

行政院及所屬各機關出國報告

(出國類別：進修)

美國維吉尼亞州協大學短期進修

服務機關：國防大學國防醫學院

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出國地區：美國維吉尼亞州

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附件二

行政院及所屬機關出國報告提要

出國報告名稱：美國維吉尼亞

州協大學短期進修

頁數 4 含附件：是否

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出國類別： 1 考察 2 進修 3 研究 4 實習 5 其他

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分類號／目

關鍵詞：懷孕、拉梅茲、生產教育、國際認證、生產教育專家

內容摘要：

前往美國維吉尼亞州協大學短期進修，主要進修目的為認識國際生產教育課程之規劃、現況和學術交流、精進婦嬰照護與生產教育之教學、研究與臨床服務。基於臨床服務及教學、研究之經驗，深感生產教育不但須廣泛推廣，使更多的準父母能獲得更好的待產與生產的經驗及臨床照護品質，更須培育具有國際認證的生產教育師資，讓本國的生產教育課程能兼具本土化與國際化。故此行除修習婦嬰護理婦女健康特殊議題之課程外，更積極參與跨國際之生產教育師資訓練課程的籌劃。

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摘要

前往美國維吉尼亞州協大學短期進修，主要進修目的為認識國際生產教育課程之規劃、現況和學術交流、精進婦嬰照護與生產教育之教學、研究與臨床服務。基於臨床服務及教學、研究之經驗，深感生產教育不但須廣泛推廣，使更多的準父母能獲得更好的待產與生產的經驗及臨床照護品質，更須培育具有國際認證的生產教育師資，讓本國的生產教育課程能兼具本土化與國際化。故此行除修習婦嬰護理婦女健康特殊議題之課程外，更積極參與跨國際之生產教育師資訓練課程的籌劃。

目的：

^職前往美國維吉尼亞州協大學短期進修，主要進修目的為認識國際生產教育課程之規劃、現況和學術交流、精進婦嬰照護與生產教育之教學、研究與臨床服務。基於臨床服務及教學、研究之經驗，深感生產教育不但須廣泛推廣，使更多的準父母能獲得更好的待產與生產的經驗及臨床照護品質，更須培育具有國際認證的生產教育師資，讓本國的生產教育課程能兼具本土化與國際化。故此行除修習婦嬰護理婦女健康特殊議題之課程外，更積極參與跨國際之生產教育師資訓練課程的籌劃。

過程

懷著感恩的心情，帶著長官、同事及家人的祝福前往美國維吉尼亞州協大學短期進修。由於適逢美國 911 事件未逾月，故搭機前往目的地期間，可謂關卡重重、危機四伏，但此次進修機會實屬難得，故而毅然堅持初衷，向距離華盛頓及紐約車程不到數小時的維吉尼亞州列治文市這個州政府所在地前進，幸而一切平安順利地抵達，隨即火速和 Dr. Humenick 教授會面討論進修之相關事宜。

在此進修期間，參與該學院與學系每月固定的會務與重要議題之討論與分享，與學系同仁共同完成電腦網路生產教育課程之設置、參與他們的研究和擔任生產教育師資訓練課程之授課，並實地參訪其附設醫院的婦女健康中心(Women's Health Center)與產科相關單位，獲益匪淺。

許多人一聽到拉梅茲(Lamaze)這個名詞的主觀印象是——它是一種生產減痛法，此觀念其實並不盡然正確。國際拉梅茲學會特別強調拉梅茲(Lamaze)是理念(Philosophy)，卻不僅是一種減痛的方法(Method)而已。拉梅茲理念強調生產是正常、自然且健康的，藉由生產教育課程，讓準父母們能將內在的智慧與潛能充分發揮，可以充滿自信地面臨待產、生產的過程，於面臨生產不致驚惶失措，如此，不僅能增加對生產的自我控制感，更能擁有較正向的生產經驗。

然而，懷孕、待產的經驗因文化而有所差異，故需配合考量國人對此之需求，建立一套本土化之生產教育課程，並培養具國際認證之師資以躋身國際，並增進彼此之學術與文化交流。

在此訓練期間，並實地參訪維吉尼亞州協大學附設醫院的婦女健康部門，溫馨與人性化的環境令人印象十分深刻，一踏入該部門，映入眼簾的是擺設高雅、清新的接待室，備有電視、沙發、供閱覽的書籍與兒童遊戲區等設施，令人感到無比溫馨，在此區設有服務人員帶

領待產婦女及家屬進入產房待產，產房內是「待產—生產—恢復室」(LDR)或「待產—生產—恢復—產後」(LDRP)的照護模式，強調親子間的早期接觸，儘早母乳哺育等措施，護理人員同時照顧媽媽與嬰兒 (mother-infant care)，如此可以更瞭解其親子互動，提供更立即且有效的護理。

心得

此次能赴美短期進修實屬難得之機會，故十分珍惜並全力以赴。在美期間，除參與婦嬰護理學系之研究工作、建置拉梅茲生產教育師資網路課程，更積極和拉梅茲學會聯繫創辦國際拉梅茲生產教育訓練課程在臺灣舉行之相關事宜，得到該學會高度之肯定，預期在近年內能有所建樹。

而人性化的護理照護模式，亦令人印象深刻！母嬰親善政策的推廣，從硬體設施到軟體規劃均十分落實地呈現以家庭為中心之婦嬰護理照護模式 (Family-Center Maternity Care)。在此受訓期間，亦備受尊重與肯定，教授們尊重專業、步步踏實與求真的精神，亦令人為之深深感動，實為吾之典範。

建議

推廣國際拉梅茲生產教育師資訓練培訓課程！此為一完整全方位的課程設計，擬聘請國際拉梅茲專家來台提供生產教育者所需之知識與技巧，可在台灣本地接受國際高品質之生產教育訓練課程，不須遠赴國外，可減少旅途往返之辛勞，亦不影響工作。課程訓練時程包括參加四天研習會及接受國際拉梅茲認證之生產教育專家約一年時間的臨床實務訓練指導，合格後，即具備拉梅茲國際生產教育鑑定考試資格，通過認證考試後即成為國際拉梅茲認證之生產教育專家。期盼能獲得各界支持，儘早完成國內邁向二十一世紀國際生產教育專家培訓計畫，並拓展生產教育課程網路化，藉此培育更多的生產教育專家，提供準父母們以家庭為中心之護理照護，讓社會更溫馨美滿！

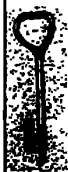


Labor Variations and Unexpected Outcomes

Accredited Lamaze Childbirth Education Program

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Teaching Strategies

- ◆ Lecture
- ◆ Discussion
- ◆ Small group
- ◆ Role playing
- ◆ Teach-back practice
- ◆ Handouts





Goal

The successful participant will be able to:

- ◆ Prepare couples to make informed decisions if they encounter labor variations, interventions, and even perinatal loss



Rationale

- ◆ Labor is highly individualized and rarely by the textbook!
- ◆ If they are aware of common variations, they will have increased confidence during labor and birth
- ◆ Prepare to make informed decisions regarding common interventions



Objective 1

Briefly discuss the variations in labor patterns and the coping techniques:

- ◆ Long pre-labor or slow-start labor
- ◆ Short, fast labor
- ◆ Delay during active labor or transition
- ◆ Delay during Stage II



Example---delayed progress in active labor

- ◆ How the laboring woman may react?
- ◆ The partner's responses?
- ◆ What will you do!?





Objective 2

Briefly describe the benefits and risks of the following interventions and influence

- ◆ Induction
- ◆ Amniotomy
- ◆ Administering fluids intravenously
- ◆ Continuous or intermittent electronic fetal-heart monitoring
- ◆ Active management of labor



Benefits of Induction

- ◆ Allows the patient to prepare physically and psychologically for labor and delivery
- ◆ Can solve medical conditions that might endanger fetal well-being



Risks of Induction

- ◆ Poses risks to the fetus from increased uterine activity and possible prematurity
- ◆ Poses risks to the patient from prolonged labor, cervical laceration, and postpartum hemorrhage
- ◆ Produces physical and psychological stress if induction fails



Benefits of Amniotomy

- ◆ Facilitates fetal status monitoring using an internal scalp electrode, catheter, or scalp blood sampling
- ◆ Facilitates assessment of amniotic fluid color and composition



Risks of Amniotomy

- ◆ Increases the risk of infection and cord prolapse
- ◆ Increases the incidence of fetal head compression



Benefits of Administering fluids intravenously

- ◆ Intravenous infusion provides fluids and calories to the laboring woman
- ◆ Infusion is beneficial when a woman does not want or is unable to drink or is vomiting



Risks of Administering fluids intravenously

- ◆ At risk to infection at the site or in the vein
- ◆ An intravenous infusion is uncomfortable because it restricts movement of the woman



Benefits of Fetal Heart Monitor

- ◆ Evaluates decreased variability and periodic changes
- ◆ Grossly evaluates contractions
- ◆ Provides a permanent record



Risks of Fetal Heart Monitor

- ◆ Supine postural hypotension
- ◆ Decreased personal interaction with mother because of attention paid to the machine
- ◆ Mother is unable to ambulate or change her position freely
- ◆ Belts uncomfortable



Benefits and Risks of Active Management of Labor

- ◆ High-Tech versus High-Touch Management



Objective 2

Briefly describe the benefits and risks of the following interventions and influence

- ◆ Using medications to manage pain
- ◆ Regional anesthetics
- ◆ Episiotomy
- ◆ Vacuum extractor/forceps
- ◆ Cesarean birth



Benefits and Risks of using medications to manage pain

- ◆ Informed Decision-Making approach to teach about using medications to manage pain
- ◆ Three components
 - 1 values clarification
 - 2 research-based information on the benefits and risks of medication
 - 3 two guidelines for making an informed decision



Benefits of Regional Anesthetics

- ◆ Leaves the patient awake and cooperative
- ◆ Provides analgesia for the first and second stages and anesthesia for delivery without adverse fetal effects



Risks of Regional Anesthetics

- ◆ Hypotension(uncommon)
- ◆ Decreased urge to push
- ◆ Risk of dural puncture,leading to postspinal headache or transient complete motor paralysis



Benefits of Episiotomy

- ◆ Prevents laceration of the perineum
- ◆ Can be repaired more easily than a tear and heals faster
- ◆ Enlarges the vaginal outlet to facilitate manipulation or use of forceps



Risks of Episiotomy

- ◆ May interfere with maternal-neonatal bonding if discomfort is severe
- ◆ Creates a potential site of infection
- ◆ May make the patient hesitant to void or have a bowel movement



Benefits of Vacuum extractor/forceps

- ◆ Lower incidence of vaginal and cervical laceration
- ◆ Less maternal discomfort
- ◆ /shortens the second stage of labor



Risks of Vacuum extractor/forceps

- ◆ Marked caput succedaneum possible as long as 7 days after birth
- ◆ Tentorial tears possible from extreme pressure
- ◆ /Increases neonatal birth trauma, postpartum hemorrhage



Benefits of Cesarean Birth

- ◆ Life-saving procedure in situations of obstetric emergency
- ◆ In situations in which vaginal birth is not possible

Risks of Cesarean Birth



Objective 3

- ◆ Discuss the development of a birth plan by couples and strategies to collaborate with care providers





Framework of Birth Plan

- ◆ Planning for confidence
- ◆ Freedom to tap into inner wisdom
- ◆ Physical and emotional support





Question 1: Confidence

- ◆ What will you do to help woman develop and maintain confidence in her own abilities during the rest of her pregnancy, in labor and after her baby is born ?





Question 2: Freedom

- ◆ Situations--- pregnant woman told you that "How can I plan for the freedom I need to find comfort during labor and birth ? " What will you do!?





Question 3: Support

- ◆ Situations--- pregnant woman told you "Who will provide the emotional and physical support I will need during labor and birth?"

Brainstorming!!





Objective 4

Compare and contrast

- ◆ Styles of communication nonassertive, assertive, and aggressive

- ◆ and identify the most effective styles with health care provider



Communication--nonassertive

- ◆ Avoids problems
- ◆ Allows manipulation by others
- ◆ Gives up rights
- ◆ Let others choose activities
Hopes goals will be accomplished
- ◆ Lacks confidence
- ◆ Develops a pattern of self-denial





Communication--assertive

- ◆ Faces problems
- ◆ Let others know what he or she thinks and gains their respect
- ◆ Claims rights
- ◆ Make own choices
- ◆ Expresses goals and works toward them
- ◆ Possesses self-confidence
- ◆ Thinks and behaves in ways that coincide with his rights; often able to achieve goals





Communication--aggressive

- ◆ Attacks person instead of dealing with problem
- ◆ Takes advantage of others
- ◆ Considers own rights superior to those of others
- ◆ Chooses activities for others
Works toward goals
- ◆ Exhibits demanding, hostile, or egotistical behavior
- ◆ Behaves verbally or physically in a way that expresses own rights





The most effective communication style with health care provider is...

Childbirth educator have been pioneers in the evolution toward consumer-provider collaborative partnerships in health care!





Objective 5


- ◆ Discuss What information should be presented to couples to help them prepare for possible unexpected outcomes, including cesarean birth, perinatal loss

Provide factual information

- ◆ Defines the labor variations
- ◆ Statistics of the frequency of occurrence
- ◆ Reasons for the necessity of an unexpected intervention
- ◆ Describe both maternal and paternal physical and emotional responses

Objective 6

- ◆ Discuss Strategies for presenting information and linkages to couples regarding possible variations and interventions in labor, cesarean birth, and unexpected outcome



Teaching Strategies-1

- ◆ Provide factual information
- ◆ Integrate information throughout course
- ◆ Use positive, not negative, words
- ◆ Use visual aids to enhance information
- ◆ Provide handouts for later reference
- ◆ Encourage formulation of an alternative birth plan
- ◆ Include couple who experienced a variation when parents return to class for sharing

Teaching Strategies-2

- ◆ Discuss options and choices relating to variations
- ◆ Use small-group discussion activities or role play
- ◆ Present information on emotional reactions to an unexpected outcome
- ◆ Discuss emotional reactions to an unexpected outcome
- ◆ Having expectant parents describe their reactions and coping strategies

Objectives 7

- ◆ Discuss the role of the childbirth educator as a consumer advocate



Components of Advocacy Role

- ◆ Mutuality
- ◆ Facilitation
- ◆ Protection

Mutuality


- childbirth educator and expectant parents work together to describe the problem and explore alternative ways to achieve the desired objective

Facilitation

- The process of helping clients to achieve the desired objective

Protection

- Involves providing consumers with the necessary skills and information they need in order to defend their right to a desired outcome and to secure that outcome



Preparing for and Supporting Second Stage

Accredited Lamaze Childbirth Education Program

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Jan 11, 2012

Teaching Strategies

- Lecture
- Discussion
- Demonstration
- Return demonstration
- Small-group practice
- Role-playing
- Handouts
- Videos

Goal

The successful participant will be able to:

- Prepare pregnant women and their partners for the sensations and experiences and the physiological processes that aid in second stage labor

Rationale

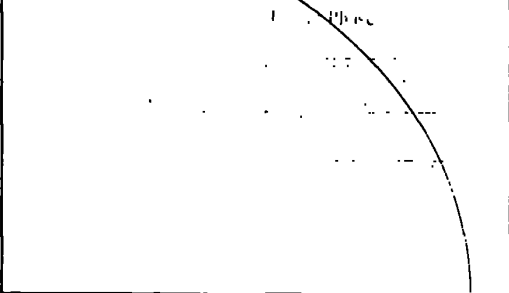
Laboring women likely will have more confidence in their ability to give birth if they have been effectively prepared and are receiving needed support

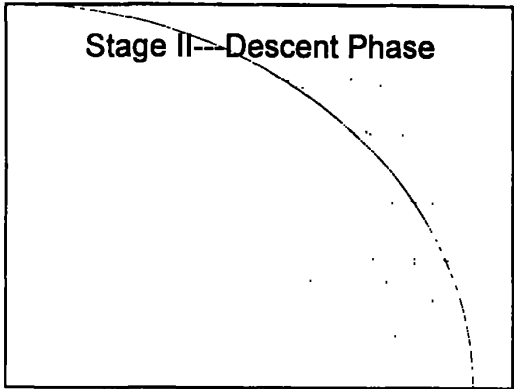
Objective 1

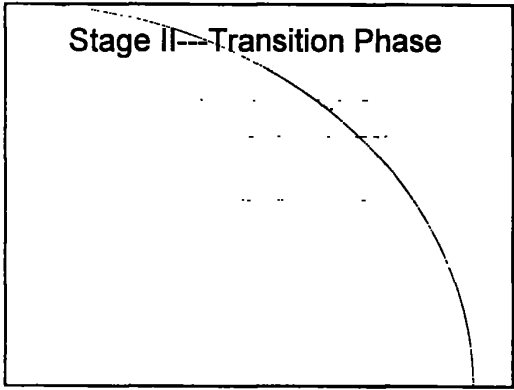
Briefly discuss the three phases of Stage II

- Latent Phase(Lull)
- Descent Phase
- Transition Phase(Crowning and Birth)

Stage II--Latent Phase







Objective 2

Identify the advantages and disadvantages of using each of the following positions during Stage II

- Semi-sitting
- Squatting
- Side-lying
- Hands and knees
- The dangle
- Lithotomy

Objective 3

- Identify the position used most commonly throughout the world by women during Stage II

- There is no single position for childbirth.
- Labor is a dynamic, interactive process!
- Favor Upright positions
(walking, sitting, kneeling, squatting)
- Avoid lithotomy position and Valsalva maneuver
- Sitting and Side Lying are the two most common positions assumed by women for their bearing-down efforts and birth (Hanson, 1998a)

Objective 4

- Discuss
- Self-directed pushing
 - Directed pushing
- And the indications for each

Pushing

"When all is normal, do as little as possible to interfere!!"

"If interference becomes desirable, it should first take the form of enhancing the physiologic process"

"if unsuccessful, the use interventions that replace the physiologic process"



- Women should bear down several times during a contraction using the open-glottis method (less than 6 seconds each)

- Routine directed pushing, sustained bearing down, and breath holding Unlikely to be beneficial

Objective 5

Discuss the controversy use of the Valsalva Maneuver during pushing

Controversy

Long Valsalva Maneuver

↓ Maternal Blood flow...

↑ Fetal heart rate distressed...

The type of pushing used when women tend to become fatigued in spite of little progress in descent.

Objective 6

Briefly discuss the use of perineal massage both prenatally and during labor

Perineal Massage

- Prepare for birth without episiotomy
- Decrease in the use of instruments at delivery
- Decrease perineal laceration

at least four times weekly for at least 5 to 10 minutes per day

Objective 7
Discuss---
the role of the support person(s)
during Stage II

Latent Phase—Support Role

- Encourage woman to “listen” to her body
- Continues support measures
- Suggests an upright position

Descent Phase—Support Role

- Encourages respiratory pattern of short breath holds/Discourages long breath holds
- Encourages bearing-down efforts with urge to push
- Encourages maternal movement and position
- Encourage woman to “listen” to her body

Transitional Phase--Support Role

- Encourages slow, gentle pushing
- "Blowing away the contraction" facilitates a slow birth
- Promote relaxation of pelvic floor
- Warm compress to perineum to promote relaxation
