公斤，生命徵象：體溫 39.8℃、心率 120 bpm、呼吸速率 30 bpm、血壓 100/68 mmHg，十分虛弱、疲倦且嗜睡，手腳可見瘀青與癒合的傷疤。菁菁自住院始便懼怕醫師或護理人員之靠近或肢體接觸，對於所有醫療處置與照護都顯得恐懼、退縮，多數時間沉默不語，語言表達也常是片段或簡短的句子。住院期間不願意其他病童互動或遊戲，僅偶爾會與母親和祖母有所互動。此外，菁菁在住院一週後，變得更容易哭鬧、生氣，不配合醫療處置，且難以安撫。

（1）根據兒童發展指標與理論，您如何評估與解釋菁菁目前的各項發展與其行為表現？（10%）

（2）您所評估的主要護理問題為何？（5%）

（3）還需要搜集哪些主、客資料幫助您鑑別診斷？（10%）

（4）對於菁菁與其家庭，依據兒童發展或家庭相關理論，您具體的護理計劃與措施為何？（15%）

5.請閱讀以下摘要，回答下列問題：

（1）請簡述此研究主要目的與結果（10%）

（2）請列出本研究相關的實證問題（10%）

（3）請說明此結果如何應用至您的臨床工作或進行相關介入措施之發展（10%）

Background: Efficacy beliefs have been suggested to protect children from many risky health behaviors. However, the relationships between parent-child dyads' coping and efficacy beliefs are not clear. Therefore, this study examined the relationships between parent-child dyads' coping patterns and their association with collective family efficacy, adolescent filial efficacy, parenting efficacy, family satisfaction, depressive symptoms, and parents' perceived adolescent health risks.

Methods: Guided by the Bandura's efficacy framework, we surveyed 158 parent-adolescent dyads from the midwestern U.S. on coping, collective family efficacy, adolescent filial efficacy, family satisfaction, parenting efficacy, depressive symptoms, and parent perceived adolescent health risks. Descriptive statistics, bivariate correlations, multiple regression, and path modeling were performed.

Findings: Parent-adolescent dyads spiritual coping was positively correlated, but other coping subscales were not. The path models revealed that adolescents collective family and filial efficacy were positively related to

their overall coping. Adolescent family satisfaction both directly and indirectly protected adolescents from depressive symptoms. Parents' parenting efficacy and family satisfaction were directly and indirectly associated with lower parents' perceived adolescent health risks.

Discussion: It seems that parents' constructive coping mechanisms were more collective-focused, while adolescents' coping strategies were more individual-focused (venting and humor). Promoting parent-adolescent dyads' efficacy beliefs could enhance their coping strategies and minimize depressive symptoms and adolescent health risks.

文獻出處：Kao, T. S. A., Ling, J., & Dalaly, M. (2020). Parent-adolescent dyads' efficacy, coping, depression, and adolescent health risks. *Journal of Pediatric Nursing*, *56*, 80-89.