題號: 157 國立臺灣大學 107 學年度碩士班招生考試試題

科目:婦女健康暨母嬰護理學

新古・神スペポニマスユー 節次: 6 共 2 頁之第

一、江太太30 歲 G1P1,昨天上午以自然分娩方式娩出壹足月女嬰,身體狀況正常且穩定後,依照醫院照護方式採行母嬰同室,以配合江太太期待能夠哺餵母乳成功。請依據下列情境回答:

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- 1. 今日上午交班後,江太太的主護護理師至床旁執行晨間與常規照護時,發覺江太太夫妻二人皆精神不濟,江太太一見到主護護理師立即表示:「我好累喔!昨日生產後在產房也都沒時間睡,夜裡妹妹又間斷性哭泣,餵她奶就又是吸一下就睡著了,放回小床一下子就又哭了,現在只想好好休息,可以不要親子同室嗎?」江先生也表示:「我們連續兩天,夫妻皆無法好好睡,根本不知道小孩要什麼?好累!而且我們出院後會去產後護理機構坐月子,所以先不需要學習照顧小孩,可以不要親子同室嗎?」。若你是江太太的主護護理師,你會如何回應?請詳細陳述你的回應並說明理由。(15分)
- 2. 江太太產後 2 週,在產後護理機構做月子,今日上午表示其雙側乳房沉重腫脹疼痛難忍,乳頭完整無破皮。針對江太太的狀況,請依你的判斷評估,提出可能的問題及原因,以及採行之處置與指導。(15 分)
- 二、子宮頸癌是對臺灣婦女威脅極大的疾病,每年約有五千名新診斷病人,約有 800 婦女死於此癌症。但幸運是,針對次癌症目前可透過子宮頸癌疫苗接種及子宮頸抹片檢查,來 降低對婦女的殺傷力。有關子宮頸癌之防治情形,請回答下列二題。
 - 1. 臺灣目前使用之人類乳突病毒疫苗製劑所針對的病毒類型為哪些?(5分)衛生福利部核准施打的適用年齡及其理由為何?(5分)
 - 2. 施打子宮頸癌疫苗與定期接受子宮頸抹片檢查兩項併用,對成年婦女而言是防治子宮頸癌之最佳方法,請說明理由(10分)。
- 三、請閱讀下列一篇英文研究報告摘要
 - Lin, C. H., Chiang, S. L., Heitkemper, M. M., Hung, Y. J., Lee, M. S., Tzeng, W. C., & Chiang, L. C. (2016). Effects of telephone-based motivational interviewing in lifestyle modification program on reducing metabolic risks in middle-aged and older women with metabolic syndrome: A randomized controlled trial. *International Journal of Nursing Studies*, 60, 12-23. doi:10.1016/j.ijnurstu.2016.03.003
- 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) Research design and method (15 分)
 - (4) Results (10 分)
 - (5) Conclusion (5分)
- 2.請用中文提出你對此研究結果的看法或意見。(10分)

見背面

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Effects of telephone-based motivational interviewing in lifestyle modification program on reducing metabolic risks in middle-aged and older women with metabolic syndrome: A randomized controlled trial

BACKGROUND:

Lifestyle modification is often difficult for middle-aged and older women living in the community who are at high risk of physical inactivity and metabolic syndrome.

OBJECTIVES:

To examine the effects of telephone-based motivational interviewing in a 12-week lifestyle modification program on physical activity. MetS, metabolic risks (fasting plasma glucose, blood pressure, triglyceride, high-density lipoprotein, and central obesity), and the number of metabolic risks in community-living middle-aged and older women diagnosed with metabolic syndrome.

RESEARCH DESIGN AND METHOD:

A randomized controlled trial was conducted. Recruited were 328 middle-aged and older women from a community health center in Taiwan. Eligible women medically diagnosed with metabolic syndrome (n=115) were randomly assigned to one of three groups: The experimental group received an individualized telephone delivered lifestyle modification program that included motivational interviewing delivered by an experienced nurse. The brief group received a single brief lifestyle modification counseling session with a brochure. The usual care group received standard care. Physical activity was assessed with the International Physical Activity Questionnaire and metabolic risks were determined by serum markers and anthropometric measures at pre- and post-intervention. One hundred women completed the study and an intention-to-treat analysis was performed. Generalized estimating equations were used to examine the intervention effects.

RESULTS:

Women in the experimental group increased physical activity from 1609 to 1892 MET-min/week (β =846, p=.01), reduced the percentage of diagnosed with metabolic syndrome to 81.6% (β =-0.17, p=.003), and decreased the number of metabolic risks from 4.0 to 3.6 (β =-0.50, p<.001), compared to the usual care group (4.4-4.6). There was not a reduction in the percentage of diagnosed with metabolic syndrome in the brief group, but they had fewer metabolic risks after 12 weeks (mean=4.0 vs. 4.6, β =-0.2, p=.02) compared to the usual care group.

CONCLUSIONS:

Motivational interviewing as a component of an individualized physical activity and lifestyle modification program has positive benefit in reducing metabolic risks in middle-aged and older women.

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