

# 何謂早產與安胎的注意事項

## Instructions for Premature Birth and Tocolysis

### 一、認識早產:

#### I. What is premature birth:

所謂早產是指懷孕週數滿 20 週，但未滿 37 週之生產。早產發生率約佔所有懷孕的 5-10%，但卻是造成 80% 新生兒死亡的原因。一般而言，出生的週數越小、體重越低的早產兒所出現的合併症越多，所以早產防治特別針對妊娠小於 32 週或體重低於 1500 公克的早產兒。早產兒可能出現的合併症包括高膽紅素血症、敗血症、呼吸道疾病、後晶體纖維化導致失明或顱內出血所造成的神經傷害及腦性麻痺等，而體重低於 1000 公克的早產兒，約一半以上需要靠呼吸器維持呼吸。早產除了可能危及孩子的生命外，其後遺症也會造成家庭與社會沈重的負擔。

The so-called premature birth refers to the birth with over 20 weeks of pregnancy but below 37 weeks. The incidence rate of premature birth accounts for 5-10% of total pregnancy but is accounts for 80% of the reason in newborn mortality. In general, the smaller the number of weeks at birth and lower weight, the more complications will appear in premature babies. Hence premature prevention specifically emphasizes on premature babies of less than 32 week of pregnancy or weight under 1500g. The possible complications in premature babies include hyperbilirubinemia, sepsis, respiratory diseases, and lens fibrosis leading to blindness or the neurological injury and cerebral palsy caused by intracerebral hemorrhage. Half of the premature babies weighing lower than 1,000 grams also rely on the ventilator for breathing. Premature birth not only jeopardizes the life of children, which sequel also causes heavy burden on the family and society.

### 二、發生早產的高危險群:

#### II. High risk groups for premature birth:

早產發生原因大多不明，僅有 50% 可以找出相關原因。如果孕婦有以下情況者，則為早產高危險群，應注意早產徵兆：

Most reasons of premature birth are unidentified and only 50% of them can be found of relevant causes. Pregnant women with the following condition shall be deemed as high-risk group for premature birth and shall pay attention to signs of premature birth:

1. 生活型態不正常者：如營養狀況不良、抽菸、酗酒、藥物成癮、工作過度勞累、衛生習慣不良、情緒焦躁不安等。

1. Abnormal lifestyle: poor nutrients, smoking, drinking, drug addiction, excessively fatigue work, poor hygiene habits, and emotional anxiety.
2. 懷孕前的狀況：曾經有子宮頸閉鎖不全情形、子宮曾接受過手術（如多次人工流產等）、曾有抽煙習慣、曾患腎盂腎炎或曾發生過早產、早產陣痛及流產等。
2. Conditions before pregnancy: Women who have had cervical incompetence, uterine having surgery (e.g. multiple artificial abortions), smoking, pyelonephritis, or having premature birth before, premature contraction, and miscarriage.
3. 特殊懷孕狀況者：懷孕年齡小於 18 歲或大於 40 歲、未婚懷孕、孕前體重不足、懷孕間隔太密、多胞胎妊娠、前置胎盤、妊娠毒血症、高血壓、胎盤早期剝離、早期破水、羊水過多或過少、子宮畸形、子宮發生感染或妊娠 12 週後出現出血、腹部手術、身體或情緒方面的創傷等。
3. Special pregnancy conditions: Pregnancy age less than 18 years old or older than 40 years old, pregnancy without marriage, underweight before pregnancy, intense pregnancy interval, multiple gestation, Placenta previa, toxemia, high blood pressure, abruptio placenta, premature rupture, excessive or insufficient amniotic liquid, uterine deformation, uterine infection or hemorrhage after 12 weeks of pregnancy, abdominal surgery, and physical or emotional trauma.
4. 胎兒有染色體異常、先天性畸形等。
4. Fetus with chromosomal abnormality and congenital deformity.

### 三、早產的徵兆：

#### III. Signs of premature birth:

孕婦懷孕過程中，萬一發生早產徵兆時，應立即就醫治療。

1. 早產陣痛：每小時有 5~6 次以上，即每 10 分鐘有 1 次以上或更密集的子宮收縮。
2. 出現如月經來時的腹痛及腫脹現象。
3. 持續之下背部酸痛或腰酸感。
4. 陰道分泌物增加或夾雜紅色血絲。
5. 腹部有下墜感或陰道有壓迫感。
6. 持續不斷的腹瀉及腸絞痛或明顯便意感。
7. 陰道流出清澈透明的水樣液體。

**Pregnant women shall immediately seek medical treatment during the pregnancy process in case of discovering signs of premature birth.**

- 1. Premature birth contraction: 5~6 times per hour, namely once in every 10 minutes or more intense contraction.**
- 2. Abdominal pain and swelling phenomena appear like the ones during menstruation.**
- 3. Continuous back or waist pain.**
- 4. Increased vaginal discharge or carrying blood streaks.**
- 5. Falling sensation with abdomen and compression on the vagina.**
- 6. Continuous diarrhea or significant bowel sensation.**
- 7. Flow of transparent and clear liquid from the vagina.**

#### 四、預防早產的方法：

#### IV. Methods of preventing premature birth:

- 1.孕婦平時要多休息、避免提重物、注意均衡飲食營養，並且定期接受產檢。改善可能引起早產的生活型態，如戒酒、戒菸、避免工作過度勞累、規律的生活作息等。
  - 2.認識早產的徵兆，越早發現早產徵兆，越早就醫診治，安胎成功機會就越大。
  - 3.對於高危險群的孕婦，應注意其子宮收縮變硬的次數，懷孕 30 週前每小時 3 次以下，30 週後每小時 4 次以下，如超過這個標準應臥床休息，不能改善時應立即就醫治療。
  - 4.萬一無法避免早產，應盡量選擇有新生兒加護中心的醫院安胎或生產。
1. Pregnant women need to rest more, avoid carrying heavy things, pay attention to balanced diet and nutrients, and routinely accept maternal examination. Improve lifestyles that could induce premature birth, such a quitting wine drinking, smoking, avoiding excessive work fatigue, and regular lifestyle.
  2. Know the signs of premature birth. The earlier discovery of signs of premature birth, the earlier it is to seek medical treatment and the greater success with tocolysis.
  3. High-risk group pregnant women should pay attention to the number of contractions and hardened uterine: under 3 times per hour before 30 weeks of pregnancy and under 4 times per hour for pregnancy over 30 weeks. Take bed rest in case of exceeding this standard or immediately seek medical treatment when no improvement can be made.
  4. In the event a premature birth is unavoidable, choose a hospital with neonatal ICU for tocolysis or delivery.

#### 五、什麼情況需要住院安胎：

#### V. When do you need hospitalized tocolysis:

- 1.早產性子宮收縮，口服藥物無法控制，或有子宮頸擴張情形。
- 2.早期破水。

3.陰道出血。

4.由臨床醫師來決定之情況 (如子癇前症、妊娠糖尿病)。

1. Early contraction, uncontrollable oral medication or cervical expansion.

2. Early rupture.

3. Vaginal bleeding.

4. Circumstances to be determined by clinical physician (e.g. Preeclampsia or gestational diabetes mellitus).

六、安胎住院前及住院中的處置：

VI. Treatment for Tocolysis before and during hospitalization:

|   |   |   |
|---|---|---|
| 1.子宮收縮、胎兒心跳監視器。<br>1. Contraction and fetal heartrate monitor | 2.陰道或內診檢查。<br>2. Vaginal or internal exam | 3.安胎藥物給予。<br>3. Give antiabortifacient. |
| 4.抗生素使用。<br>4. Use of antibiotics.                            | 5.類固醇使用。<br>5. Use of steroids            | 6.臥床休息。<br>6. Bed rest                  |

七、常用安胎藥物的反應如下：

VII. Reactions to common tocolysis drugs are described below:

1.Ritodrine ( Yutopar ) 心悸、血壓下降、少尿、易出汗、噁心、嘔吐、腹瀉。

1. Ritodrine ( Yutopar ) Palpitation, lowered blood pressure, less urination, sweating, nausea, vomiting, and diarrhea.

2.硫酸鎂 ( Magnesium sulfate ; MgSO4 ) 血壓下降、皮膚潮紅、少尿、肌肉無力、便秘、深部肌腱反射下降。

2. Magnesium sulfate (MgSO4) keeps blood pressure lower, skin rash, small number of urination, muscle less free, constipation, and reduced profound tendon reflex.

3.鈣離子阻斷劑 Nifedipine ( Adalat ) : 臉潮紅皮膚溫熱、血壓下降、心跳加快。

3. Calcium Nifedipine (Adalat): rash red skin, mild heat, lowered blood reduction, speed up heartrate.

八、安胎的飲食及日常生活：

VIII. Tocolysis Diet and Daily Life:

1.均衡飲食。

1. Balanced diet.

2.易產氣的食物如發酵食物、豆類、蘋果、洋蔥、地瓜、洋芋，比較容易產生氣體，造成腸胃道的脹氣，最好暫時不要食用或減少攝取。

2. Fermented food, beans, apple, onion, yam, potato and other food that generate gas easily in the gastrointestinal. Do not eat or reduce intake.
3. 少吃果糖及飲料以優酪乳取代牛奶。
3. Eat less sugar and drinks, and replace milk with yogurt.
4. 細嚼慢嚥，少量多餐。
4. Eat and chew carefully, small quantity and multiple meals.
5. 可以添加孕婦奶粉，因易脹氣，實用應依個人體質酌量使用。
5. Add maternal milk powder and use according to personal body due to the likelihood of distension.
6. 多吃蔬菜水果。
6. Eat fruit and vegetable.
7. 容易便秘 --- ★多攝取水分，最好一天攝取 2000c.c 的水分 ★多吃有渣的蔬菜水果  
★養成每天定時排便的習慣 ★必要時會給予軟便劑 ★住院中如果 3 天以上未解便，請告知護理人員，必要時請醫師開立醫囑使用軟便劑。
7. Easy constipation - ★more water intake, about 2000c.c of water per day ★Eat fruit and vegetable with crumbs ★ develop routinely bowel movement daily ★Give softener when necessary ★If no bowel movement in hospitalization for 3 days, please inform the nurses and ask the physicians to issue softeners when necessary.
8. 臥床休息，盡量在床上如廁(使用便盆或便盆椅)。
8. Bed rest. Try to stay in bed (use of bed pen or bed pen chair).
9. 狀況穩定後，經醫師評估後可下床上廁所，需注意下床安全，預防跌倒。
9. After stabilizing and evaluation by physician to get off the bed and go to the bathroom, pay attention to the safety off bed and prevent fall.
- 10 放鬆心情，可以做些靜態活動 (如無線上網、看 DVD、看書、聽音樂... 等等)。
10. Relax and engaged in some static activities (i.e. wireless internet, watching DVD, reading, and listening to the music).
- 11 與鄰床媽媽分享心情，互相支持鼓勵。
11. Sharing mood with neighbors to mutually support and encourage each other.

## 九、安胎病人出院後的注意事項：

### IX. Notes for Patients of Tololysis after discharge from the hospital:

1. 給予完整的指導及追蹤。
1. Provide complete guidance and follow-up.

- 2.臥床休息：一般返家後建議繼續臥床休息，若無破水、陰道出血或子宮收縮情形，可依身體狀況調整下床活動次數，減輕壓力及焦慮。
2. Bed Rest: Mothers are usually suggested to go home for bed rest. In case mothers do not suffer from breaking water, vaginal bleeding, or contraction, adjust the number of off-bed activities according to the physical situation to reduce stress and anxiety.
- 3.避免引起子宮收縮之活動：如刺激乳頭、從事粗重工作及激烈活動(如搬重物、跑步、爬山、頻繁上下樓梯等)或照顧家中較大的孩童及家事。
3. Avoid activities that will trigger uterine contraction: Such as stimulating the nipple, engaged in heavy workload and intense activities (e.g. moving heavy objects, jogging, mountain climbing, frequent going up and down the stairs), or taking care of older children at home and house chores.
- 4.避免性生活及陰道灌洗。
4. Avoid sex life and rinse vaginal.
- 5.注意有無早產現象，當出現以下情形立即返院求診。
5. Note for premature birth and immediately return to hospital for medical advice under the following situation.
- 6.胎動：★一天胎動少於4次 ★12小時內無胎動 ★與前一天比較若少於50%。
6. Fetal Movement: ★ Less than four times of fetal movement per day. ★No fetal movement in 12 hours. ★Less than 50% compared with the previous day.
- 7.子宮收縮：收縮間隔小於10分鐘或有規則收縮現象。
7. **Contraction: Contraction interval less than 10 minutes or appears in regular contraction.**
- 8.破水：如原有破水，而羊水流出的顏色及量、味道有異常者，或羊水突然大量流出有破水現象者。
8. **Rupture: Mothers with rupture, the color and quantity of sheet flow out, with anomaly taste, or amniotic liquid massively flowing out.**
- 9.出血：忽然出血現象；或原有出血經醫生診治後返家休息，但突然出血量增加或出現血塊。
9. **Hemorrhage: sudden bleeding or sudden increase of blood or blood chunks after returning home to rest from the diagnosis of bleeding by the physician.**
- 10.血壓：子癇前症者需注意血壓，如出現頭痛、頭暈、視力模糊、上腹痛等情形，須立即返診。體溫：注意有無發燒感染症狀。

**10. Blood pressure: Patients of pre-eclampsia must pay attention to blood pressure. In the event of dizziness, headache, blurry vision, and upper abdominal pain, return for revisit immediately. Body temperature: pay attention to fever or infection.**

11.依醫生指示按時服用藥物，按時返診。

11. Follow the physician's instruction for on-time medication and return for revisit.

12.有任何問題可以向醫護人員諮詢。


12. Please consult with nurses for any question.

參考資料

顏兆熊(2009)·高危險妊娠·台北:金名。

若您想對以上的內容進一步了解，請洽諮詢電話：05-2756000 轉 75 病房分機 7501、7502

婦產科衛教室分機 5403

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