

國立成功大學
111學年度碩士班招生考試試題

編 號：302

系 所：護理學系

科 目：產兒科護理學

日 期：0220

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，考生可根據自己專長，就【婦產科題組】或【兒科題組】擇一作答

【共同題組 40%】1. 全球和台灣正受到新冠病毒肺炎(COVID-19)大流行侵襲，對臨床以家庭為中心的兒科或婦產科照護系統產生實質衝擊，請回答以下問題：

- (1) 請依實務經驗，敘述 COVID-19 疫情對「以家庭為中心的照護」產生之衝擊面向 (20%)
- (2) 請根據 COVID-19 現況，提出具體可行的「以家庭為中心的照護」策略 (20%)

※以下請就【婦產科題組】或【兒科題組】擇一作答，作答時請標示題號和次題號

【婦產科題組 60%】

2. 陳女士，43 歲，G₃P₀SA₂，家管，虔誠的佛教徒，現懷孕 12 週，超音波顯示為雙胞胎。先前兩次懷孕第五週及第 10 週發現胚胎無心跳，自然流產。孕期 9 週也因妊娠劇吐，此次因妊娠劇吐、酮尿而再度住院。個案先生因在工作，故白天無法陪伴個案，住院後，陳女士早、午餐進食後半小時就出現嘔吐，且將所進食物都吐出來，嘔吐物中伴有血絲、且伴隨膽汁，並持續乾嘔，體重比孕前減少 5KG，今日抽血檢驗 Na: 129 mmol/L; K: 2.9 mmol/L, KET:80(mg/dL)。目前服用 Primperan、Pyridoxal (B6)。陳女士抱怨說：「都沒力氣，一點胃口都沒有，懷孕怎麼如此辛苦！我看別人都好好的，我先前已有兩次自然流產經驗，我再這樣下去，會不會影響胎兒發育啊！」又說：「我先生白天都很忙，只有晚上來醫院陪我，我一個人在這裡感到很無助，有時突然有點胃口，想吃一點東西，但是又沒人幫忙，我很鬱卒」

- (1) 就以上個案情況，提出目前的護理問題 (10%)
- (2) 請提出具體照護措施 (10%)
- (3) 請提出非藥物的止孕吐措施，並說明其原理 (10%)

3. 請閱讀以下英文摘要，回答三個子問題

Introduction: Although the safety of water immersion during labor is largely supported by evidence from research, the risks to women and neonates during waterbirth are not well established. The purpose of this study was to generate evidence regarding maternal and neonatal outcomes related to water immersion in labor and during birth.

Methods: A retrospective cohort study included a convenience sample of women receiving prenatal care at a nurse-midwifery practice. Participants were categorized into 3 groups: 1) waterbirth, 2) water labor, or 3) neither. Participant characteristics, maternal outcomes, and newborn outcomes were collected at time of birth and health record abstraction. At the 6-week postpartum visit, another maternal outcome, satisfaction with birth, was measured using the Care in Obstetrics: Measure for Testing Satisfaction (COMFORTS) scale. Analysis included effect size, descriptive statistics (sample characteristics), and maternal and neonatal group differences (analysis of variance and chi-square) with a significance level of $P < .05$.

Results: Women in the waterbirth ($n = 58$), water labor ($n = 61$), and neither ($n = 111$) groups were primarily white, married, and college educated and did not differ by age or education. Women in the waterbirth group were more likely to be multiparous. Nulliparous women who had a waterbirth had a significantly shorter second stage of labor than nulliparous women who did not have a waterbirth ($P = .03$). The most commonly cited reasons for discontinuation of hydrotherapy were maternal choice (42.6%) and need for pain medication (29.5%). Significantly more women in the waterbirth group experienced a postpartum hemorrhage, compared with water labor or neither ($n = 5$, $n = 3$, $n = 1$, respectively; $P = .045$); there was no difference in related clinical measures. Neonatal outcomes were not significantly different. Maternal satisfaction was high across all groups.

Discussion: The results of this study suggest that waterbirth, attended by qualified intrapartum care providers in hospital settings in the United States, is a reasonable option for low-risk women and their neonates.

(文獻出處： J Midwifery Womens Health 2020;65:216–223)

- (1) 請簡述本篇研究目的、方法和主要結果 (10%)
- (2) 請提出一個與本摘要相關的實證 PICO 問題 (10%)
- (3) 請根據此篇結果，說明如何將結果應用到臨床照護上 (10%)

【兒科題組 60%】

4. 小明，14 歲，國二學生，於半年前診斷為第一型糖尿病 (T1DM)，定期於兒科門診回診，飯前血糖範圍為 75-275 mg/dl，飯後 2 小時血糖範圍 140-325mg/dl，一個月前測 HbA1C 為 8.2%。不敢自己注射胰島素，目前仍由母親協助早晚兩次胰島注射，今日學校月考時，突然感到頭暈、噁心，血糖值：371 mg/dL，到急診求診，抽血靜脈血 pH 值：7.21、血中重碳酸鹽 (bicarbonate level)：15.1 mEq/L、血中酮體(ketone)呈陽性；尿液報告：尿酮 2+，被診斷為第一型糖尿病引發酮酸中毒，故入院接受治療。小明說：「這幾天感冒，血糖飆高，又要準備月考，壓力很大，不知不覺晚上念書時就多吃一些點心。」又說：「我不敢自己打胰島素，打針很恐怖；為了每天下課直接回家請媽媽幫忙打胰島素，我都沒法和同學下課後一起去補習；在學校裡面，我也不願意讓同學知道我有糖尿病，怕同學會笑我，所以在學校驗血糖，會偷偷到廁所關起門驗血糖。」

- (1) 請根據青少年發展理論，分析說明小明各方面發展 (10%)
- (2) 說明小明目前主要護理問題 (10%)
- (3) 根據目前護理問題，提出具體照護措施 (10%)

5. 請閱讀以下英文摘要，回答三個子問題

Background: Preterm infants have maturational delays in several neurobehavioral systems. This study assesses the impact of the Family Nurture Intervention (FNI) in the neonatal intensive care unit (NICU) on the maturation of autonomic regulation of preterm infants.

Methods: Preterm infants born at 26-34 weeks postmenstrual age (PMA) were assigned to groups receiving either standard care (SC) or SC plus FNI, using a randomized controlled trial design. At two collection time points, approximately 35 weeks and 41 weeks PMA, electrocardiograms (ECG) were monitored for approximately 1 hour during sleep. Heart rate and respiratory sinus arrhythmia (RSA) were quantified from the ECG.

Results: Across the two time points, the FNI group exhibited greater increases in RSA (Cohen's $d = 0.35$) and slope between RSA and heart rate, as a measure of vagal efficiency (Cohen's $d = 0.62$). These results document that FNI resulted in enhanced autonomic regulation consistent with greater maturation of cardiac function.

Discussion: These and previous findings strongly suggest that facilitating early nurturing interactions and emotional connection between preterm infants and their mothers is a practicable and effective means of optimizing postnatal development in preterm infants. Interpretation of these autonomic function results also enriches our understanding of the potential long-term beneficial outcomes of FNI by drawing upon polyvagal

theory, which explains how autonomic state provides a neurophysiological platform for optimal co-regulation between infant and caregiver, and by drawing upon calming cycle theory, which provides a model for understanding how repeated mother/infant calming interactions positively condition autonomic state and reinforce approach, prosocial behaviors.

(文獻出處: Dev Psychobiol. 2019 Sep;61(6):942-952. doi: 10.1002/dev.21841.)

- (1) 請簡述本篇研究目的、方法與主要結果 (10%)
- (2) 請提出一個與本摘要相關的實證問題 (10%)
- (3) 請根據此篇結果，說明如何將結果應用到臨床照護上 (10%)