

實用

產房手冊

編著 吳道光

高雄長庚醫院婦產科主治醫師



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序 言

這本「實用產房手冊」是我過去在婦產科臨床工作時所累積下來的筆記與經驗，內容是一般常見的產科疾病及產房狀況做簡要而實用的介紹。綜觀國內現有的產房手冊類似書籍，皆直接由原文翻譯而來，其內容並不完全適合我國目前實際情況，因此不憚學疏才淺，從繁忙的臨床工作中，著手整理診察心得，再加上前輩們寶貴的經驗與指導，彙編了這本小手冊，希望除了對實習醫師使用方便外，對住院醫師，產房護士及開業醫師的臨床查考也有相當的價值。

臨床醫學日新月異，若有謬誤，衷心期盼醫界賢達給予批評與指教。

吳道光

九十二年十月十號

實用產房手冊

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Admission

Chapter 1

產科住院

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► A. Admission indication

產房入院標準

孕婦安排入院的情況有下列幾種：

1. True labor pain with cx os > 3cm (beginning of active phase)
2. ROM
3. Induction
4. Tocolysis
5. Elective cesarean section
6. Obstetric emergencies (i.e.: vaginal bleeding, PROM)

► B. Admission order 入院醫囑

(I) NSD 自然產入院醫囑

1. Admit to the service of Dr. _____
2. On DR routine and fleet enema
3. Take vital sign q4h
4. Pubic hair shaving (labia major area)
5. On continuous fetal monitor
6. NPO if cx os >3cm
7. Check CBC D/C U/A
8. IVF: D5W keep 120cc/hr

(有以下情形的產婦需增加檢驗 ESR for ROM case, BCS for fresh case, sugar for GDM case, ANA, DIC profile, TORCH IgM, PT, APTT for IUFD case, Omit fleet enema in ROM case)



(II) Pre-operation order for C/S 預定剖腹產入院醫囑

Admission order

1. Admit to the service of Dr. _____
2. Take vital sign as ward routine
3. On full diet
4. Check CBC & D/C, BT, CT, U/A, NST, Na K Cl, BUN, Cr, SGOT, SGPT, blood sugar, EKG

Pre c-section order

1. Sign OP & anesthesia consent
2. NPO after midnight
3. Skin preparation
4. Fleet enema coming morning
5. Prepare PRBC 2U
6. IVF with Ringer's solution 500cc full run, then keep line with Ringer's solution
7. Keflin 1 gram IV 30min before operation
8. On Foley coming morning or at operation theater

► **C. Vaginal birth after cesarean-section** 剖腹產後陰道生產

剖腹產後嘗試陰道生產的孕婦，依其危險程度的高低可細為以下三類：

(I) Category of patient with vaginal birth after cesarean section

1. Contraindication to labor 禁忌
 - a. T-shaped scar
 - b. Vertical scar
 - c. Previous vertical scar rupture.
 - d. Unable to perform emergent cesarean section.
2. High-risk group 高危險群
 - a. Two or more prior low segment cesarean
 - b. Previous rupture of low segment transverse scar
 - c. Low vertical scar
 - d. Unknown scar
 - e. Multiple gestations
 - f. Fetal macrosomia



3. Very low-risk group 低危險群
one previous low segment transverse cesarean

(II) Admission order for VBAC

剖腹產後嘗試陰道生產的入院醫囑

1. Admit to the service of Dr. _____
2. Sign VBAC consent & counseled carefully.
3. On DR routine and fleet enema
4. Take vital sign q4h
5. On external continuous fetal monitor
6. NPO
7. Check CBC D/C PT, APTT
8. IVF: D5W keep 120cc/hr
9. Prepare PRBC 4U

分娩同意書必須註明剖腹產後嘗試陰道生產可能發生的合併症及危險

處理剖腹產後嘗試陰道生產的原則如下：

(III) Management guideline for lowering the risk of VBAC

1. Accurate documentation of number (< 3) and type or prior c-section.
2. Prior incision was low transverse or low vertical not extending into active myometrium
3. No recurrent indications (e.g., fetal-pelvic disproportion, maternal herpes, hemorrhage, fetal distress, maternal systemic disease, hypertension, uncorrectable uterine inertia, malpresentation)
4. No new indication in current pregnancy (e.g. IUGR, placenta previa, abruption, nonvertex presentation)
5. Patient counseled carefully for informed consent and patient motivation high.
6. Admit patient as soon as signs of active labor appear.
7. Type and screen for 2 units of packed cells.
8. Intravenous line in place during labor
9. Electronic fetal monitoring during labor's progress.



- 10. Patient must follow normal course of labor; failure to progress requires repeated c-section.
- 11. Emergency C-section can be done within 30 minutes of decision and primary physician in constant attendance during labor, Alert VS when patient admitted.

► D. Admission note 入院病歷範例

Admission Note

Date

Name: _____ Chart No: _____

CC: pregnancy at 38 weeks with intermittent lower abdominal pain for 3 hours

PH: Major systemic dz: -

Drug allergy: -

OP Hx: -

Hematology dz: -

OBS & GYN HX:

L.M.P: E.D.C: GA:

G P AA SA

Previous delivery History & sibling outcome

G1: NSD Smooth G2: Preterm delivery 35week

A/S 8-->9

MC: regular/ rregular

Number of visits:

E FW: gram

Obstetric complication noted during prenatal care:

PI: This xx y/o female patient, G2P1, pregnancy at xx