

- 一、針對低危險妊娠自然分娩婦女，待產中照護最終目標是希望能同時兼顧母嬰的健康安全及減輕產婦的不適。目前临床上是最常使用減緩產痛的方式，可分為非藥物(呼吸及放鬆技巧、按摩與生產球)及藥物(腰椎硬膜外麻醉方式)二大類。
- 邱女士 31 歲，G1P0，妊娠 30 週時她和她先生參加「父母教室」學習非藥物減痛法，後續也參與二次實作課程，期待能以自我控制方式度過分娩過程。請根據以上陳述及下列情況回答問題。
1. 邱女士凌晨因破水入院待產，上午 8 點因尚無宮縮，醫囑給予 Pitocin 5U 20 ml/ hr 催生；中午時子宮頸擴張為 2 公分、變薄(Effacement)為 50%，胎頭高度為-1，宮縮頻率為 10~15 分、每次持續約 20 秒、強度約 40 mmhg。此時邱女士向護理師表示，想下床使用生產球減輕陣痛不適，若你是邱女士的主護護理師，你會如何回答並做那些護理指導或處置？(10 分)
  2. 下午 2 點護理師為邱女士內診時，子宮頸已擴張至 5 公分時、變薄(Effacement)為 80%，胎頭高度為+1。宮縮頻率為 3~5 分、每次持續約 50 秒、強度約 70 mmhg。醫囑給予 Pitocin 5U 30 ml/ hr 持續使用。此時邱女士情緒顯出焦慮及煩躁，表情疲累，擔心失去自我控制感，主動詢問護理師他是否應該放棄她原來的生產期待，並改變以腰椎硬膜外麻醉的藥物減痛法。若你是邱女士的主護護理師，你會如何回答並做那些護理指導或處置？(10 分)
  3. 若你是一位妊娠 30 週的低危險妊娠孕婦，在你準備待產計畫中，對於待產期間的二大減痛法：非藥物(呼吸及放鬆技巧、按摩與生產球)及腰椎硬膜外麻醉方式，你會選擇哪一種方式？並請加以詳述你抉擇過程中所考量的觀點。(10 分)
- 二、孕婦於妊娠 24 週~28 週接受妊娠糖尿病之篩檢，以 75 克葡萄糖耐受測試進行篩檢，三個檢測時間點所得之血糖值監測，只要有任何一次超過標準值即可確診。正常情況是空腹 8 小時血糖值<92 mg/dL、1 小時之血糖值<180 mg/dL、和 2 小時之血糖值<153 mg/dL。
- 蔣女士 36 歲 G1P0，其在妊娠 24 週接受 75 克葡萄糖耐受測試，其結果：空腹血糖值 100 mg/dL、1 小時之血糖值 182 mg/dL、和 2 小時之血糖值 150 mg/dL。蔣女士診斷為妊娠糖尿病，醫師建議先以飲食控制治療。請根據以上陳述及下列情況回答問題：
1. 若你是門診護理師，此時蔣女士向你詢問，她是否一定要控制血糖？若她的血糖維持目前的狀況，對她本身和她的胎兒會有哪些影響？(10 分)
  2. 蔣女士妊娠期間均有定期接受產前檢查及血糖監測處置，其空腹血糖平均為 94 mg/dL、1 小時之血糖值平均為 120 mg/dL。蔣女士在妊娠 38 週，因胎位不正而接受計畫性剖腹生產。剖腹產後，在產後時期蔣女士與其新生兒，應給予那些護理評估及處置？(10 分)
- 三、請閱讀下列一篇英文研究報告摘要（列印於第 2 頁）

Caceres, B. A., Jackman, K. B., Ferrer, L., Cato, K. D., & Hughes, T. L. (2019). A scoping review of sexual minority women's health in Latin America and the Caribbean. *International Journal of Nursing Studies*, 94, 85-97.

1. 依下列標題順序，用中文敘述每一段標題及內容意涵。

- (1) Title (3 分)
- (2) Objectives (10 分)
- (3) Design and Data sources (5 分)
- (4) Review methods (5 分)
- (5) Results (10 分)
- (6) Conclusion (7 分)

2. 請用中文提出此研究結果對臨床照護可應用性之看法或意見 (10 分)。

見背面

### A scoping review of sexual minority women's health in Latin America and the Caribbean

**Objectives:** Despite research documenting significant health disparities among sexual minority women (lesbian, bisexual, and other non-heterosexual women) in high-income countries, few studies of sexual minority women's health have been conducted in low- and middle-income countries. The purpose of this scoping review was to examine the empirical literature related to the health disparities and health needs of sexual minority women in Latin America and the Caribbean (LAC), and to identify research gaps and priorities.

**Design:** A scoping review methodology was used.

**Data sources:** We conducted a comprehensive search of seven electronic databases. The search strategy combined keywords in three areas: sexual minority women, health, and LAC. English, Spanish, and Portuguese language studies published through 2017 in peer-reviewed journals were included.

**Review methods:** A total 1471 articles were retrieved. An additional 5 articles were identified following descendancy search; 3 of these met inclusion criteria. After removal of duplicates and title and abstract screening, we screened the full text of 37 articles, of which 22 (representing 18 distinct studies) met inclusion criteria. At least two authors independently reviewed and abstracted data from all articles.

**Results:** More than half of the studies were conducted in Brazil ( $n = 9$ ) and Mexico ( $n = 5$ ). Sexual health was the most studied health issue ( $n = 11$ ). Sexual minority women were at elevated risk for sexually transmitted infections related to low use of barrier contraceptive methods during sexual encounters with men. Findings suggest that sexual minority women are generally distrustful of healthcare providers and view the healthcare system as heteronormative. Providers are believed to lack the knowledge and skills to provide culturally competent care to sexual minority women. Sexual minority women generally reported low levels of sexual health education and reluctance in seeking preventive screenings due to fear of mistreatment from healthcare providers. Sexual minority women also reported higher rates of poor mental health, disordered eating, and substance use (current tobacco and alcohol use) than heterosexual women. Gender-based violence was identified as a significant concern for sexual minority women in LAC.

**Conclusions:** Significant knowledge gaps regarding sexual minority women's health in LAC were identified. Additional investigation of understudied areas where health disparities have been observed in other global regions is needed. Future research should explore how the unique social stressors sexual minority women experience impact their health. Nurses and other healthcare providers in the region need training in providing culturally appropriate care for this population.