

- I. 請問何謂產後痛(after pain)?其機轉與相關的致因有哪些?適當的護理介入措施為何?(10分)
- II-1. 請依你的觀點提出論述：周產期婦女之母性行為是天生的抑或是後天學習而得?(5分)
- II-2. 有關產後期婦女之母性行為會受到自身內在因素(荷爾蒙變化)、外在因素(環境)與護理介入措施等的影響，請試舉臨床實例分別闡述說明。(15分)
- III-1. 何謂護理倫理?(5分)
- III-2. 請依據你的護理經驗，針對(1)周產期婦女(或其家庭)、(2)罹患婦女相關疾病婦女(或其家庭)的照護過程中，所面臨的倫理困境，請就(1)或(2)所述之個案情境，擇一項予以舉例說明並提出建議的介入措施。(15分)
- IV. 請閱讀下列一篇英文研究報告摘要(見第2頁)
- Huang AJ, Chesney M, Lisha N, Vittinghoff E, Schembri M, Pawlowsky S, Hsu A, Subak L. (2019). A group-based yoga program for urinary incontinence in ambulatory women: feasibility, tolerability, and change in incontinence frequency over 3 months in a single-center randomized trial. *American Journal of Obstetrics And Gynecology* Jan;220(1):87.e1-87.e13. doi: 10.1016/j.ajog.2018.10.031. Epub 2018 Oct 26
1. 依下列標題順序，用中文敘述每一段標題及內容意涵。(40分)
- (1) Background (5分)
 - (2) Objectives (5分)
 - (3) Material and Methods (10分)
 - (4) Results (15分)
 - (5) Conclusion (5分)
2. 請舉例說明如何將上述之研究結果應用於婦女健康護理實務或研究。(10分)

見背面

A group-based yoga program for urinary incontinence in ambulatory women: feasibility, tolerability, and change in incontinence frequency over 3 months in a single-center randomized trial.

BACKGROUND:

Yoga has been recommended as a behavioral self-management strategy for incontinence, but evidence of its feasibility, tolerability, and efficacy is lacking.

OBJECTIVE:

To evaluate the feasibility and tolerability of a group-based therapeutic yoga program for ambulatory middle-aged and older women with incontinence, and to examine preliminary changes in incontinence frequency as the primary efficacy outcome after 3 months.

MATERIALS AND METHODS:

Ambulatory women aged 50 years or older who reported at least daily stress-, urgency-, or mixed-type incontinence, were not already engaged in yoga, and were willing to temporarily forgo clinical incontinence treatments were recruited into a randomized trial in the San Francisco Bay area. Women were randomly assigned to take part in a program of twice-weekly group classes and once-weekly home practice focused on Iyengar-based yoga techniques selected by an expert yoga panel (yoga group), or a nonspecific muscle stretching and strengthening program designed to provide a rigorous time-and-attention control (control group) for 3 months. Incontinence frequency and type were assessed by validated voiding diaries.

RESULTS:

Of the 56 women randomized (28 to yoga, 28 to control), the mean age was 65.4 (± 8.1) years (range, 55-83 years), the mean baseline incontinence frequency was 3.5 (± 2.0) episodes/d, and 37 women (66%) had urgency-predominant incontinence. A total of 50 women completed their assigned 3-month intervention program (89%), including 27 in the yoga and 23 in the control group ($P = .19$). Of those, 24 (89%) in the yoga and 20 (87%) in the control group attended at least 80% of group classes. Over 3 months, total incontinence frequency decreased by an average of 76% from baseline in the yoga and 56% in the control group ($P = .07$ for between-group difference). Stress incontinence frequency also decreased by an average of 61% in the yoga group and 35% in controls ($P = .045$ for between-group difference), but changes in urgency incontinence frequency did not differ significantly between groups.

CONCLUSION:

Findings demonstrate the feasibility of recruiting and retaining incontinent women across the aging spectrum into a therapeutic yoga program, and provide preliminary evidence of reduction in total and stress-type incontinence frequency after 3 months of yoga practice.

試題隨卷繳回