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供护理学类专业用

Obstetric and Gynecological Nursing

妇产科护理学

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Marcia Pertrini

主 编 张银萍 (Zhang Yinping)
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全国高等学校英中文版护理双语教材出版说明

根据教育部、卫生部《中国医学教育改革发展纲要》和卫生部《关于“十五”期间普通高等教育教材建设与改革的意见》以及关于加强外语教学的精神，全国各护理院校相继开展了护理专业双语教学，迫切需要相应的配套教材以满足教学需要。为此，全国高等医药教材建设研究会和卫生部教材办公室组织编写了本套教材。

为保证本套教材的质量，卫生部教材办公室于2002年9月成立了“全国高等学校英中文版护理双语教材专家委员会”。专家委员会为此进行了大量的论证工作，提出本套教材的编写原则为坚持“三基”、“五性”和“三特定”，目的是使本教材能满足学生通过我国国家护士执业考试与护理专业资格考试，并力图使护理专业教育与国际接轨，为学生参加国际性的认证资格考试（如CGFNS等）做准备。因此，本套教材在编排上采用了英文版的逻辑编写方法及框架结构，使学生全面地掌握现代的护理学专业知识，以适应海外相关的执业护士考试。同时，专家委员会根据护理专业教学的发展趋势决定将传统的《内科护理学》及《外科护理学》合并为《内外科护理学》。

本次首批编写五种英中文版护理双语教材：《*Medical-Surgical Nursing*/内外科护理学》、《*Pediatric Nursing*/儿科护理学》、《*Obstetric and Gynecological Nursing*/妇产科护理学》、《*Fundamentals of Nursing*/护理学基础》和《*Psychiatric Nursing*/精神科护理学》。

本套教材获得了美国中华医学基金会（China Medical Board，CMB）的大力支持。

全国高等学校英中文版护理双语教材
专家委员会名单

前　言

随着科学技术的飞速发展，我国对外科技交流日益频繁，掌握专业英语的水平已成为衡量科技人才素质的重要方面。高等护理教育是我国发展高级护理人才的重要途径。近年来，我国高等护理教育在人才培养、科学研究和护理实践水平等方面有了长足发展，但是与发达国家相比尚有很大差距。目前，世界范围内高级护理人才缺乏，培养外语运用能力强的专业护理人才不仅是我国高等护理发展的需要，而且有助于短期内缩短我国与世界发达国家护理专业间的差距。此外，护理专业课程实行双语教学对学生就业及发展也必将产生积极的促进作用。因此，卫生部教材办公室、全国高等医药教材建设研究会积极组织全国高等医药院校护理学专业人士着手编写护理学专业英中文版系列双语教材，以适应护理学专业迅速发展及国际交流日益增多的需要。

《妇产科护理学》作为本次护理学专业双语教材之一，根据全国高等医药教材建设研究会护理学专业教材评审委员会关于双语系列教材工作的原则和要求，在编写过程中参考国内、外妇产科护理学学科的经典结构、并注意吸收专业学科最新发展成果，以整体护理观为指导，在教材安排中注意突出妇产科护理的科学性、系统性、连续性、启发性和适用性。本书力图反映现代社会、家庭和健康保健系统的变化对妇女健康和孕产妇家庭的影响，并介绍妇产科护理人员在此变化的影响下，应具备的相关知识、技能。本教材以护理程序为总体编写框架，将现代妇产科护理新理念、评判性思维和妇女健康促进等纳入教材内容，注重教材的整体优化，强调对个体身心的全面护理。

本书共分三篇：总论、产科篇和妇科篇。第一篇总论，介绍现代妇产科护理学的基础知识及妇产科护理发展中的一些新观点、新理念。主要内容包括现代妇产科护理理念、护理程序中的评判性思维、社会文化及伦理道德的影响，以及女性生殖系统解剖与生理。第二篇为产科篇，按照妊娠的发展过程及从正常到异常的顺序进行编排。第三篇为妇科篇，介绍妇女健康促进及妇科疾病的护理。

全书统一使用全国自然科学名词审定委员会审定的妇产科专有名词。计量单位按照中华医学会编辑出版部编写的《法定计量单位在医学上的应用》使用法定计量单位，仅血压应用mmHg。药物名称按《中华人民共和国药典》2005年版上的法定药名，如安定改为地西泮、度冷丁改为哌替啶。本教材中所列药物及给药剂量可参考使用。

本书编写得到中华医学基金会的大力资助，在此表示诚挚的感谢。同时向付出辛勤努力的各位编委及所有支持和帮助本书编写的人士表示真诚的谢意。由于编者水平有限，《妇产科护理学》双语教材在内容与编排中，难免有不妥之处，殷切希望使用本教材的护理同仁及同学指正，以便改进与完善。

张银萍

2006 年 6 月于西安交通大学

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UNIT ONE

INTRODUCTION OF OBSTETRIC AND GYNECOLOGICAL NURSING

Chapter 1 Overview of Obstetric and Gynecological Nursing

Xu Hong

Obstetric and gynecological nursing is one of the important major stem curriculums in clinical nursing. This subject explores the specific physiological and pathological phenomenon of women, ascertains the nursing problems in women's disease rehabilitation and health promotion and provides appropriate measurements to improve the holistic health level of women. Gynecological nursing science and obstetric nursing science are included in obstetric and gynecological nursing. In gynecological nursing, the existed and potential nursing problems and the interventions of women in nonpregnant period are introduced. The obstetrical nursing is mainly related to the women's problems and interventions in pregnancy, delivery and puerperium. In addition, family planning is also introduced. With the development of medical science, the obstetric and gynecological nursing develops greatly in many sides, such as obstetric and gynecological nursing philosophy, the education model, psychological nursing, nursing research etc., especially in maternal and neonatal nursing. Therefore, we'll take maternal and neonatal nursing as an example to do the introduction of obstetric and gynecological nursing.

1. PHILOSOPHY OF CONTEMPORARY OBSTETRIC AND GYNECOLOGICAL NURSING

"Safety motherhood, Priority childhood" is the philosophy of maternal and child healthcare.

Reproduction has been given prime importance. Legislation and policy efforts have focused attention on protecting the rights of women and children. The complexity of current societal trends imposes a challenge on the providers of maternal-child healthcare. Professionals from the social science and health science, policy makers, and providers of healthcare services are combining their efforts to develop useful strategies.

Birth is a family affair, and the reproductive health of the total family is the cornerstone of a healthy society. Thus, the study of obstetrics and nursing care of women and their families during childbearing includes the study of anatomic and physiologic adaptations to human reproduction, human growth and development, interdependent relationships to society. Knowledge of the anatomy and physiology of the reproductive organs and of the development of the fetus from conception to birth is required by everyone who participates in maternity care. The health, well-being, and safety of each mother, father, and newborn must be protected, and the highest level of wellness possible for every childbearing family must be achieved in the broadest sense of physical, emotional, and social well-being.

Development of Maternity Care

All definitions and modes of healthcare have a history. Maternity care is no exception. The following paragraphs introduce some key terms and concepts of care that have become associated with them.

Obstetric Nursing

Obstetrics is defined as the branch of medicine that deals with parturition, its antecedents, and its sequelae. Thus, obstetrics is concerned principally with the phenomena and management of pregnancy, labor, and the puerperium under normal and abnormal circumstances. In England and the United States, this branch of medicine was called midwifery until the latter part of the 19th century when the term obstetrics came to the forefront. Obstetric nursing is related to pregnancy, delivery and puerperium. After World War Ⅱ, the terminology changed to maternity care as the focus came to be on the recipient of care rather than on the provider of care. Maternity care implies a broader meaning of care to mother, newborn, and other members of the family. It emphasizes the importance of interpersonal relationships that are significant in the family.

Perinatal Care

During the last decade, as knowledge and technology have continued to burgeon, an effort has been made to provide a conceptual umbrella to encompass maternal-fetal healthcare as a unit. Consequently, the term perinatal care has evolved. By definition, the word perinatal means from 28 gestation week to 7 days after birth. All of the definitions imply that an obstetric and pediatric orientation is involved. Hence, perinatal care is a method of healthcare delivery that

decreases the segmentation and fragmentation of care for the mother and newborn. Perinatal care also has become associated with the high-risk mother and newborn in hospitals designated as tertiary care, or level Ⅲ hospitals. These hospitals have the resources and expertise to manage any complication of pregnancy or that the newborn may experience. The personnel in level Ⅲ institutions provide care for normal clients and for all types of maternal-fetal and neonatal illnesses and abnormalities. By contrast, level Ⅰ hospitals provide for management of uncomplicated maternal and neonatal clients. In these institutions, there should be a strong component of preventive services and early detection of existing or potential problems, which then may be referred to the level Ⅲ institutions. Level Ⅱ hospitals provide the same services as level Ⅰ hospitals; however, they can provide for some high-risk obstetric problems and certain types of neonatal illnesses that do not require the wide array of expertise and technology found in the level Ⅲ hospitals.

Philosophy of Maternity Care

When responding to their clients' health maintenance and illness management needs, health providers must take into consideration current attitudinal, social, and cultural changes. Healthcare is not delivered in a vacuum; it takes place in a larger social context and is greatly influenced by current thinking and changes manifested by the host society. Philosophies of care evolve from this thinking and changes.

We believe maternity care to be a philosophy of client care, rather than a special area of medical services or nursing. As previously stated, having children is a family affair; thus, the medical and nursing care of maternity clients is a family-centered activity.

Assumptions about Maternity Care

1. All individuals have the right to be born healthy, and to ensure this right, every pregnant woman and fetus has the right to quality healthcare.

2. The sexuality of individuals is inextricably bound to reproduction but not subordinate to it. Changing societal attitudes toward sexuality, role relationships, and childbearing, together with technological advances in fertility control, have made parenthood an increasingly voluntary state.

3. Reproduction is not experienced alone; whatever the circumstances, it involves one or more additional individuals.

4. Reproduction is a normal psycho-physiologic process and can be physically and emotionally rewarding for those involved.

5. The childbearing experience is a developmental opportunity; it can be a situational crisis during which family members benefit from the solidarity of the family unit.

6. Each individual's attitudes, values, and health behavior are influenced by the culture and society from which he or she comes; thus, each individual's reproductive outcomes and