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供护理学类专业用

Obstetric and Gynecological Nursing

妇产科学护理学

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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。

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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,如安定改为地西洋、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

Table of Content

目 录

UNIT ONE INTRODUCTION OF OBSTETRIC AND GYNECOLOGICAL NURSING

Chapter 1 Overview of Obstetric and Gynecological Nursing	1
1. Philosophy of Contemporary Obstetric and Gynecological Nursing	1
2. Nursing Process	8
3. Sociocultural Considerations	9
4. Ethical and Legal Considerations	18

第一篇 总 论

第一章 绪论	29
第一节 现代妇产科护理理念及发展	29
第二节 护理程序	33
第三节 社会文化的影响	34
第四节 伦理和法律的影响	39
Chapter 2 Anatomy and Physiology of Female Reproductive System	45
1. Anatomy of Female Reproductive System	46
2. The Physiology of Female Reproductive System	66
第二章 女性生殖系统解剖与生理	78
第一节 女性生殖系统解剖	79
第二节 女性生殖系统生理	91

UNIT TWO OBSTETRIC NURSING

Chapter 3 Conception and Development of Embryo and Fetus	101
1. Fertilization and Implantation	101

2. Stages and Duration of Pregnancy	103
3. The Fetal Appendages	104
4. Development of the Fetus and Fetal Circulation	107

第二篇 产 科 篇

第三章 受孕及胚胎与胎儿的发育	113
第一节 受精与植入	113
第二节 胚胎的生长发育阶段	114
第三节 胎儿附属物的形成及功能	114
第四节 胎儿发育及其循环特点	116
Chapter 4 Biophysical and Psychosocial Aspects of Normal Pregnancy	120
1. Pregnancy Tests	120
2. Signs and Symptoms of Pregnancy	121
3. Psychosocial Changes of Pregnancy	124
4. The Meaning and Effect of Pregnancy on the Couple	125
5. Nursing to the Psychosocial Aspects of Normal Pregnancy	126
第四章 妊娠期生理和社会心理变化	130
第一节 妊娠试验	130
第二节 妊娠的症状与体征	131
第三节 妊娠期心理变化	133
第四节 妊娠对夫妇双方的意义和影响	134
第五节 正常妊娠的社会心理方面的护理	135
Chapter 5 Nursing Care in the Prenatal Period	138
1. Prenatal Care: Trends and Goals	138
2. Initial Prenatal Evaluation	139
3. Continuing Care During Pregnancy	145
第五章 妊娠期妇女的护理	154
第一节 产前护理的趋势和目标	154
第二节 产前评估	155
第三节 妊娠期护理	158
Chapter 6 Assessment and Management in the Intrapartum Period	164
1. The Four Necessary Elements in Labor and Birth	165

2. Mechanism of Labor	172
3. The Process of Labor and Birth	175
4. Management of Normal Labor	179
5. Immediate Care of the Newborn	191
第六章 分娩期妇女的护理	198
第一节 影响分娩的四因素	198
第二节 枕先露的分娩机制	203
第三节 临产和分娩过程	206
第四节 正常分娩的处理	208
第五节 新生儿的即时护理	215
Chapter 7 Management of Woman in Postpartum Period	219
1. Postpartum Physiologic Adaptations	220
2. Postpartum Psychosocial Adaptations	223
3. Nursing Care in the Postpartum Period	226
4. Nursing Care of Normal Infant	233
第七章 产褥期妇女的护理	244
第一节 产褥期妇女的生理调适	244
第二节 产褥期妇女的心理调适	247
第三节 产褥期妇女的护理	248
第四节 正常新生儿的护理	253
Chapter 8 Gestational Related Complications	260
1. Hyperemesis Gravidarum	261
2. Abortion	264
3. Incompetent Cervix	270
4. Ectopic Pregnancy	271
5. Placenta Previa	278
6. Abruptio Placenta	282
7. Pregnancy-induced Hypertension	286
第八章 妊娠期并发症	300
第一节 妊娠剧吐	301
第二节 流产	303
第三节 宫颈功能不全	307
第四节 异位妊娠	307

第五节 前置胎盘	313
第六节 胎盘早剥	316
第七节 妊娠高血压综合征	319
Chapter 9 Concurrent Medical Complications of Pregnancy	328
1. Diabetes Mellitus	328
2. Cardiac Disease	337
3. Hematologic Disorders	345
4. Chronic Renal Disease	349
第九章 妊娠合并症	351
第一节 糖尿病	351
第二节 心脏病	358
第三节 血液系统疾病	363
第四节 慢性肾炎	366
Chapter 10 Management of Substance Abuse and Adolescent Pregnancy	368
1. Substance Abuse	368
2. Adolescent Pregnancy	374
第十章 妊娠期有害物质滥用及青春期妊娠	382
第一节 妊娠期有害物质滥用	382
第二节 青春期妊娠	386
Chapter 11 Complication of Labor	391
1. Dysfunctional Labor	391
2. Preterm Labor and Birth	404
3. Premature Rupture of Membranes	410
4. Postterm Pregnancy	415
5. Prolapse of Umbilical Cord	420
6. Fetal Distress	422
7. Amniotic Fluid Embolism	424
8. Multiple Pregnancy	426
第十一章 分娩并发症	431
第一节 异常分娩	431
第二节 早产	440
第三节 胎膜早破	444

第四节 过期妊娠	448
第五节 脐带脱垂	451
第六节 胎儿窘迫	452
第七节 羊水栓塞	454
第八节 多胎妊娠	455
Chapter 12 Postpartum Complication	458
1. Puerperal Infection	458
2. Urinary Tract Infections	461
3. Postpartum Hemorrhage	463
4. Postpartum Affective Disorder	467
第十二章 产褥期并发症	472
第一节 产褥感染	472
第二节 泌尿系统感染	474
第三节 产后出血	476
第四节 产后情绪障碍	479
Chapter 13 Family Planning	483
1. General Nursing Care of Contraceptive Woman	483
2. Common Methods of Contraception and Nursing Care	487
3. Female Sterilization	494
4. Artificial Abortion	496
第十三章 计划生育	499
第一节 避孕妇女的一般护理	499
第二节 常用的避孕方法及护理	502
第三节 女性绝育	507
第四节 人工流产	508

UNIT THREE GYNECOLOGICAL NURSING

Chapter 14 Women's Health Promotion	511
1. Menstrual Health	511
2. Menopause	513
3. Woman and Stress	518
4. Woman and Depression	522

第三篇 妇 科 篇

第十四章 妇女健康促进	535
第一节 妇女月经健康	535
第二节 围绝经期健康	536
第三节 妇女和压力	540
第四节 妇女与抑郁	543
Chapter 15 Infertility	550
第十五章 不孕症	567
Chapter 16 Dysfunctional Menstruation	576
1. Dysfunctional Uterine Bleeding	576
2. Amenorrhea	585
3. Dysmenorrhea	592
4. Premenstrual Syndrome (PMS)	595
5. Perimenopausal Syndrome	599
6. Nursing Care of Woman With Dysfunctional Menstruation	607
第十六章 月经失调	613
第一节 功能失调性子宫出血	613
第二节 闭经	618
第三节 痛经	622
第四节 经前期综合征	624
第五节 围绝经期综合征	626
第六节 月经失调患者的护理	631
Chapter 17 Infectious Diseases of Female Reproductive System	636
1. Introduction	636
2. Inflammation of Vulva	644
3. Vaginitis	645
4. Cervicitis	648
5. Pelvic Tuberculosis	649
6. Condyloma Acuminata	651
7. Syphilis	652
8. Gonorrhea	654
9. Pelvic Inflammatory Disease (PID)	656

10. Acquired Immunodeficiency Syndrome	658
第十七章 女性生殖系统炎症	661
第一节 概述	661
第二节 外阴部炎症	667
第三节 阴道炎症	668
第四节 子宫颈炎症	670
第五节 结核性盆腔炎	671
第六节 尖锐湿疣	672
第七节 梅毒	673
第八节 淋病	675
第九节 盆腔炎	676
第十节 获得性免疫缺陷综合征	678
Chapter 18 Neoplasm of Female Genital Tract	680
1. Uterine Leiomyomas	680
2. Endometrial Carcinoma	687
3. Cervical Cancer	693
4. Ovarian Tumors	701
5. Vulvar Cancer	711
6. Gestational Trophoblastic Disease	716
7. Psychological Issues of Gynecological Malignancies	739
8. Nursing Care of Patients Undergoing Abdominal Surgery	747
第十八章 女性生殖系统肿瘤	758
第一节 子宫肌瘤	758
第二节 子宫内膜癌	762
第三节 子宫颈癌	767
第四节 卵巢肿瘤	772
第五节 外阴癌	778
第六节 妊娠滋养细胞疾病	782
第七节 妇科恶性肿瘤患者的心理问题	795
第八节 腹部手术患者的护理	800
Chapter 19 Other Disorders in Gynecology	806
1. Endometriosis	806
2. Uterine Prolapse	820
3. Congenital Abnormalities of the Female Genital Organs	824

第十九章 其他妇科疾病	829
第一节 子宫内膜异位症	829
第二节 子宫脱垂	837
第三节 女性生殖器官发育异常	840
英文索引	843
中文索引	847



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