守護健康
Promoting Your Health

衛生福利部 國民健康署
Health Promotion Administration,
Ministry of Health and Welfare

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孕婦健康手冊 【中英版】
【Chinese/English Version】

Maternal Health Booklet

準媽媽姓名 / Mother's Name:

產檢時請記得攜帶孕婦健康手冊
Please remember to bring this booklet with you when getting physicals.

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我幸福.因為愛
I am happy, because of love.

給寶寶最貼心的禮物　哺餵母乳

衛生福利部國民健康署 提醒您

「公共場所母乳哺育條例」明定婦女於公共場所母乳哺育時，
任何人不得禁止、驅離或妨礙，違者處六千元以上三萬元以下罰鍰。
母乳哺育相關資訊請參閱170-182頁
「母乳哺育網站」http://www.hpa.gov.tw/breastfeeding/
免付費諮詢專線: 0800-870870

Give your baby the most precious gift, breastfeed.

Health Promotion Administration, Ministry of Health and Welfare,
Executive Yuan reminds you

Public Breastfeeding Act stipulates that no person shall prohibit, evict or obstruct any female who is breastfeeding in public areas. Those in violation shall be penalized with a fine no less than NTD $6,000 and no more than $30,000.
Please refer to pages 171 to 183 for information on breastfeeding.
Website on breastfeeding: http://www.hpa.gov.tw/breastfeeding/
Free Hotline: 0800-870870

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Maternal Health Booklet

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給準媽媽的話

親愛的準媽媽孕產過程順利的關鍵，除了醫護人員的醫療照護外，更重要的是準媽媽妥善的自我照護。

我們特地為您設計了 – 孕婦健康手冊，配合產檢時程，提供健康紀錄表，協助您關心及記錄自己的健康狀況，並讓醫師/助產師替您做最好的照護及叮嚀。另外，一些您在孕期必須知道的保健訊息，希望您能仔細閱讀，有疑問也可以請教醫師/助產師，讓懷孕更輕鬆愉快噢！

如有拾獲本手冊，請聯絡持有人（電話：　　），或者交至鄰近衛生局（所）或持有人產檢院所，協助返還。

《Words for Expectant Mothers》

Dear mothers, In addition to the medical staff's care, the key to a safe pregnancy is for the expectant mothers to take good care of themselves.

We have designed the Maternal Health Booklet especially for you. It is consistent with the prenatal exam schedules and provides forms for health records to help you care for and record your health condition. It will allow the doctors to give you the best possible care as well. The booklet also includes health information that you should be aware of during pregnancy. Please read it carefully. If you have any questions, you may consult a doctor. This will hopefully make your pregnancy smoother and more pleasant.

If you find this booklet, please contact the owner (phone:) or deliver it to the closest Public Health Bureau (Center) or the hospital/clinic that the owner goes to so that this booklet can be returned.

給準爸爸的話

人類的懷孕期長達9個多月之久，讓準爸媽有足夠的時間、機會去學習、調適、計畫及準備如何為人父母。準爸媽若能在孕期有效尋求協助、聽取別人經驗或是搜尋閱讀相關資料，經過綜合整理，仔細深刻的針對自己理想的生產方式及為人父母的技巧，妥善評估與準備，為迎接新生命做好更圓融的決策與安排，將會有更令自己滿意的經驗。

從懷胎開始，準媽媽的身心就逐漸開始產生變化，且隨著孕期週數的增加，其身心的負擔也隨之增長。因此，這時候非常需要準爸爸及家人的關懷與照顧。建議準爸爸及家人透過關懷及實際行動（如：傾聽，分享準媽媽的快樂與憂慮、陪準媽媽去醫院做產檢、一同參加產前教育課程及產前運動…）除了可以支持準媽媽孕期的辛苦外，亦可了解胎兒的生長發育情況、促進夫妻感情及建立親子關係的良好基礎。

同時，準爸爸及家人在決定哺餵嬰兒的方式上佔有很重要的地位，準爸爸在產前學習：(1)正確的哺乳知識，(2)參與哺餵母乳的技巧，(3)各種母乳問題處理的技巧，(4)照顧嬰兒的技巧等，將有助於參與產後媽媽的哺乳與嬰兒照顧，有利於延長持續哺乳時間及勝任照顧嬰兒。

在懷孕後期至準備生產期間，建議準爸爸及家人一同找好生產的場所；認識生產預兆、了解生產過程、學習如何協助減緩因為懷孕帶給準媽媽的不適；與醫師、準媽媽討論及決定生產方式。另外，可以多分擔準媽媽的家事、參與照顧家中其他小孩，讓準媽媽能充分的休息。建議準爸爸陪伴準媽媽散步，作產前運動；若懷孕後期因身體不適、情緒不穩定、或因擔心身材變形而不開心時，應協助解除不適並多予支持。

《Words for expectant fathers》

Pregnancy could last as long as 9 months or so, which provides expectant mothers and fathers enough time and opportunities to learn, to adjust, to plan and to get themselves ready for being parents.Through efficient assistance during pregnancy, listening to other's experiences and reading relevant materials and by the comprehensive organization of this information, expectant parents will evaluate and prepare themselves with their own ideal methods of giving birth as well as with the art of becoming parents. Thus, they will make wiser decisions and arrangements for their newborns and will have more satisfied experiences.

Starting from the beginning of the pregnancy, physical and mental changes start occurring to the expectant mothers. As the pregnancy progresses, their physical and mental burdens also start to increase.Therefore, care and consideration from the expectant fathers and families is extremely crucial at this time.Through efficient assistance during pregnancy, listening to other's experiences and reading relevant materials and by the comprehensive organization of this information, expectant parents will evaluate and prepare themselves with their own ideal methods of giving birth as well as with the art of becoming parents. Thus, they will make wiser decisions and arrangements for their newborns and will have more satisfied experiences.

Meanwhile, expectant fathers and families play an important role in deciding the feeding method. Expectant fathers need to undergo prenatal training in the following: (1) correct nursing knowledge; (2) breastfeeding skills; (3) skills in handling breastfeeding problems; (4) skills in taking care of the babies, etc. All factors mentioned above are helpful to breastfeeding and postnatal care and they are beneficial for prolonging the breastfeeding period and taking better care of the infants.

Towards the later part of pregnancy and before the beginning of labor, it is suggested that the expectant father and family members look for a hospital for the expectant mother to have a prenatal examination and give birth. They should get to know the signs of labor, understand the labor process and learn to help the expectant mother alleviate the discomforts that come with the contractions. Discuss with the doctor and the expectant mother about the methods of giving birth.In addition, help the expectant mother with house chores, assist with taking care of the other children in the family and let the expectant mother rest fully.It is suggested that the expectant father take a walk with the expectant mother and do the prenatal exercises as well. If she is unhappy toward the later stages of pregnancy due to discomforts, becoming emotional or worrying about her weight gain, try to alleviate her discomfort and give her the support that she needs.

對準爸媽而言，生產過程是充滿未知、不安、既期待又害怕的情緒，準爸媽在產前一起參加生產教育是個減輕對生產害怕的好方法，準爸爸可以成為良好的持續陪伴支持者，準爸爸也需要參與生產教育課程，以免到生產時候的慌亂，形成緊張與害怕，也對協助準媽媽因應生產的不適無法有所幫助。生產教育，可協助準爸媽討論對懷孕和生產有關的問題，如：學習非藥物減痛及因應生產疼的技巧，獲得支持、資訊及有關生產害怕的心理教育，降低對生產害怕的程度，增加準媽媽對疼痛的忍受力，進而彼此有一個滿意的生產結果及經驗。

準媽媽生產時的疼痛和不舒服是無法言喻的，孤軍奮鬥的無助感更令準媽媽焦慮，正向的生產經驗是增強日後照顧新生兒及育兒自信心的來源之一，所謂的「為母則強」，其中絕對需要準爸爸來共同參與，況且生產時有了準爸爸的陪伴，更能讓準媽媽有「被愛」、「正向能量」的感受。準爸爸雖然在生產當下不是直接面臨生產的痛苦，但是在未來仍是要扮演為人父的責任；在生產時一同奮鬥的滿足感與參與感，能讓準爸爸開始覺察自己成為父親的角色與該盡的責任，這樣的心理調適與角色轉換對於婚姻與家庭的關係都有正向的幫助。

到了進入待產階段，準爸爸扮演一個適任的陪產者，能幫助準媽媽面對待產、生產的過程，準爸爸執行及引導準媽媽身體放鬆、給予按摩、熱敷與冷敷、身體清潔、改變姿勢（例如：站立、走動、採直立坐姿、側臥、跪姿、蹲姿等）、提供飲料與餐點，協助準媽媽每兩小時上廁所排尿。準媽媽在待產中有時會有焦慮的行為表現，十分的不安及害怕，例如：失控或哭叫等，此時，準爸爸的辨識、支持及言語的鼓勵非常重要。到了第二產程時，陪伴準媽媽正確的用力及給予加油打氣。之後的迎接新生兒進行早期的肌膚接觸及哺餵嬰兒母乳，都會對整個家庭帶來正面的影響。同時，準爸爸也要知道如何照顧自己休息及進食等。

For expectant parents, the process of giving birth would be unknown, upsetting, exciting and scaring. Common participation in the natal education could effectively reduce their fears. Expectant fathers could be better companions and support. For them, natal education is vital to prevent feelings of panic, nervousness and fear when their wives are giving birth. It is also helpful for them to deal with the natal discomforts of the pregnant mother. Natal education helps expectant parents to discuss problems related to pregnancy and delivery, including learning skills of non-medication, relieving aches and delivery-related pains, obtaining support, information and mental education about natal fears, reducing natal fears, increasing the pain threshold for expectant mothers and having satisfactory deliveries.

The pains and discomforts a mother has to endure during the labor process are beyond imagination and cannot be described. If she feels alone and helpless during this process, she is not likely to have the courage to take on the labor process and the joyous sensation when greeting the new life that are absolutely essential for giving the mother the confidence in taking care of the newborn and in child rearing. To give the mother courage, the expectant father's participation is required. His companionship during the labor process gives the mother positive energy and the feeling of being loved. Although the expectant father cannot feel the pain during labor, however, as a father to be bestowed upon with great responsibilities, the involvement will give him the sense of satisfaction and make him aware of his role as a father and his duties as one. Mental adjustment and role play like this have a positive impact toward marriage and family relationships.

When the expectant mother enters the pre-delivery stage, the expectant father would be a companion helping her face the process of pre-delivery and delivery, reminding her to relax, providing her with a massage, hot compress and cold compress, cleaning her body, changing her positions (e.g., standing, walking, keeping an upright posture, lying on the side, kneeling, squatting, etc.), supplying beverages and dinners and assisting the mothers every two hours to the toilet to urinate. Expectant mothers may appear anxious, upset and scared during the pre-delivery stage, including losing control of herself, crying and screaming, etc. It is important for the expectant fathers to be there recognizing such behaviors, supporting and encouraging the mother. In the second stage of labor, expectant dads should accompany expectant moms to push correctly and encourage them. Afterwards, newborns should be touched skin to skin at an early stage and be breastfed. These will all play a positive role in the whole family. At the same time, expectant fathers should know how to take care of themselves and their own meals.

準爸爸有了充分的準備後，能減輕新手爸爸的壓力與不安，同時在媽媽產後哺乳時能具有協助參與哺乳的能力，更透過主動積極的參與及支持，提升媽媽對哺餵母乳的滿意及自信能力，延長純母乳哺餵的時間。爸爸能參與嬰兒的照顧，較易與嬰兒建立依附關係，透過彼此互動經驗對爸爸而言是一種愉快經驗，為人爸爸的成就，同時也能更加肯定自己父職角色的功能。

在產後，爸爸可以主動觀察哺乳時機、哺乳前幫忙按摩媽媽背部使其放鬆增加乳汁的分泌、主動協助調整媽媽哺乳姿勢、觀察嬰兒是否正確含乳吸吮、給予媽媽鼓勵與讚美、處理媽媽因奶脹不適的問題、協調長輩對哺餵方式的干預，分擔做家事。當嬰兒莫名啼哭時可以主動了解啼哭原因及安撫嬰兒、更換尿布等。同時，也應該照顧嬰兒及大小孩，讓媽媽有休息的時間。媽媽哺乳及照顧嬰兒時，因有爸爸的支持與參與，使其在母職上能感受到滿足與幸福感。

懷孕生產是一件正常的生命轉變事件，準爸媽共同參與、有心理準備及確實執行，可增進夫妻彼此親密關係及親子關係。

When expectant fathers are fully prepared, they will be relieved from the pressure and the anxiety of being new dads. They can also help their wives better with postnatal breastfeeding and participate and support more actively to promote the mother's satisfaction and confidence in breastfeeding, and thus prolong the breastfeeding period. Participation in taking care of his baby, a dad will establish an attachment with the child easily which is pleasant through interaction. The sense of accomplishment of being a father will strengthen his confidence in playing the role as a parent.

After delivery, fathers could actively observe the timing of breastfeeding, massaging the mother's back to relax her and thus to promote galactopoiesis before breastfeeding, actively helping mothers to adjust her breastfeeding postures, overlooking the infants' sucking of nipples, supporting and encouraging their wife, dealing with their discomfort coming from breast distention, coordinating the intervention of feeding methods from the grandparents and sharing chores. When infants cry without a cause, fathers could actively know about the underlying reasons, comfort their babies and change diapers. In short, they should also take care of babies and children, sparing moms from the work to have a rest. With the dads' support and participation, moms will be satisfied and happy when breastfeeding and caring for the child.

Pregnancy and delivery could be life-changing. Common participation of expectant parents, being mentally prepared and executing correctly could enhance the close relationships between couples as well as those of parents and their babies.

懷孕的五要五不

五要

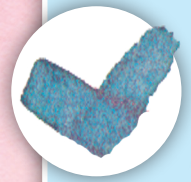
◎ 要按時產前檢查 P. 14
◎ 要做好孕期保健 P. 122
◎ 要辨識危險妊娠 P. 214
◎ 要認識早產徵兆 P. 120
◎ 要知道產兆來臨 P. 194

五不

◎ 不抽菸與喝酒 P. 112
◎ 不吸入二手菸 P. 112
◎ 不亂服用藥物 P. 114
◎ 不選時刻剖腹產 P. 192
◎ 不使用毒品 P. 116

5 “Dos” and 5 “Do nots” during pregnancy

5 Dos



- Do receive prenatal exams according to schedule P.15
- Do take good care during pregnancy P.123
- Do recognize pregnancy complications P.215
- Do know the signs of premature birth P.121
- Do know the signs of labor P.195

5 Do nots

- Do not smoke or drink P.113
- Do not be exposed to second hand smoke P.113
- Do not take medication without doctor’s orders P.115
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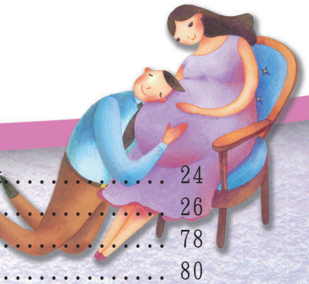

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孕婦產前檢查之給付時程及服務項目

給付時程		建議週數	服務項目
第一次	妊娠第一期 妊娠未滿17週	第12週以前	1. 於妊娠第六週或第一次檢查須包括下列檢查項目： (1) 問診：家庭疾病史、過去疾病史、過去孕產史、本胎不適症狀、成癮習慣查詢。 (2) 身體檢查：體重、身高、血壓、甲狀腺、乳房、骨盆腔檢查、胸部及腹部檢查。 (3) 實驗室檢驗：血液常規(WBC、RBC、Plt、Hct、Hb、MCV)、血型、Rh因子、HBsAg及HBeAg(惟因特殊情況無法於本次檢查者，可於第五次孕婦產前檢查時接受本項檢查)、VDRL(梅毒檢查)、Rubella IgG(德國麻疹抗體)、愛滋病檢查(EIA或PA)及尿液常規。 2. 例行檢查項目。(註二) 註：德國麻疹抗體檢查呈陰性之孕婦，應在產後儘速注射1劑麻疹腮腺炎德國麻疹混合疫苗，該劑疫苗免費。(註五)
第二次		第16週	1. 例行檢查項目。(註二) 2. 早產防治衛教指導
第三次	妊娠第二期 妊娠17週 至未滿29週	第20週	1. 例行檢查項目。(註二) 2. 超音波檢查（因特殊情況無法檢查者，可改於妊娠第三期檢查） 3. 早產防治衛教指導
第四次		第28週	例行檢查項目。(註二)
第五次	妊娠第三期 妊娠29週以上	第32週	1. 例行檢查項目。(註二) 2. 於妊娠32週前後提供：VDRL等實驗室檢驗。
第六次		第34週	例行檢查項目。(註二)
第七次		第36週	1. 例行檢查項目。(註二) 2. 補助孕婦乙型鏈球菌篩檢。(註四)
第八次		第38週	例行檢查項目。(註二)
第九次		第39週	例行檢查項目。(註二)
第十次		第40週	例行檢查項目。(註二)

註一　血液常規檢查包括：白血球(WBC)、紅血球(RBC)、血小板(Plt)、血球容積比(Hct)、血色素(Hb)、平均紅血球體積(MCV)。

註二　例行檢查項目
(1) 問診內容：本胎不適症狀如出血、腹痛、頭痛、痙攣等。
(2) 身體檢查：體重、血壓、腹長（宮底高度）、胎心音、胎位、水腫、靜脈曲張。
(3) 實驗室檢查：尿蛋白、尿糖。

註三　孕婦產前檢查超過十次及超音波超過一次者，經醫師診斷確為醫療需要，由健保費支應或自費檢查。

註四　孕婦乙型鏈球菌篩檢，於妊娠第35-37週產前檢查時提供1次；若孕婦有早產的現象，得依醫師專業處置，不在此限。

註五　接種地點等相關資訊，請撥打各縣市預防接種專線（請參閱228頁）洽詢。

Payment schedule for prenatal examination and services provided

Payment schedule		Recommended weeks	Services provided
1st time	First trimester Less than 17 weeks	Prior to week 12	1. The following items should be included during week 6 or on the first check-up: (1) Questions: Family history, expectant mother's past medical history, pregnancy history and any discomfort with the fetus, addicted habits. (2) Physical: Weight, height, blood pressure, thyroid, breast exam, pelvis exam, chest and abdomen exams. (3) Lab testing: Blood routine (WBC, RBC, Plt, HCT, Hb, MCV), blood type, Rh factor, HBsAg and HBeAg (Those who cannot go through these exams this time due to special circumstances can do so in the 5th prenatal check-up instead), VDRL (syphilis test), Rubella IgG (rubella antibody), AIDS (EIA or PA) and urine routine. 2. Routine prenatal examination. (Note 2) Note: Pregnant women who tested negative for the Rubella antibody should be vaccinated after giving birth for free.(Note 5)
2nd time		Week 16	1. Regular prenatal examination item. (Note 2) 2. Premature birth prevention guide.
3rd time	Second trimester Over 17weeks but less than 29 weeks	Week 20	1. Regular prenatal examination item. (Note 2) 2. Ultrasound (Those who cannot go through ultrasound at this time due to special circumstances can do so in the third trimester instead). 3. Premature birth prevention guide.
4th time		Week 28	Regular prenatal examination item. (Note 2)
5th time	Third trimester Over 29 weeks	Week 32	1. Regular prenatal examination item. (Note 2) 2. The following tests are provided around week 32: VDRL.
6th time		Week 34	Regular prenatal examination item. (Note 2)
7th time		Week 36	1. Routine prenatal examination. (Note 2) 2. Subsidy for maternal Group B Streptococcus screening. (Note 4)
8th time		Week 38	Regular prenatal examination item. (Note 2)
9th time		Week 39	Regular prenatal examination item. (Note 2)
10th time		Week 40	Regular prenatal examination item. (Note 2)

Note 1 : Regular blood check includes: White blood cells (WBC), Red blood cells (RBC), Blood platelet (Plt), Hematocrit (Hct), Hemoglobin (Hb) and Mean corpuscular volume (MCV).

Note 2 : Routine prenatal examination includes
(1) Questions: Prenatal discomfort such as bleeding, abdominal pain, headache and spasm, etc.
(2) Physical: Weight, blood pressure, fundal height, fetal heartbeat, fetal position, edema and varicose veins.
(3) Lab tests: Protein and glucose in urine.

Note 3 : Expenses related to check-up for pregnant women who have conducted more than 10 maternal check-ups and more than 1 ultrasound should be paid by health care insurance when their medical needs are diagnosed by doctors or they should pay for their own expenses

Note 4 : Maternal Group B Streptococcus (GBS) screening should be provided once between weeks 35 and 37. If there are signs of premature birth, this should be dealt with by a medical doctor and this limit may not apply.

Note 5 : For information related to vaccination sites, please call preventive vaccination hotlines in each city and county (please refer to page 229) to consult.

產前檢查紀錄表

補助時程		建議週數	檢查日期	檢查院所	檢查醫師簽章
第一次	妊娠第一期 妊娠未滿17週	12週以前			
第二次		第16週			
第三次	妊娠第二期 妊娠17週 至未滿29週	第20週			
第四次		第28週			
第五次	妊娠第三期 妊娠29週以上	第32週			
第六次		第34週			
第七次		第36週			
第八次		第38週			
第九次		第39週			
第十次		第40週			

Prenatal examination records

Payment schedule		Recommended weeks	Prenatal examination date	Hospital	Doctor's signature
1st time	First trimester Less than 17 weeks	Before week 12			
2nd time		Week 16			
3rd time	Second trimester Over 17 weeks but less than 29 weeks	Week 20			
4th time		Week 28			
5th time	Third trimester Over 28 weeks	Week 32			
6th time		Week 34			
7th time		Week 36			
8th time		Week 38			
9th time		Week 39			
10th time		Week 40			

我的過去孕產史

（初次產前檢查問診紀錄，請準媽媽產檢前填寫）

生產情形 \ 懷孕次數			第一次	第二次	第三次	第四次	第五次	第六次
妊娠終止日期（年月日）								
活產	活產週數							
活產	生產方式	自然生產						
活產	生產方式	真空吸引						
活產	生產方式	產鉗						
活產	生產方式	剖腹產						
活產	性別							
活產	出生體重（公克）							
活產	目前存活情形	存						
活產	目前存活情形	歿（年齡、原因）						
流產	自然流產							
流產	人工流產							
死產	週數							
死產	生產方式							
胎兒異常								
備註								

My pregnancy history

(First prenatal examination record. Please fill this out prior to the prenatal examination).

Number of Pregnancy / Childbirth Condition			1st time	2nd time	3rd time	4th time	5th time	6th time
End of Pregnancy (yyyy/mm/dd)								
Live birth	Weeks of live birth							
	Delivery options	Natural childbirth						
		Vacuum extraction						
		Forceps						
		Caesarean Section (C-Section)						
	Gender							
	Birth weight (g)							
	Current survival status	Live Birth(s)						
		Death (age and cause)						
Miscarriage	Natural miscarriage							
	Abortion							
Stillbirth	Weeks							
	Delivery options							
Fetal abnormality								
Notes								

產檢紀錄總表

胎　次：_____
預產期：　　年　　月　　日
最後一次月經開始日期：　　年　　月　　日
身　高(cm)：_____
懷孕前體重(公斤)：_____
BMI = 體重（公斤）/ 身高^2（公尺^2）= _____

	檢查結果		檢查結果
Rh因子		B型肝炎表面抗原	□- □+
血型		B型肝炎e抗原	□- □+
白 血 球（WBC）		梅毒血清反應第一次	□- □+
紅 血 球（RBC）		梅毒血清反應第二次	□- □+
血 小 板（Plt）		德國麻疹抗體反應	□- □+
血球容積比（Hct）		乙型鏈球菌檢查	□- □+
血 紅 素（Hb）			
平均紅血球體積（MCV）			
其他			

自費檢查項目：
第一孕期母血唐氏症篩檢 _____
第二孕期母血唐氏症篩檢 _____
羊膜穿刺 _____
妊娠糖尿病篩檢 _____

骨盆腔檢查

※準媽媽的B型肝炎表面抗原及e抗原檢查結果，如果均為陽性（+），其實寶應於出生後儘速注射1劑B型肝炎免疫球蛋白及B型肝炎疫苗，越早越好，同時不要晚於24小時，並應在完成第3劑B型肝炎疫苗後，年齡滿12個月大時進行B型肝炎表面抗原（HBsAg）及B型肝炎表面抗體（anti-HBs）等檢測。

※準媽媽如果為B型肝炎表面抗原陽性，請醫師協助將該次產檢結果登錄於「孕婦B型肝炎追蹤檢查紀錄（238頁）」，並請產後依消化專科醫師建議進行相關追蹤檢查。

※準媽媽的德國麻疹抗體檢查結果如為陰性（－），懷孕期間請特別注意，避免感染德國麻疹，以保護胎兒，並應在產後，儘速持德國麻疹抗體檢查陰性（－）證明，至各衛生所或預防接種合約醫院診所，接種1劑麻疹腮腺炎德國麻疹（MMR）混合疫苗（接種3個月內應避免懷孕）。

註：後續頁面亦有提供各次產檢紀錄處，亦可將報告記錄於該頁面。

Prenatal check-up records

Number of past pregnancies: _____
Due date: ____/____/____ YYYY/MM/DD
The last menstrual cycle started on: ____/____/____ YYYY/MM/DD
Height (cm): _____
Weight before pregnancy (kg): _____
BMI=weight (kg)/height^2 (m^2)= _____

	Test Results		Test Results
Rh factor		HBsAg	☐- ☐+
Blood type		HBeAg	☐- ☐+
White Blood Cell (WBC)		The first VDRL	☐- ☐+
Red Blood Bell (RBC)		The second VDRL	☐- ☐+
Blood Platelet (Plt)		Rubella antibody response	☐- ☐+
Hematocrit (Hct)		Group B Streptococcus test (GBS)	☐- ☐+
Hemoglobin (Hb)			
Mean Cell Volume (MCV)			
Others			

Self-funded check-up items:
Down's syndrome screening for the first trimester _____
Down's syndrome screening for the second trimester _____
Amniocentesis _____
Gestational diabetes screening _____

Pelvis test

*For babies born by mothers who tested positive (+) for both HBsAg and HBeAg, newborns should be injected with HBIG and hepatitis B vaccination as soon as possible within 24 hours of birth. After the third injection of hepatitis B vaccination, 12-month old babies should receive HBsAg and anti-HBs tests.

*Mothers with positive HBsAg should record the prenatal examination results with the doctors' help in the "hepatitis B follow-up records (page 239)" and follow up after delivery under advice from doctors from the special digestion department.

*Expectant mothers who tested negative (-) for the rubella antigen should be careful of protecting themselves from an infection of rubella during pregnancy. After delivery, they should receive MMR mixed vaccination with the proof of negative rubella antigen test in a clinic or a vaccination contracted hospital as soon as possible (pregnancy should be avoided within 3 months of inoculation).

Note: there are blanks for check-ups in following pages where records could be kept.

產檢時程	檢查日期	懷孕週數	體重(kg)	血壓(mmHg)	宮底高度(cm)	胎心音／分次（懷孕2個月內免填寫）	尿糖	尿蛋白	浮腫	靜脈曲張	備註 如有不明傷痕，或疑似家庭暴力等情事請依規定通報，並填寫臺灣親密關係暴力危險評估表(TIPVDA量表，參閱第224頁)	下次產檢日期
第1次											□無特殊發現 □需注意或異常項目 □需追蹤 □需轉介	
第2次											□無特殊發現 □需注意或異常項目 □需追蹤 □需轉介	
第3次											□無特殊發現 □需注意或異常項目 □需追蹤 □需轉介	
第4次											□無特殊發現 □需注意或異常項目 □需追蹤 □需轉介	
第5次											□無特殊發現 □需注意或異常項目 □需追蹤 □需轉介	
第6次											□無特殊發現 □需注意或異常項目 □需追蹤 □需轉介	
第7次											□無特殊發現 □需注意或異常項目 □需追蹤 □需轉介	
第8次											□無特殊發現 □需注意或異常項目 □需追蹤 □需轉介	
第9次											□無特殊發現 □需注意或異常項目 □需追蹤 □需轉介	
第10次											□無特殊發現 □需注意或異常項目 □需追蹤 □需轉介	
											□無特殊發現 □需注意或異常項目 □需追蹤 □需轉介	
											□無特殊發現 □需注意或異常項目 □需追蹤 □需轉介	
											□無特殊發現 □需注意或異常項目 □需追蹤 □需轉介	
											□無特殊發現 □需注意或異常項目 □需追蹤 □需轉介	

Timetable of prenatal examination	The first time	The second time	The third time	The fourth time	The fifth time	The sixth time	The seventh time	The eighth time	The ninth time	The tenth time				
prenatal examination date														
Weeks of pregnancy														
Weight (kg)														
Blood pressure (mmHg)														
Fundal height (cm)														
Fetal heart rate times/minute (Those in the 2 months of pregnancy need not fill in)														
Glucosuria														
Urine protein														
Edema														
Varicose veins														
Note: If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan close relations violence risk evaluation chart (TIPVDA scale) (Refers to page 225)	☐ No special findings ☐ Areas of attention or abnormality ☐ need follow up ☐ need referral	☐ No special findings ☐ Areas of attention or abnormality ☐ need follow up ☐ need referral	☐ No special findings ☐ Areas of attention or abnormality ☐ need follow up ☐ need referral	☐ No special findings ☐ Areas of attention or abnormality ☐ need follow up ☐ need referral	☐ No special findings ☐ Areas of attention or abnormality ☐ need follow up ☐ need referral	☐ No special findings ☐ Areas of attention or abnormality ☐ need follow up ☐ need referral	☐ No special findings ☐ Areas of attention or abnormality ☐ need follow up ☐ need referral	☐ No special findings ☐ Areas of attention or abnormality ☐ need follow up ☐ need referral	☐ No special findings ☐ Areas of attention or abnormality ☐ need follow up ☐ need referral	☐ No special findings ☐ Areas of attention or abnormality ☐ need follow up ☐ need referral	☐ No special findings ☐ Areas of attention or abnormality ☐ need follow up ☐ need referral	☐ No special findings ☐ Areas of attention or abnormality ☐ need follow up ☐ need referral	☐ No special findings ☐ Areas of attention or abnormality ☐ need follow up ☐ need referral	☐ No special findings ☐ Areas of attention or abnormality ☐ need follow up ☐ need referral
Next check-up date														

產科超音波檢查紀錄

姓名：　　年齡：　　病歷：

LMP：　　EDC：　　週數：

臨床診斷：

1. 胚囊 □有 □無　　2. 胎數 _____

3. 心跳 □有 □無　　4. 胎兒大小週數 _____

5. 胎位 _____　　6. 胎盤位置 _____

7. 羊水 □正常 □過多 □過少　　8. 其他 _____

診斷：_____

_____

_____

檢查日期：　　報告者：

Obstetric ultrasound test records

Name：　　Age：　　Medical history：

LMP：　　EDC：　　Weeks of pregnancy：

Clinical diagnosis：

1.With or without an embryo sac ☐YES ☐NO

2.Number of fetus _____

3.With or without heartbeat ☐YES ☐NO

4.Weeks of fetus _____

5.Fetal position _____ 6.Placental position _____

7.Amniotic fluid ☐ Normal ☐excessive ☐ low

8.Others _____

Diagnosis: _____

_____

_____

Date of exam:　　Reporter:

第1次孕婦產前健康照護衛教指導記錄表

(妊娠第一孕期：經醫師診斷、確認懷孕後至妊娠未滿17週前)

(懷孕週數，第_____週)【本項服務由菸品健康福利捐補助】 病歷號

基本資料	由準媽媽填寫	姓名		出生日期	_____年____月____日	
		身分證字號 (外籍人士護照號碼)				
		聯絡地址				
		聯絡方式	手機:_____ 住家:( )-_____			
		身高_____公分	懷孕前體重_____公斤	目前體重_____ 公斤	血色素_____gm/dl	
		目前是否有接受社會福利補助情況:(可複選) □0.否，□1.中低收入戶補助，□2.低收入戶補助， □3.特殊境遇家庭補助， □4.兒少生活補助（項目：____；人數：__），□5.其他_____ 有下列情況之懷孕婦女: □1.未婚懷孕婦女，□2.身心障礙懷孕婦女，□3.其他_____				
健康行為		1.您目前是否吸菸？ □0.否，□1.偶爾或應酬才吸，□2.平均一天約吸一包菸（20支）以下， □3.平均一天約吸一包菸以上 2.您是否特別注意遠離二手菸的環境？ □0.否，□1.是，□2.週遭環境沒有二手菸 3.您目前是否喝酒？ □0.否， □1.偶爾或應酬才喝，□2.經常喝 4.您是否嚼檳榔？ □ 0.否， □1.偶爾或應酬才嚼， □2.經常嚼 5.您是否曾使用毒品？ □0.否，□1.是 6.心情溫度計： □是，□否 1.過去一個月，是否常被情緒低落、憂鬱或感覺未來沒有希望所困擾？ □是，□否 2.過去一個月，是否常對事物失去興趣或做事沒有愉悅感？				
		1.本資料將用於衛生福利政策評估，供衛生保健及社政單位關懷訪視服務。 □1.同意，□2.不同意。 2.您是否願意衛生及社政人員前往您的家中進行關懷訪視？ □1.願意，□2.不願意。				
孕產醫療史		過去是否有相關孕產醫療史 □0.否 ， □1.是（請於下列□進行勾選）。 □(1)子宮肌瘤割除或子宮修補術，□(2)心臟病手術，□(3)高血壓病，□(4)妊娠糖尿病，□(5)早產，□(6)先天異常兒，□(7)死胎死產，□(8)新生兒死亡，□(9)陰道難產，□(10)產後出血，□(11)前胎胎兒乙型鏈球菌感染，□(12)流產，□(13)其他_____				
		※如有上述孕產醫療史情形，請就診院所提供醫療服務或轉介至中、重度級急救責任醫院。				

The first prenatal health care and instruction record

(First trimester: Under 17 weeks of pregnancy since doctor's diagnosis and confirmation)
(weeks of pregnancy,____week) {this service is sponsored by the Ministry of Health and Welfare} Medical record number

Filled in by by expectant mother

Basic information

Name		Date of birth	_____MM/_____DD/_____YY
ID number (Passport number for foreigners)			
Address			
Contact	Cellphone:_____ Home address:( )-_____		
Height _____cm	Weight before pregnancy__kg	Current weight____kg	Hemochrome ____gm/dl

Current situation of receiving social welfare:(multiple choice)
☐ 0.None, ☐ 1.Middle-and-low-income subsidy, ☐ 2.Low-income subsidy,
☐ 3. Subsidy of families under special circumstances,
☐ 4. Children subsistence subsidy, (item:____; number of people:__),
☐ 5. Others____
Pregnant women with the following situations:
☐ 1. Unmarried pregnant women, ☐ 2. Disabled pregnant women, ☐3. Others_____

Health Conduct

1. Do you smoke at present?
☐ 0. No, ☐1. Seldom or only smoke when I must, ☐ 2. Less than a package (20 cigarettes)a day on average ☐ 3. More than a package a day on average
2. Do you pay special attention to avoid second-hand smoke environment?
☐ 0. No, ☐ 1. Yes, ☐ 2. There is no second-hand smoke around
3. Do you drink alcohol at present?
☐ 0. No, ☐ 1.Seldom or only drink when I must, ☐ 2. Often
4. Do you chew areca-nut?
☐ 0. No, ☐ 1.Seldom or only drink when I must, ☐ 2. Often
5. Have you ever taken drugs?
☐ 0.No, ☐ 1. Yes
6. Anxiety test:
☐ Yes, ☐ No 1. In the past month, have you been disturbed with depression, anxiety or hopelessness?
☐ Yes, ☐ No 2.In the past month, have you lost interests or sense of pleasure of things?

1. This material is used for the evaluation of the health welfare policy and serves for health care as well as care and visit of government institutions. ☐1.Yes, ☐2.No.
2. Are you willing to receive care and visits from the staff of government institutions?
☐1.Yes, ☐2.No.

Prenatal medical care history

Do you have a previous pregnancy or delivery medical care history?
☐0. No, ☐1. Yes (Please tick in the following ☐).
☐(1)Hysteromyomectomy or uterus repair surgery, ☐(2)Heart surgery,
☐(3)Hypertension, ☐(4)GestationalDiabetes, ☐(5)Premature delivery,
☐(6)Congenital abnormalities, ☐(7)Stillbirth, ☐(8)Neonatal death,
☐(9)Vaginal delivery birth difficulty, ☐(10)Postnatal bleeding,
☐(11)Previous fetus infection of B streptococcus, ☐(12)Miscarriage,
☐(13)Others_____

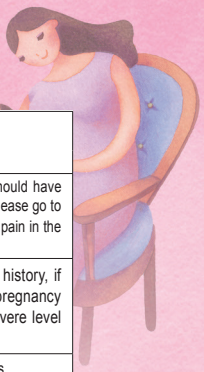
* Hospitals should provide pregnant women under the circumstances mentioned above with medical care or refer them to medium and severe emergency hospitals.

衛教主題	重點	準媽媽自我評估		醫事人員指導重點
		清楚	不清楚	
1. 維持母胎安全（參閱手冊-讓寶寶安全的成長）	流產徵兆及高危險妊娠	☐	☐	☐ 知道懷孕早期宜多休息與足夠睡眠，勿提重物。若出現流產之徵兆（陰道出血、下腹部悶痛、持續子宮收縮）時，應立即就醫。
		☐	☐	☐ 知道本身的健康資料、疾病史及孕產醫療史狀況，未來產檢如有醫師告知：出現孕產醫療史1至13項之一者，請選擇至就近的中、重度級急救責任醫院接受診治或安胎。
		☐	☐	☐ 知道定期產前檢查的目的、時程及重要性
	危害物質	☐	☐	☐ 知道菸（含二手菸）對母嬰健康之危害(流產、早產、出生低體重)
		☐	☐	☐ 知道酒對母嬰健康之危害(流產、早產、死產、出生低體重、中樞神經異常)。
		☐	☐	☐ 知道檳榔對母嬰健康之危害(流產、早產、死產、出生低體重)。
		☐	☐	☐ 本次懷孕吸菸者，協助轉介戒菸門診。
	產前遺傳檢查	☐	☐	☐ 知道孕婦具有下列情形之一者，政府於產前有補助費用做羊膜穿刺檢查。 34歲以上、曾生育過先天異常兒、本人或配偶有遺傳性疾病者、有家族遺傳疾病及本次懷孕經超音波檢查有異常者
2. 兩性平權（參閱手冊-女孩男孩一樣好）	疼惜咱的寶貝	☐	☐	☐ 女孩男孩一樣好，生來通通都是寶，孩子未來的成就無關性別，知道做性別篩檢或因選擇性別而墮胎是違法的。
3. 孕期營養（參閱手冊-吃出健康）	營養素補充	☐	☐	☐ 知道孕前一個月至懷孕期間，增加葉酸、碘攝取的重要性。
		☐	☐	☐ 知道孕期增加鈣、鐵攝取。素食者補充維生素B12的重要性。
		☐	☐	☐ 知道適當的選擇與食用營養補充食品。
	均衡飲食	☐	☐	☐ 知道懷孕早期有孕吐時，宜少量多餐，優先攝取天然食物，避免攝取加工食品、高油高熱量及空熱量食物(如:含糖飲料)。

※紅框內之欄位，請醫護人員協助準媽媽們於衛教指導前先行填寫，以供醫事人員參考。
※返家後，若有孕產諮詢需求，請多加運用全國免付費孕產婦關懷專線0800-870870或孕產婦關懷網站http://mammy.hpa.gov.tw。

醫療院所/助產所名稱及代碼	醫師/助產人員簽章： 指導日期____年____月____日	孕婦簽名：

備註：
1. 本衛教指導內容由衛生福利部國民健康署及臺灣婦產科醫學會、臺灣母胎醫學會、臺灣周產期醫學會、臺灣護理學會、臺灣助產學會、及中華民國營養師公會全國聯合會共同研擬。
2. 本次衛教指導可搭配第1孕期（懷孕第12週-第17週前）第1次至第2次孕婦產前檢查，依孕婦健康需求執行指導，請參閱孕婦健康手冊內容予以衛教。



Medical education Theme	Key points	Self-evaluation of expectant mothers: Clear	Self-evaluation of expectant mothers: Not clear	Focused medical staff' s instructions
1. Safeguard the mothers and fetus (refer to - let babies grow safely in the booklet)	Signs of miscarriage and high risk pregnancy	☐	☐	☐ Know that during the early stages of pregnancy, expectant mothers should have enough rest and adequate sleep. Lifting heavy things is not suggested. Please go to a doctor soon when signs of miscarriage appear (vaginal bleeding, stuffy pain in the lower abdomen, constant uterine contractions).
		☐	☐	☐ Know their own health materials, medical history and pregnancy history, if informed by doctors in future prenatal tests: one of the thirteen pregnancy history items take place, please choose the closest medium to severe level emergency hospital for treatment or miscarriage prevention.
		☐	☐	☐ Know the purpose, timetable and importance of routine prenatal check-ups
	Hazardous Materials	☐	☐	☐ Know the harm of smoking (including second hand smoke) to the mother's and child' s health(miscarriage, premature birth, low birth weight)
		☐	☐	☐ Know the ill-effects of alcohol to the mother's and child's health(miscarriage, premature birth, stillbirth, low birth weight, central nervous system abnormalities).
		☐	☐	☐ Know the harm of areca-nut to the mother's and children' health (miscarriage, premature birth, stillbirth, low birth weight).
		☐	☐	☐ Pregnant women who are currently smokers should be referred to smoking cessation clinic.
	Prenatal genetic test	☐	☐	☐ Know that pregnant women who are under one of those circumstances mentioned below are sponsored by the government to conduct prenatal amniocentesis. When women over 34 years old, gave birth to babies with congenital abnormalities, genetic diseases or spouses have genetic diseases, family with genetic diseases and the current pregnancy was detected abnormal by an ultrasound test.
2. Gender equality (Refer to - "Boys and girls are equally precious" in the booklet)	Care and love our babies	☐	☐	☐ Boys and girls both are equally precious and are gifts to the parents. A child's future has nothing to do with its gender. Know that gender testing and abortion for reasons of gender selection are illegal.
3. Pregnancy nutrition (Refer to - "Achieve health through Diet" in the booklet)	Nutrient supplement	☐	☐	☐ Know the importance of increasing the intake of folic acid and iodine one month before pregnancy until gestation.
		☐	☐	☐ increase the intake of calcium and iron during pregnancy. The importance of Vitamin B12 supplementation for vegetarians.
		☐	☐	☐ Choose and take nutrition supplements properly.
	Balanced diet	☐	☐	☐ Know that when morning sickness takes place in the early stages of pregnancy, it is appropriate to take multiple diets with smaller portions for each meal. Natural food has the priority. Processed food and those with high oil and high calorie as well as empty calorie foods (such as, sugar-sweetened beverages) should be avoided.

* Red blanks should be filled in by expectant mothers under the medical guidance of a medical staff which could be used as reference for doctors.
* After discharge, if you need prenatal counseling, please call or visit the national toll-free maternal care hotline0800-870870 or website http://mammy.hpa.gov.tw.

Name and code of hospital/delivery clinic	Signature and seal of doctor/birth attendant: Date of guidance____year____month___day	Signature of the expectant mother:

Note:

1. This material is co-researched by the Health Promotion Administration, Ministry of Health and Welfare, Taiwan Association of Obstetrics and Gynecology, Taiwan Society of Mother and Fetus Medicine, Taiwan Society of Prenatal Period Medicine, Taiwan Nursing Association, Taiwan Midwifery Association and the Chinese Union of Dietitians Association.
2. The medical education could be used together with the first and second prenatal examination in the first trimester (the 12th to the 17th week of gestation) according to the needs of the expectant mother. Please conduct medical education by referring to the contents of the Maternal Health Handbook.

初次產檢自我檢核紀錄

初次產檢自我紀錄事項
（妊娠第一期：妊娠未滿17週・建議週數：第12週以前）
※請準媽媽於接受產前檢查前，務必將下列事項及自我檢核紀錄填寫完整

以下是記錄於____年____月____日（懷孕週數第____週）

1. 最後一次月經開始日期：____年____月____日
2. 準媽媽記錄自覺項目：□出血 □腹痛 □頭痛 □痙攣 □其他自覺徵狀:_____
3. 準媽媽的過去健康資料，是醫師診斷的重要參考。請準媽媽詳細的填寫。
若您曾有下列症狀，請在□打勾。

疾病史	□ 1. 慢性高血壓 □ 2. 糖尿病 □ 3. 心臟病 □ 4. 外科疾病 □ 5. 腎臟病 □ 6. 甲狀腺疾病 □ 7. 血液凝固疾病 □ 8. 法定傳染病疾病 □ 9. 婦科腫瘤及癌症 □ 10. 中樞神經疾病 □ 11. 泌尿系統疾病	□ 12. 消化道及肝臟疾病 □ 13. 貧血 □ 14. 紅斑性狼瘡及自體免疫疾病 □ 15. 支氣管氣喘及肺部疾病 □ 16. 癲癇 □ 17. 家族是否有遺傳性疾病及其他先天性異常 □ 18. 吸菸 □ 19. 同居住者吸菸 □ 20. 飲酒 □ 21. 使用毒品 □ 22. 其他：_____
孕產醫療史	□ 1. 子宮肌瘤割除或子宮修補術 □ 2. 心臟病手術 □ 3. 高血壓病 □ 4. 妊娠糖尿病 □ 5. 早產（懷孕未滿37週之生產） □ 6. 先天異常兒 □ 7. 新生兒死亡 □ 8. 陰道難產 □ 9. 產後出血 □ 10. 前胎胎兒乙型鏈球菌感染 □ 11. 羊水栓塞 □ 12. 羊膜發炎	□ 13. 羊水過多或過少 □ 14. 早期破水 □ 15. 前置胎盤及胎盤剝離 □ 16. 植入性胎盤 □ 17. 胎兒異常或子宮內胎兒死亡；死胎死產 □ 18. 胎兒異常需接受外科手術治療 □ 19. 產前遺傳診斷呈現異常（染色體或基因檢查） □ 20. 胎兒窘迫 □ 21. 子癲前症 □ 22. 子癲症 □ 23. 其他:_____

1st Prenatal self check-up record

1st Prenatal self check-up record
(First trimester: Under 17 weeks of pregnancy.
Recommended weeks:Prior to week 12).

*Please be sure to fill out the following prior to the prenatal examination.

The following is recorded on (yyyy_____/mm___/dd___) (week ___)

1. The last menstrual cycle started on: (yyyy_____/mm_____/dd_____)
2. Self checklist: ☐ Bleeding ☐ Abdominal Pain ☐ Headache ☐ Spasm
   ☐ Other symptoms: _____
3. Your medical history serves as an important reference for the doctors.
   Please fill out the following in detail.
   If you have/had any of the following symptoms, please mark "V" in ☐.

Medical History	☐ 1. Hysteromyomectomy or uterus repair surgery ☐ 2. Heart surgery ☐ 3. Hypertension ☐ 4. Gestational diabetes ☐ 5. Premature birth (delivery at less than 37 weeks of pregnancy) ☐ 6. Congenital abnormalities ☐ 7. Neonatal death ☐ 8. Vaginal delivery birth difficulty ☐ 9. Postnatal bleeding ☐ 10. Previous fetus infection of B streptococcus ☐ 11. Amniotic fluid embolism	☐ 12. Intra-amniotic inflammation ☐ 13. Excessive or low amniotic fluid ☐ 14. Systemic lupus erythematosus (SLE) and autoimmune disorders ☐ 15. Bronchial asthma and lung diseases ☐ 16. Epilepsy ☐ 17. Are there any other hereditary diseases or disorders in the family history? ☐ 18. Smoking ☐ 19. Other cohabitants smoking in the house ☐ 20. Drinking ☐ 21. Drug use ☐ 22. Others: _____
Medical history during pregnancy	☐ 1. Hysteromyomectomy or uterus repair surgery ☐ 2. Heart surgery ☐ 3. Hypertension ☐ 4. Gestational diabetes ☐ 5. Premature birth (delivery at less than 37 weeks of pregnancy) ☐ 6. congenital abnormalities ☐ 7. Neonatal death ☐ 8. Vaginal delivery birth difficulty ☐ 9. Postnatal bleeding ☐ 10. Previous fetus infection of B streptococcus ☐ 11. Amniotic fluid embolism ☐ 12. Intra-amniotic inflammation	☐ 13. Excessive or low amniotic fluid ☐ 14. Premature rupture of membranes ☐ 15. Placenta previa and placental abruption ☐ 16. Placenta accrete ☐ 17. Fetal abnormalities or intra-uterine fetal death; stillbirths ☐ 18. Fetal abnormality need of surgical treatment ☐ 19. Abnormal results for prenatal hereditary screening (chromosome orgenetic testing) ☐ 20. Fetal distress ☐ 21. Pre-eclampsia ☐ 22. Eclampsia ☐ 23. Others:_____

初次產檢自我檢核紀錄

4. 我已閱讀的衛教資訊

☐ 產前檢查項目	(14頁)	☐是	☐否
☐ 戒菸資訊	(82頁)	☐是	☐否
☐ 孕婦免費愛滋病毒篩檢	(106頁)	☐是	☐否
☐ 產前遺傳診斷與補助	(108頁)	☐是	☐否
☐ 孕期生活須知	(122頁)	☐是	☐否
☐ 孕期不適處理方式	(126頁)	☐是	☐否
☐ 孕期體重控制與飲食	(132頁)	☐是	☐否
☐ 孕期感染與妊娠合併症	(138頁)	☐是	☐否
☐ 須立即就醫之危險徵兆	(144頁)	☐是	☐否

5. 心情點滴

家人要叮嚀、鼓勵媽咪的話_____

_____

準媽媽要給寶寶的話_____

6. 此次產檢您想要向醫師詢問的問題或困擾，可記錄於此（如：飲食、運動、生活作息、菸、酒、營養）

_____

_____

_____

_____

_____

註：如果您有勾選上述任何症狀，即可能為高危險妊娠孕產婦，請記得向醫師說明協助診斷，以確保自己和寶寶的安全（請參閱第214頁）

您有無吸菸？ ☐有(請參閱第82頁，**並請戒菸**) ☐沒有

在過去一個禮拜內，您在家的時候，有沒有其他人在您的面前吸菸？

☐有(請參閱第82頁，**並請家人戒菸**) ☐沒有

準媽媽簽名：_____ 家人簽名：_____

孕產婦關懷專線 0800-870870

1st Prenatal self check-up record

4. The health information that I have read

☐ Prenatal examination list	(P.15)	☐Yes	☐No
☐ Information on quitting smoking	(P.83)	☐Yes	☐No
☐ Free prenatal AIDS screening	(P.107)	☐Yes	☐No
☐ Prenatal hereditary disease screening and subsidy	(P.109)	☐Yes	☐No
☐ Notes during pregnancy	(P.123)	☐Yes	☐No
☐ How to deal with discomforts during pregnancy	(P.127)	☐Yes	☐No
☐ Weight control and diet during pregnancy	(P.133)	☐Yes	☐No
☐ Prenatal infections and complications	(P.139)	☐Yes	☐No
☐ Warning signs for immediate doctor's visit	(P.145)	☐Yes	☐No

5. Thoughts and emotions

Words of encouragement from family members _____

_____

Words to the baby from the expectant mother _____

_____

6. You can write down the questions that you would like to ask the doctor (such as diet, exercise, lifestyle, smoking, drinking and nutrition).

_____

_____

_____

_____

_____

Note: If you checked any of the above symptoms, you could be in high-risk pregnancy. Please remember to seek doctor's advise to ensure the safety of yourself and your baby (please refer to p. 215).

Do you smoke? ☐ Yes (please refer to page 83 **and please stop smoking**) ☐ No

Over the past week, is there anyone smoking in front of you when you are at home?

☐ Yes (please refer to page 83 **ask him to stop smoking**) ☐ No

Expectant mother's signature_____ Family member's signature_____

Maternal care hotline 0800-870870

初次產檢紀錄

初次產檢檢查紀錄
（妊娠第一期：妊娠未滿17週 建議週數：第12週以前）

胎　次：　　檢查日期：　　年　　月　　日　　懷孕週數：　　週
預產期：　　年　　月　　日
最後一次月經開始日期：　　年　　月　　日

產前檢查記錄

身高cm _____
體重kg _____
血壓mmHg _____
胎心音(次/分) _____
（懷孕2個月內免填寫）
尿糖 _____
尿蛋白 _____
浮腫 _____
靜脈曲張 _____

Rh因子 _____
血型 _____
白血球(WBC) _____
紅血球(RBC) _____
血小板(Plt) _____
血球容積比(Hct) _____
血色素(Hb) _____
平均紅血球體積(MCV)
_____
其他 _____

產前檢查結果

☐無特殊發現
☐需注意或異常項目
1. _____ ☐需追蹤 ☐需轉介
2. _____ ☐需追蹤 ☐需轉介
3. _____ ☐需追蹤 ☐需轉介

註：如有不明傷痕，或疑似家庭暴力等情事請依規定通報，並填寫臺灣親密關係暴力危險評估表（TIPVDA量表）（參閱第224頁）

1st Prenatal prenatal examination record

1st Prenatal examination record

(First trimester: Under 17 weeks of pregnancy. Recommended week: Prior to week 12).

Number of pregnancies: _____
Prenatal examination date: _____Year _____Month_____Day
weeks of pregnancy: _____ Weeks
Due Date: _____(yyyy/mm/dd)
The last menstrual cycle started on: ____ ____ ____(yyyy/mm/dd)

Prenatal examination record	Rh factor_____
Height (cm) _____	Blood type_____
Weight (kg) _____	White Blood Bell (WBC)_____
Blood pressure (mmHg) _____	Red Blood Cell (RBC)_____
Fetal heart rate (times/minute): _____	Blood Platelet (Plt)_____
(No need to fill out in first two months of pregnancy)	Hematocrit (Hct)_____
Glucosuria _____	Hemoglobin (Hb)_____
Urine protein _____	Mean Cell Volume (MCV)
Edema _____	_____
Varicose veins _____	Other_____

Prenatal examination findings

☐ No special findings
☐ Areas of attention or abnormality

1._____	☐ need follow up	☐ need referral
2._____	☐ need follow up	☐ need referral
3._____	☐ need follow up	☐ need referral

Note: If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan close relations violence risk evaluation chart (TIPVDA scale) (Refer to P.225)

初次產檢紀錄

初次產檢檢查紀錄
（妊娠第一期：妊娠未滿17週 建議週數：第12週以前）

醫護特別叮嚀：

- ☐11-14週可做第一孕期母血唐氏症篩檢（為自費，檢查結果記錄於第29頁）。
- ☐抽血檢驗德國麻疹抗體檢查、梅毒檢查(檢查結果記錄於第29頁。
- ☐抽血檢驗B型肝炎表面抗原(HBsAg)、B型肝炎e抗原(HBeAg)檢查，檢查時程請參閱第3頁(檢查結果記錄於第29頁)。
- ☐平均紅血球體積MCV為海洋性貧血篩檢的重要依據，請記得向醫師洽詢檢查結果。
  若MCV檢驗平均值小於80，則配偶亦需檢查。
- ☐「對於有糖尿病高風險族群的孕婦建議與醫師討論，應於第一次產檢時加做空腹的血糖(Fasting plasma glucose, FPG)及糖化血色素(HbA1C)之檢驗(為自費)。
- ☐建議免費做孕婦愛滋病毒篩檢服務。

6-8週由超音波可見胎兒心跳。
9-12週五官及重要器官發展。
13-16週胎兒生長狀況：

◎胎兒已完全成形，皮膚呈透明帶粉紅色，胎兒開始會動。

衛教及指導事項

- ☐ 產前檢查項目 (14頁)
- ☐ B型肝炎血液檢查結果 (92頁)
- ☐ 德國麻疹抗體檢測結果 (94頁)
- ☐ 戒菸資訊 (82頁)
- ☐ 孕婦免費愛滋病毒篩檢服務 (106頁)
- ☐ 產前遺傳診斷與補助 (108頁)
- ☐ 女孩男孩一樣好 (118頁)
- ☐ 孕期生活須知 (122頁)
- ☐ 孕期不適處理方式 (126頁)
- ☐ 孕期體重控制與飲食 (132頁)
- ☐ 孕期感染與妊娠合併症 (138頁)
- ☐ 須立即就醫之危險徵兆 (144頁)
- ☐ 母乳哺育、母嬰親善宣導 (170、204頁)

產檢院所：_____
醫師簽名：_____
下次產檢日期：_____
準媽媽簽名：_____

1st Prenatal self check-up record

1st Prenatal self check-up record

(First trimester: Under 17 weeks of pregnancy. Recommended week: Prior to week 12).

Special reminders from the medical staff	Fetus heart beat could be detected by ultrasound from week 6 to 8. The development of the five sense organs and other important organs could be detected by ultrasound from week 9 to 12. Fetus prenatal growth from week13 to 16: ◎The baby is fully formed and the gender can be distinguished. The skin is translucent and light pink, and the baby starts to move around.
☐ Maternal blood Down's syndrome screening for the first trimester could be done from week 11 to 14 (self- funded, results are recorded on page 29). ☐ Blood tests for rubella antibody and syphilis (results are recorded on page 29). ☐ Blood test for HBsAg and HBeAg, test timetable is shown on page 3 (results are recorded on page 29). ☐ MCV is an important indicator of Thalassemia. Please remember to ask the doctor about the test results. If the MCV is less than 80, the spouse also needs to be tested. ☐ Discussion with doctors is suggested for expectant mothers in the diabetes high risk groups. They should conduct tests of fasting plasma glucose (FPG) and HbA1C during the first prenatal check-up (self pay). ☐ Free maternal AIDS screening is recommended.	

Health Education Guide

☐ Prenatal examination list	(P.15)
☐ Blood test results for hepatitis B	(P.93)
☐ Test results for rubella antigen	(P.94)
☐ Information on quitting smoking	(P.83)
☐ Free prenatal AIDS screening	(P.107)
☐ Prenatal hereditary disease screening and subsidy	(P.109)
☐ Girls and boys are equally precious	(P.119)
☐ Notes during pregnancy	(P.123)
☐ How to deal with discomfort during pregnancy	(P.127)
☐ Weight control and diet during pregnancy	(P.133)
☐ Infections and complications during pregnancy	(P.139)
☐ Signs calling for an immediate doctor's visit	(P.145)
☐ Popularization of breastfeeding and nursing	(P.171, 205)

Hospital:_____

Doctor:_____

Next prenatal examination date:_____

Expectant mother's signature:_____

第二次產檢自我檢核紀錄

第二次產檢自我紀錄事項
（妊娠第一期：妊娠未滿17週 建議週數：第16週）
※請準媽媽於接受產前檢查前，務必將下列事項及自我檢核紀錄填寫完整

以下是記錄於____年____月____日（懷孕週數第____週）

1. 準媽媽記錄自覺項目：☐出血 ☐腹痛 ☐頭痛 ☐痙攣
   ☐其他自覺徵狀：_____
2. 我已閱讀的衛教資訊

☐ 產前檢查項目	(14頁)	☐是	☐否
☐ 戒菸資訊	(82頁)	☐是	☐否
☐ 先天性疾病	(88頁)	☐是	☐否
☐ 孕婦免費愛滋病毒篩檢服務	(106頁)	☐是	☐否
☐ 產前遺傳診斷與補助	(108頁)	☐是	☐否
☐ 菸酒害防制	(112頁)	☐是	☐否
☐ 早產防治	(120頁)	☐是	☐否
☐ 孕期生活須知	(122頁)	☐是	☐否
☐ 孕期不適處理方式	(126頁)	☐是	☐否
☐ 孕期體重控制與飲食	(132頁)	☐是	☐否
☐ 孕期感染與妊娠合併症	(138頁)	☐是	☐否
☐ 須立即就醫之危險徵兆	(144頁)	☐是	☐否

3. 心情溫度計
   過去一個月，是否常被情緒低落、憂鬱或感覺未來沒有希望所困擾？ ☐是☐否
   過去一個月，是否常對事物失去興趣或做事沒有愉悅感？ ☐是☐否
   註：如果上述兩個問題的確發生在您的身上時，強烈建議您告訴您的家人或醫師協助。
4. 心情點滴
   家人要叮嚀、鼓勵媽咪的話_____
   _____
   準媽媽要給寶寶的話_____
   _____
5. 此次產檢您想要向醫師詢問的問題或困擾，可記錄於此(如:飲食、運動、生活作息、菸、酒、營養)
   _____
   _____
   _____

註：如果您有勾選上述任何症狀，即可能為高危險妊娠孕產婦，請記得向醫師說明協助診斷，以確保自己和寶寶的安全(請參閱第214頁)

您有無吸菸？ ☐有(請參閱第82頁，**並請戒菸**) ☐沒有

在過去一個禮拜內，您在家的時候，有沒有其他人在您的面前吸菸？
☐有(請參閱第82頁，**並請家人戒菸**) ☐沒有

準媽媽簽名：_____ 家人簽名：_____

孕產婦關懷專線 0800-870870

Second prenatal self check-up record

Second prenatal self check-up record

(First trimester: Under 17 weeks pregnant. Recommended week: week 16).

***Please be sure to fill out the following prior to the prenatal examination.**

The following is recorded on _____(yyyy/mm/dd). weeks of pregnancy: (Week _____)

1. Self checklist:

☐ Bleeding ☐ Abdominal Pain ☐ Headache ☐ Spasm
☐ Other symptoms: _____

2. The health information that I have read:

☐ Prenatal examination list	(P.15)	☐ Yes	☐ No
☐ Information on quitting smoking	(P.83)	☐ Yes	☐ No
☐ Congenital diseases	(P.89)	☐ Yes	☐ No
☐ Free prenatal AIDS screening	(P.107)	☐ Yes	☐ No
☐ Prenatal hereditary disease screening and subsidy	(P.109)	☐ Yes	☐ No
☐ Prevention from smoking and drinking	(P.113)	☐ Yes	☐ No
☐ Prevention of premature births	(P.121)	☐ Yes	☐ No
☐ Notes during pregnancy	(P.123)	☐ Yes	☐ No
☐ How to deal with discomforts during pregnancy	(P.127)	☐ Yes	☐ No
☐ Weight control and diet during pregnancy	(P.133)	☐ Yes	☐ No
☐ Prenatal infections and complications	(P.139)	☐ Yes	☐ No
☐ Warning signs for immediate doctor's visit	(P.145)	☐ Yes	☐ No

3. Mood thermometer

During the past month, were you often in a bad mood, depressed or feel hopeless about the future?
☐ Yes ☐ No

During the past month, did you often lose interest or do not find pleasure in what you were doing?
☐ Yes ☐ No

Note: If you answer yes to both questions above, it is strongly suggested that you tell you family about it or seek doctor's assistance.

4. Thoughts and emotions

Words of encouragement from family members _____

Words to the baby from the expectant mother _____

5. You can write down the questions that you would like to ask the doctor (such as diet, exercise, lifestyle, smoking, drinking and nutrition).

_____

_____

Note: If you checked any of the above symptoms, you could be in high-risk pregnancy. Please remember to seek doctor's advise to ensure the safety of yourself and your baby (please refer to page 215).

Do you smoke? ☐ Yes (please refer to page 83 **and please stop smoking**) ☐ No

Over the past week, is there anyone smoking in front of you when you are at home?
☐ Yes (please refer to page 83 **ask him to stop smoking**) ☐ No

Expectant mother's signature_____ Family member's signature_____

Maternal care hotline 0800-870870

第二次產檢紀錄

第二次產檢檢查紀錄
（妊娠第一期：妊娠未滿17週 建議週數：第16週）

檢查日期：　　年　　月　　日　　懷孕週數：　　週

產前檢查記錄

體重kg _____
血壓mmHg _____
宮底高度cm _____
胎心音(次/分) _____
尿糖 _____
尿蛋白 _____
浮腫 _____
靜脈曲張 _____

產前檢查結果

☐無特殊發現　　☐需注意或異常項目
1. _____　☐需追蹤　☐需轉介
2. _____　☐需追蹤　☐需轉介
3. _____　☐需追蹤　☐需轉介
4. _____　☐需追蹤　☐需轉介

註：如有不明傷痕，或疑似家庭暴力等情事請依規定通報，並填寫臺灣親密關係暴力危險評估表（TIPVDA量表）（參閱第224頁）

醫護特別叮嚀：

☐ 15-20週可做第二孕期母血唐氏症篩檢或羊膜穿刺術(均為自費，衛生福利部提供之產前遺傳診斷補助，詳見108頁)(檢查結果記錄於第20頁)

17-20週胎兒生長狀況：

◎ 開始有胎動的感覺，頭部約佔總體長的1/3，骨骼快速發育，手臂與腳成比例，胎兒開始製造胎便。胎兒身長約25公分，體重約250-500公克。

衛教及指導事項

☐ 戒菸資訊 (82頁)
☐ 先天性疾病 (88頁)
☐ 產前遺傳診斷與補助 (108頁)
☐ 菸酒害防制 (112頁)
☐ 女孩男孩一樣好 (118頁)
☐ 早產防治 (120頁)
☐ 孕期不適處理方式 (126頁)
☐ 孕期體重控制與飲食 (132頁)
☐ 孕期感染與妊娠合併症 (138頁)
☐ 須立即就醫之危險徵兆 (144頁)

產檢院所：_____
醫師簽名：_____
下次產檢日期：_____
準媽媽簽名：_____

Second prenatal examination record

Second prenatal examination record

(First trimester: Under 17 weeks pregnant. Recommended week: Week 16).

Prenatal examination date: _____Year _____Month_____Day
weeks of pregnancy: _____ Weeks

Prenatal examination record

Weight (kg) _____
Blood pressure (mmHg) _____
Fundal height (cm)_____
Fetal heart rate (times/minute): _____
Glucosuria _____
Urine protein _____
Edema _____
Varicose veins _____

Prenatal examination findings

☐ No special findings
☐ Areas of attention or abnormality
1._____ ☐ need follow up ☐ need referral
2._____ ☐ need follow up ☐ need referral
3._____ ☐ need follow up ☐ need referral
4._____ ☐ need follow up ☐ need referral

Note: If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan close relations violence risk evaluation chart (TIPVDA scale) (Refer to page 225)

Reminders from the medical staff

☐ Between weeks 15 and 20, expectant mothers can go through the maternal blood Down's syndrome screening for the second trimester or amniocentesis. (These are not covered by the Ministry of Health and Welfare provides subsidy to certain prenatal examination. Please refer to page 109).
(Record the examination results on page 21.)

From weeks 17 to 20 fetus prenatal growth:

◎Fetal movement is more evident. The head takes up about 1/3 of the total body length. The bones are growing rapidly. The length of the arms and legs are proportional. The baby is starting to produce meconium. The fetus is about 25 cm in length and weighs about 250 to 500g.

Health Education Guide

☐ Information on quitting smoking (P.83)
☐ Congenital diseases (P.89)
☐ Prenatal hereditary disease screening and subsidy (P.109)
☐ Prevention from smoking and drinking (P.113)
☐ Girls and boys are equally precious (P.119)
☐ Prevention of premature births (P.121)
☐ How to deal with discomforts during pregnancy (P.127)
☐ Weight control and diet during pregnancy (P.133)
☐ Prenatal infections and complications (P.139)
☐ Warning signs for immediate doctor's visit (P.145)

Hospital:_____
Doctor:_____
Next prenatal examination date:_____
Expectant mother's signature:_____

第三次產檢自我檢核紀錄

第三次產檢自我紀錄事項
（妊娠第二期：妊娠17週未滿29週 建議週數：第20週）
※請準媽媽於接受產前檢查前，務必將下列事項及自我檢核紀錄填寫完整

以下是記錄於____年____月____日（懷孕週數第____週）

1. 準媽媽記錄自覺項目：☐出血 ☐腹痛 ☐頭痛 ☐痙攣
   ☐其他自覺徵狀：_____
2. 我已閱讀的衛教資訊

☐ 戒菸資訊	(82頁)	☐是	☐否
☐ 胎兒超音波篩檢說明	(100頁)	☐是	☐否
☐ 早產防治、高危險妊娠	(120、214頁)	☐是	☐否
☐ 孕期不適處理方式	(126頁)	☐是	☐否
☐ 孕期體重控制與飲食	(132頁)	☐是	☐否
☐ 孕期感染與妊娠合併症	(138頁)	☐是	☐否
☐ 須立即就醫之危險徵兆	(144頁)	☐是	☐否
☐ 母乳哺育	(170頁)	☐是	☐否

3. 心情溫度計
   過去一個月，是否常被情緒低落、憂鬱或感覺未來沒有希望所困擾？ ☐是☐否
   過去一個月，是否常對事物失去興趣或做事沒有愉悅感？ ☐是☐否
   註：如果上述兩個問題的確發生在您的身上時，強烈建議您告訴您的家人或醫師協助。
4. 心情點滴
   家人要叮嚀、鼓勵媽咪的話_____
   _____
   準媽媽要給寶寶的話_____
   _____
5. 此次產檢您想要向醫師詢問的問題或困擾，可記錄於此(如:飲食、運動、生活作息、菸、酒、營養)
   _____
   _____
   _____

註：如果你有勾選上述任何症狀，即可能為高危險妊娠孕產婦，請記得向醫師說明協助診斷，以確保自己和寶寶的安全(請參閱第214頁)

您有無吸菸？ ☐有(請參閱第82頁，**並請戒菸**) ☐沒有

在過去一個禮拜內，您在家的時候，有沒有其他人在您的面前吸菸？
☐有(請參閱第82頁，**並請家人戒菸**) ☐沒有

準媽媽簽名：_____ 家人簽名：_____

孕產婦關懷專線 0800-870870

3rd prenatal self check-up record

3rd prenatal self check-up record

(Second trimester: Over 17 weeks and under 29 weeks pregnant.

Recommended week: Week 20).

*Please fill out the following as well as the self check-up record in detail prior to the prenatal examination.

The following is recorded on _____(yyyy/mm/dd). weeks of pregnancy: (Week _____)

1. Self checklist:

☐ Bleeding ☐ Abdominal Pain ☐ Headache ☐ Spasm

☐ Other symptoms: _____

2. The health information that I have read:

☐ Information on quitting smoking	(P.83)	☐ Yes ☐ No
☐ Overview on fetal ultrasound	(P.101)	☐ Yes ☐ No
☐ Prevention of premature births, High risk pregnancy	(P.121,215)	☐ Yes ☐ No
☐ How to deal with prenatal discomforts	(P.127)	☐ Yes ☐ No
☐ Weight control and diet during pregnancy	(P.133)	☐ Yes ☐ No
☐ Prenatal infections and complications	(P.139)	☐ Yes ☐ No
☐ Warning signs for immediate doctor's visit	(P.145)	☐ Yes ☐ No
☐ Breastfeeding	(P.171)	☐ Yes ☐ No

3. Mood thermometer

During the past month, were you often in a bad mood, depressed or feel hopeless about the future?

☐ Yes ☐ No

During the past month, did you often lose interest or do not find pleasure in what you were doing?

☐ Yes ☐ No

Note: If you answer yes to both questions above, it is strongly suggested that you tell you family about it or seek doctor's assistance.

4. Thoughts and emotions

Words of encouragement from family members _____

Words to the baby from the expectant mother _____

5. You can write down the questions that you would like to ask the doctor (such as diet, exercise, lifestyle, smoking, drinking and nutrition).

_____

Note: If you checked any of the above symptoms, you could be in high-risk pregnancy. Please remember to seek doctor's advise to ensure the safety of yourself and your baby (please refer to p. 215).

Do you smoke? ☐ Yes (please refer to page 83 **and please stop smoking**) ☐ No

Over the past week, is there anyone smoking in front of you when you are at home?

☐ Yes (please refer to page 83 **ask him to stop smoking**) ☐ No

Expectant mother's signature_____ Family member's signature_____

Maternal care hotline 0800-870870

第三次產檢紀錄

第三次產檢檢查紀錄
（妊娠第二期：妊娠17週未滿29週 建議週數：第20週）

檢查日期：　　年　　月　　日　　懷孕週數：　　週

產前檢查記錄

體重kg _____
血壓mmHg _____
宮底高度cm _____
胎心音(次/分) _____
胎位 _____
尿糖 _____
尿蛋白 _____
浮腫 _____
靜脈曲張 _____

產前檢查結果

☐無特殊發現　☐需注意或異常項目
1. _____ ☐需追蹤 ☐需轉介
2. _____ ☐需追蹤 ☐需轉介
3. _____ ☐需追蹤 ☐需轉介
4. _____ ☐需追蹤 ☐需轉介

註：如有不明傷痕，或疑似家庭暴力等情事請依規定通報，並填寫臺灣親密關係暴力危險評估表（TIPVDA量表）（參閱第224頁）

醫護特別叮嚀：

☐ 超音波檢查(因特殊情況無法檢查者可在懷孕第三期檢查)(檢查報告黏貼於第24頁)。

21-24週胎兒生長狀況：

◎ 胎兒鼻孔會打開，開始練習呼吸。也會聽聲音了，可以跟他說話噢！

衛教及指導事項

☐戒菸資訊 (82頁)
☐胎兒超音波篩檢說明 (100頁)
☐早產防治、高危險妊娠 (120、214頁)
☐孕期不適處理方式 (126頁)
☐孕期體重控制與飲食 (132頁)
☐孕期感染與妊娠合併症 (138頁)
☐須立即就醫之危險徵兆 (144頁)
☐母乳哺育 (170頁)
☐要餵母乳　☐需要母乳哺育教戰手冊
　　☐需要母乳哺育諮詢
☐不餵母乳　☐需要配方奶指導

產檢院所：_____
醫師簽名：_____
下次產檢日期：_____
準媽媽簽名：_____

3rd prenatal examination record

3rd prenatal examination record

(Second trimester: Over 17 weeks and under 29 weeks pregnant.

Recommended week: Week 20).

Prenatal examination date: _____Year _____Month_____Day

weeks of pregnancy: _____ Weeks

Prenatal examination record

Weight (kg) _____

Blood pressure (mmHg) _____

Fundal height (cm)_____

Fetal heart rate (times/minute): _____

Fetal position _____

Glucosuria _____

Urine protein _____

Edema _____

Varicose veins _____

Prenatal examination findings

☐ No special findings

☐ Areas of attention or abnormality

1._____ ☐ need follow up ☐ need referral

2._____ ☐ need follow up ☐ need referral

3._____ ☐ need follow up ☐ need referral

4._____ ☐ need follow up ☐ need referral

Note: If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan close relations violence risk evaluation chart (TIPVDA scale) (Refer to page 225)

Reminders from the medical staff

☐ Ultrasonic inspection (those who cannot be checked due to special circumstances can conduct this inspection in the third trimester).(Check-up reports are pasted on page 25)

from weeks 21 to 24 fetus prenatal growth

◎The baby's nostrils are now open and it practices breathing.The baby can also hear sounds so you can speak to the baby!

Health Education Guide

☐ Information on quitting smoking (P. 83)

☐ Overview on fetal ultrasound (P.101)

☐ Prevention of premature births, High risk pregnancy (P.121, 215)

☐ How to deal with discomforts during pregnancy (P.127)

☐ Weight control and diet during pregnancy (P.133)

☐ Prenatal infections and complications (P.139)

☐ Warning signs for immediate doctor's visit (P.145)

☐ Breastfeeding (P.171)

☐ Will breastfeed ☐ Need breastfeeding booklet

☐ Need breastfeeding guidance

☐ Will not breastfeed ☐ Need guidance on baby formula

Hospital:_____

Doctor:_____

Next prenatal examination date:_____

Expectant mother's signature:_____

第四次產檢自我檢核紀錄

第四次產檢自我紀錄事項
（妊娠第二期：妊娠17週未滿29週 建議週數：第28週）
※請準媽媽於接受產前檢查前，務必將下列事項及自我檢核紀錄填寫完整

以下是記錄於____年____月____日（懷孕週數第____週）

1. 準媽媽記錄自覺項目：☐出血 ☐腹痛 ☐頭痛 ☐痙攣
   ☐其他自覺徵狀：_____
2. 我已閱讀的衛教資訊

☐ 戒菸資訊	(82頁)	☐是	☐否
☐ 胎兒超音波篩檢說明	(100頁)	☐是	☐否
☐ 早產防治、高危險妊娠	(120、214頁)	☐是	☐否
☐ 孕期生活須知	(122頁)	☐是	☐否
☐ 孕期不適處理方式	(126頁)	☐是	☐否
☐ 孕期體重控制與飲食	(132頁)	☐是	☐否
☐ 孕期感染與妊娠合併症	(138頁)	☐是	☐否
☐ 須立即就醫之危險徵兆	(144頁)	☐是	☐否
☐ 產前運動	(154頁)	☐是	☐否
☐ 母乳哺育	(170頁)	☐是	☐否

3. 心情溫度計
   過去一個月，是否常被情緒低落、憂鬱或感覺未來沒有希望所困擾？ ☐是☐否
   過去一個月，是否常對事物失去興趣或做事沒有愉悅感？ ☐是☐否
   註：如果上述兩個問題的確發生在您的身上時，強烈建議您告訴您的家人或醫師協助。
4. 心情點滴
   家人要叮嚀、鼓勵媽咪的話_____
   _____
   準媽媽要給寶寶的話_____
   _____
5. 此次產檢您想要向醫師詢問的問題或困擾，可記錄於此(如:飲食、運動、生活作息、菸、酒、營養)
   _____
   _____
   _____

註：如果您有勾選上述任何症狀，即可能為高危險妊娠孕產婦，請記得向醫師說明協助診斷，以確保自己和寶寶的安全(請參閱第214頁)

您有無吸菸？ ☐有(請參閱第82頁，**並請戒菸**) ☐沒有

在過去一個禮拜內，您在家的時候，有沒有其他人在您的面前吸菸？
☐有(請參閱第82頁，**並請家人戒菸**) ☐沒有

準媽媽簽名：_____ 家人簽名：_____

孕產婦關懷專線 0800-870870

4th prenatal self check-up record

4th prenatal self check-up record

(Second trimester: Over 17 weeks and under 29 weeks pregnant. Recommended week: Week 28).

*Please fill out the following as well as the self check-up record in detail prior to the prenatal examination.

The following is recorded on _____(yyyy/mm/dd). weeks of pregnancy: (Week _____)

1. Self check list:

☐ Bleeding ☐ Abdominal Pain ☐ Headache ☐ Spasm

☐ Other symptoms:_____

2. The health information that I have read:

☐ Information on quitting smoking	(P.83)	☐ Yes	☐ No
☐ Overview on fetal ultrasound	(P.101)	☐ Yes	☐ No
☐ Prevention of premature births, High risk pregnancy	(P.121,215)	☐ Yes	☐ No
☐ Notes during pregnancy	(P.123)	☐ Yes	☐ No
☐ How to deal with discomforts during pregnancy	(P.127)	☐ Yes	☐ No
☐ Weight control and diet during pregnancy	(P.133)	☐ Yes	☐ No
☐ Prenatal infections and complications	(P.139)	☐ Yes	☐ No
☐ Warning signs for immediate doctor's visit	(P.145)	☐ Yes	☐ No
☐ Prenatal exercise	(P.155)	☐ Yes	☐ No
☐ Breastfeeding	(P.171)	☐ Yes	☐ No

3. Mood thermometer

During the past month, were you often in a bad mood, depressed or feel hopeless about the future?

☐ Yes ☐ No

During the past month, did you often lose interest or do not find pleasure in what you were doing?

☐ Yes ☐ No

Note: If you answer yes to both questions above, it is strongly suggested that you tell you family about it or seek doctor's assistance.

4. Thoughts and emotions

Words of encouragement from family members _____

Words to the baby from the expectant mother _____

5. You can write down the questions that you would like to ask the doctor (such as diet, exercise, lifestyle, smoking, drinking and nutrition).

_____

Note: If you checked any of the above symptoms, you could be in high-risk pregnancy. Please remember to seek doctor's advise to ensure the safety of yourself and your baby (please refer to page 215).

Do you smoke? ☐ Yes (please refer to page 83 **and please stop smoking**) ☐ No

Over the past week, is there anyone smoking in front of you when you are at home?

☐ Yes (please refer to page 83 **ask him to stop smoking**) ☐ No

Expectant mother's signature_____

Family member's signature_____

Maternal care hotline 0800-870870

第四次產檢紀錄

第四次產檢檢查紀錄
（妊娠第二期：妊娠17週未滿29週 建議週數：第28週）

檢查日期：　　年　　月　　日　　懷孕週數：　　週

產前檢查記錄

體重kg _____
血壓mmHg _____
宮底高度cm _____
胎心音(次/分) _____
胎位 _____
尿糖 _____
尿蛋白 _____
浮腫 _____
靜脈曲張 _____

產前檢查結果

☐無特殊發現　　☐需注意或異常項目
1. _____　☐需追蹤　☐需轉介
2. _____　☐需追蹤　☐需轉介
3. _____　☐需追蹤　☐需轉介
4. _____　☐需追蹤　☐需轉介

註：如有不明傷痕，或疑似家庭暴力等情事請依規定通報，並填寫臺灣親密關係暴力危險評估表（TIPVDA量表）（參閱第224頁）

醫護特別叮嚀：

☐ 24-28週需要時可做妊娠糖尿病篩檢(自費，檢查結果記錄於第20頁，資訊參閱第30頁)
☐「產前教育課程」。

25-28週胎兒生長狀況：

◎ 皮膚呈紅色皺摺，皮下脂肪開始沉積，有睡眠與活動交替現象，對外界聲音有反應。若在此時生產，因身體發育尚未成熟，故不容易照料。

衛教及指導事項

☐戒菸資訊　(82頁)
☐胎兒超音波篩檢說明　(100頁)
☐早產防治、高危險妊娠　(120、214頁)
☐孕期生活須知　(122頁)
☐孕期不適處理方式　(126頁)
☐孕期體重控制與飲食　(132頁)
☐孕期感染與妊娠合併症　(138頁)
☐須立即就醫之危險徵兆　(144頁)
☐產前運動　(154頁)
☐母乳哺育　(170頁)

產檢院所：_____
醫師簽名：_____
下次產檢日期：_____
準媽媽簽名：_____

4th prenatal examination record

4th prenatal examination record

(Second trimester: Over 17 weeks and under 29 weeks pregnant. Recommended week: Week 28).

Prenatal examination date: _____Year _____Month_____Day
weeks of pregnancy: _____ Weeks

Prenatal examination record	Prenatal examination findings
Weight (kg) _____ Blood pressure (mmHg) _____ Fundal height (cm)_____ Fetal heart rate (times/minute): _____ Fetal position _____ Glucosuria _____ Urine protein _____ Edema _____ Varicose veins _____	☐ No special findings ☐ Areas of attention or abnormality 1._____ ☐ need follow up ☐ need referral 2._____ ☐ need follow up ☐ need referral 3._____ ☐ need follow up ☐ need referral 4._____ ☐ need follow up ☐ need referral Note: If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan close relations violence risk evaluation chart (TIPVDA scale) (Refer to page 225)
Reminders from the medical staff ☐ If necessary, a gestational diabetes screening can be conducted during the 24th to 28th week (at your own expense; results are recorded on page 21; for detailed information please refer to page 31) ☐ "Prenatal education curriculum"	**From weeks 25 to 28 fetus prenatal growth:** ◎The skin is red and creased. The babies born at this time would be difficult to take care of because their bodies are not yet fully developed.

Health Education Guide

- ☐ Information on quitting smoking (P. 83)
- ☐ Overview on fetal ultrasound (P. 101)
- ☐ Prevent premature birth, high risk pregnancy (P. 121, 215)
- ☐ Notes during pregnancy (P. 123)
- ☐ Dealing with prenatal discomforts (P. 127)
- ☐ Weight control and diet during pregnancy (P. 133)
- ☐ Infections and complications during pregnancy (P. 139)
- ☐ Danger signs for immediate doctor's visi t. (P. 145)
- ☐ Prenatal Exercise (P.155)
- ☐ Breastfeeding (P.171)

Hospital:_____
Doctor:_____
Next prenatal examination date:_____
Expectant mother's signature:_____

第2次孕婦產前健康照護衛教指導記錄表(第29週-第40週)

(懷孕週數，第_____週)【本項服務由菸品健康福利捐補助】 病歷號

基本資料	由準媽媽填寫	姓名			出生日期				_____年____月____日				
		身分證字號 (外籍人士護照號碼)											
		聯絡地址											
		聯絡方式	手機:_____ 住家:(　　)-_____										
		身高_____公分	懷孕前體重_____公斤		目前體重_____公斤			血色素_____ gm/dl (請填寫第1次產檢的檢驗數值)					
		註明：如已接受第一次衛教指導，以上欄位免填 目前是否有接受社會福利補助情況:(可複選) □0.否，□1.中低收入戶補助，□2.低收入戶補助，□3.特殊境遇家庭補助， □4.兒少生活補助（項目：____；人數：__），□5.其他_____ 有下列情況之懷孕婦女: □1.未婚懷孕婦女，□2.身心障礙懷孕婦女，□3.其他_____											
健康行為		1.您目前是否吸菸？ □0.否，□1.偶爾或應酬才吸，□2.平均一天約吸一包菸（20支）以下， □3.平均一天約吸一包菸以上 2.您是否特別注意遠離二手菸的環境？ □0.否，□1.是，□2.週遭環境沒有二手菸 3.您目前是否喝酒？ □0.否，□1.偶爾或應酬才喝，□2.經常喝 4.您是否嚼檳榔？ □ 0.否，□1.偶爾或應酬才嚼，□2.經常嚼 5.您是否曾使用毒品？ □0.否，□1.是 6.心情溫度計： □是，□否 1.過去一個月，是否常被情緒低落、憂鬱或感覺未來沒有希望所困擾？ □是，□否 2.過去一個月，是否常對事物失去興趣或做事沒有愉悅感？											
		※本資料將用於衛生福利政策評估，供衛生保健及社政單位關懷訪視服務使用。 □1.同意，□2.不同意。											
孕產醫療史		過去是否有相關孕產醫療史 □0.否，□1.是（請於下列□進行勾選）。 □(1)妊娠期高血壓疾病，□(2)前置胎盤，□(3)羊水過多或過少，□(4)胎兒生長限制，□(5)胎盤功能異常，□(6)胎兒體重過重(大於4200gm)，□(7)孕婦本人及一等親屬罹患遺傳疾病，□(8)嚴重合併症：（請於下列□進行勾選） □8-1心臟病；□8-2腎臟疾病；□8-3血液系統疾病；□8-4肝臟疾病；□8-5活動性肺結核；□8-6妊娠糖尿病；□8-7甲狀腺功能亢進症；□8-8精神病或神經系統疾病；□8-9妊娠合併免疫系統疾病；□8-10卵巢或子宮腫瘤；□8-11孕期感染性疾病；□8-12性傳染病（含愛滋病）；□8-13其他嚴重內外科疾病 □(9)骨盆異常，□(10)子宮、產道異常，□(11)其他											
		※如有上述孕產醫療史情形，請就診院所提供醫療服務或轉介至中、重度級急救責任醫院。											

The second prenatal health care and instruction record (from weeks 29 to 40)

(weeks of pregnancy,____week) {this service is sponsored by the Ministry of Health and Welfare} Medical record

Basic information — Filled in by by expectant mother

Name			Date of birth				_____MM/_____DD/_____YY			
ID number (Passport number for foreigners)										
Address										
Contact	Cellphone:_____ Home address:( )-_____									
Height ___ cm	Weight before pregnancy_____kg		Current weight_____ kg				Hemochrome _____ gm/dl (Please fill in the test results of the first prenatal check-up)			

Note:If you have already received the first prenatal health care and instructions, the above blanks need not be filled.

Current situation of receiving social welfare:(multiple choice)

☐ 0.None, ☐ 1.Middle-and-low-income subsidy, ☐ 2.Low-income subsidy,
☐ 3. Subsidy of families under special circumstances,
☐ 4. Children subsistence subsidy, (item:____; number of people:__), ☐ 5. Others____

Pregnant women with the following situations:

☐ 1. Unmarried pregnant women, ☐ 2. Disabled pregnant women, ☐3. Others_____

Health Conduct

1. Do you smoke at present?
   ☐ 0. No, ☐1. Seldom or only smoke when I must, ☐ 2. Less than a package (20 cigarettes)a day on average ☐ 3. More than a package a day on average
2. Do you pay special attention to avoid second-hand smoke environment?
   ☐ 0. No, ☐ 1. Yes, ☐ 2. There is no second-hand smoke around
3. Do you drink alcohol at present?
   ☐ 0. No, ☐ 1.Seldom or only drink when I must, ☐ 2. Often
4. Do you chew Betel Nuts?
   ☐ 0. No, ☐ 1.Seldom or only drink when I must, ☐ 2. Often
5. Have you ever taken drugs?
   ☐ 0.No, ☐ 1. Yes
6. Anxiety test:
   ☐ Yes, ☐ No 1. In the past month, have you been disturbed with depression, anxiety or hopelessness?
   ☐ Yes, ☐ No 2.In the past month, have you lost interests or sense of pleasure of things?

※This material is used for evaluation of health welfare policy and serves for health care as well as care and visits by government institutions. ☐1.Yes, ☐2.No.

Prenatal medical care history

Do you have a previous pregnancy or delivery medical care history?

☐0. No,☐1. Yes (Please tick in the following ☐).

☐(1)Gestational hypertension, ☐(2)Placenta previa, ☐(3)Excessive or low amniotic fluid, ☐(4)Fetal growth restrictions, ☐(5)Placenta dysfunction, ☐(6)Fetus overweight (above 4200 gm), ☐(7)Hereditary diseases in pregnant women or her first-degree relatives, ☐(8)Severe complications: (Please tick the following ☐ as appropriate).

☐8-1Heart disease; ☐8-2Kidney disease; ☐8-3Hematological disease; ☐8-4Liver disease; ☐8-5Active tuberculosis; ☐8-6Gestational diabetes; ☐8-7Hyperthyroidism; ☐8-8Mental disease or nervous system disease; ☐8-9Pregnancy with immune system disease; ☐8-10 Ovarian or uterine tumor; ☐8-11Gestational infectious disease; ☐8-12 Sexually transmitted disease (including AIDS); ☐8-13 Other severe medical or surgical diseases

☐(9)Abnormal pelvis, ☐(10)Abnormal uterine, birth canal, ☐(11)Others

* Hospitals should provide pregnant women under the circumstances mentioned above with medical care or refer them to medium and severe emergency hospitals.

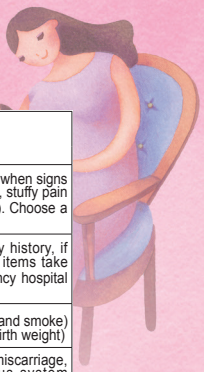
衛教主題	重點	準媽媽自我評估		醫事人員指導重點
		清楚	不清楚	
1. 維持母胎安全 (參閱手冊-讓寶寶安全的成長)	早產徵兆	□	□	□知道懷孕末期若出現早產之徵兆（陰道出血、腹部悶痛、持續子宮收縮、破水）時，應立即就醫。選擇設有新生兒加護病房的醫院待產或生產。
		□	□	□知道本身的健康資料、疾病史及孕產醫療史狀況，如有醫師告知：出現孕產醫療史1至11項之一者，請選擇至就近的中、重度級急救責任醫院接受診治或安胎。
	危害物質	□	□	□遠離菸(含二手菸)對母嬰健康之危害(流產、早產、出生低體重)
		□	□	□知道酒對母嬰健康之危害(流產、早產、死產、出生低體重、中樞神經異常)。
		□	□	□知道檳榔對母嬰健康之危害(流產、早產、死產、出生低體重)。
		□	□	□本次懷孕吸菸者，轉介戒菸門診之成效。
2. 孕期營養 (參閱手冊-吃出健康)	體重控制	□	□	□知道孕期體重增加要依孕前體重做適度調整，以增加10-14公斤為宜，並注意增加的速度。
	均衡飲食	□	□	□知道優先攝取天然食物，避免攝取加工食品、高油高熱量及空熱量食物(如:含糖飲料)。
3. 生產準備計畫 (參閱手冊-寶寶的誕生)	多元友善生產	□	□	□依準媽媽健康狀況，評估及規劃合宜的生產方式。
		□	□	□不選擇無醫療適應症之剖腹生產。
		□	□	□知道懷孕生產是正常的生理過程，經由參加產前教育可以協助做生產的準備與因應生產過程的陣痛。
		□	□	□知道接近生產期之徵象如：輕鬆感、落紅或現血、陣痛或腰酸、破水(由陰道流出多量液體)、強烈便意感及陣痛之因應
4. 母乳哺育 (參閱手冊-最貼心的哺育方式)	母乳哺育指導	□	□	□知道母乳提供新生兒和嬰兒最佳的營養。 哺餵母乳對母嬰健康有助益(對母親好處為：產後出血少、維持身材、減少罹患卵巢癌及乳癌、自然避孕效果好、降低骨質疏鬆風險； 對嬰兒好處為：營養完整，容易吸收減少腸胃炎，增強免疫力與智力，寶寶不易胖。)
		□	□	□知道產後即刻母嬰皮膚接觸及親子同室，可促進乳汁分泌及子宮收縮，減少產後出血及母嬰感染；增進早期親子關係的建立，讓寶寶體溫及情緒穩定，有助於腦部發展。
		□	□	□無法哺餵母乳的媽媽，不要給自己太大的壓力，所有的媽媽都願意為寶寶付出，愛寶寶方式有很多種，哺餵母乳是其中的一種，只要能給予充分的愛都是好媽媽。
5. 孕期心理適應 (參閱手冊-認識產後憂鬱症及防治	孕期心理適應指導	□	□	□新手媽媽照顧新生兒時，需利用嬰兒睡眠時，多讓自己的身體獲得適度休息，不要過度疲憊或睡眠不足。
		□	□	□可商請其他家人協助分擔家事清潔等勞力工作，及情況許可下每天撥一小段時間外出散步，給自己喘息休息的機會。
		□	□	□適度向家人或親朋好友說出感受，尋求幫忙或與其他產後媽媽分享彼此經驗與心情。

※紅框內之欄位，請醫護人員協助準媽媽們於衛教指導前先行填寫，以供醫事人員參考。
※返家後，若有孕產諮詢需求，請多加運用全國免付費孕產婦關懷專線0800-870870或孕產婦關懷網站 http://mammy.hpa.gov.tw。

醫療院所/助產所名稱及代碼	醫師/助產人員簽章： 指導日期____年____月____日	孕婦簽名：

備註：
1. 本衛教指導內容由衛生福利部國民健康署及臺灣婦產科醫學會、臺灣母胎醫學會、臺灣周產期醫學會、臺灣護理學會、臺灣助產學會、及中華民國營養師公會全國聯合會共同研擬。
2. 本次衛教指導之建議指導懷孕週數為29週以上，依孕婦健康需求執行，可搭配第5次（含）至第10次孕婦產檢任一次（補助時程為第3孕期）執行指導，請參閱孕婦健康手冊內容予以衛教。

Health chronicle



Medical education Theme	Key points	Self-evaluation of expectant mothers: Clear	Self-evaluation of expectant mothers: Not clear	Focused medical staff' s instructions
1. Safeguard the mothers and fetus (refer to - let babies grow safely booklet)	Signs of premature birth	☐	☐	☐ Recognize/Identify the signs of when to go to a doctor immediately when signs of premature birth appear at the end of pregnancy (vaginal bleeding, stuffy pain in the lower abdomen, constant uterine contraction, water breaking). Choose a hospital with Neonatal ICU to wait for delivery or for delivery.
		☐	☐	☐ Know your own health materials, medical history and pregnancy history, if informed by doctors: when one of the eleven pregnancy history items take place, please choose the nearest medium to severe level emergency hospital for treatment or miscarriage prevention.
	Hazardous Materials	☐	☐	☐ Keep away from the harmful effects of smoking (including second- hand smoke) to mother's and children's health(miscarriage, premature birth, low birth weight)
		☐	☐	☐ Know the ill-effects of alcohol to the mother's and child's health(miscarriage, premature birth, still birth, low birth weight, central nervous system abnormalities).
		☐	☐	☐ Know the harmful effects of areca-nut to mother's and children's health (miscarriage, premature birth, still birth, low birth weight).
		☐	☐	☐ The efficacy of referring the pregnant women who are current smokers to a smoking cessation clinic.
2. Pregnancy nutrition (Refer to - Achieve health through diet habits booklet)	Weight control	☐	☐	☐ Know that the weight gained during pregnancy should be adjusted according to the weight before gestation. It is proper to gain 10-14 kg of weight and to keep increasing rate in check.
	Balanced diet	☐	☐	☐ Understand that natural food has the priority. Processed food and those with high oil and high calorie content as well as empty calorie food (such as, sugar-sweetened beverages) should be avoided.
3. Preparations and plans for delivery (refer t o- The birth of the baby booklet)	Multiple friendly delivery	☐	☐	☐ Evaluate and plan the appropriate delivery method based on the expectant mother's health.
		☐	☐	☐ Do not choose a C-section without a medical indication.
		☐	☐	☐ Understand that pregnancy and delivery are normal processes and that participation in the pre-delivery education could help you prepare better for the delivery process and thus somewhat help to relieve labor pains.
		☐	☐	☐ Identify/ recognize the signs imminent to delivery such as: sense of relaxation, bleeding, pains or soreness of the waist, water breaking (great amount of fluid coming out of the vagina), a strong desire to defecate and labor pains
4. Breastfeeding (refer to - The best way to nurture the baby booklet)	Guidance for breastfeeding	☐	☐	☐ Breast milk can provide newborns and infants with the best nutrition. Breastfeeding is beneficial to the health of mothers and babies (For mothers: it can reduce postnatal bleeding, keep her fit, reduce the chances of ovarian cancer and breast cancer, provide a more efficient natural contraception and decrease the risk of osteoporosis; in case of babies: it can supply a whole set of nutrition, reduce the occurrence of gastroenteritis due to easy absorption, increase immunity and intelligence and make babies less prone to be obese).
		☐	☐	☐ The skin touch between the mother and the baby soon after delivery and keeping them in the same room can promote breast milk secretion and uterine contraction, reduce postnatal bleeding and infection of both the mother and the baby. Enhances the bond of parenthood at an early age and keeps the baby's temperature and mood stable which is helpful to their brain development.
		☐	☐	☐ In case of mothers who are not able to provide breast milk, they need not push themselves too hard. All mothers are willing to sacrifice for their babies. There are plenty of ways to express your love and breastfeeding is just one of them. Those who give unconditional love are considered good moms.
5. Mental adaptation during pregnancy (refer to - Getting to know about post-partum depression and its prevention and treatment)	Mental adaptation guidance during pregnancy	☐	☐	☐ New mothers taking care of their babies need to remember to try and get some rest when the babies are asleep and do not be over exhausted or sleep deprived.
		☐	☐	☐ Family members should try to share the chores around the house as much as possible. Also, a reminder needs to be given to the mothers to try to lower the standards of cleanliness around the house a little. If possible, mothers should take some time out each day to take a walk and give themselves a break.
		☐	☐	☐ Mothers need to express feelings to the family and friends when needed and seek their help. If possible, share the experience and thoughts with other mothers who just gave birth as well.

* Red blanks should be filled in by expectant mothers under the medical guidance of medical staff which could be used as reference for doctors.
* After discharge, if you need postnatal counseling, please call or visit the national toll-free maternal care hotline0800-870870 or website http://mammy.hpa.gov.tw.

Name and code of hospital/delivery clinic	Signature and seal of doctor/birth attendant: Date of guidance____year____month____day	Signature of the expectant mother:

Note:
1. This material is co-researched by the Health Promotion Administration, Ministry of Health and Welfare, Taiwan Association of Obstetrics and Gynecology, Taiwan Society of Mother and Fetus Medicine, Taiwan Society of Perinatal Period Medicine, Taiwan Nursing Association, Taiwan Midwifery Association and the Chinese Union of Dietitians Association.
2. Suggestions in this medical education are suitable for those with more than 29 gestational weeks and should be conducted in accordance with the health and fitness needs of the expectant mothers. It can be carried out together with one of the prenatal examination from the 5th to the 10th week of pregnancy. Please refer to the relevant contents in the Maternal Health Handbook.

第五次產檢自我檢核紀錄

第五次產檢自我紀錄事項
（妊娠第三期：妊娠29週以上 建議週數：第32週）
※請準媽媽於接受產前檢查前，務必將下列事項及自我檢核紀錄填寫完整

以下是記錄於____年____月____日（懷孕週數第____週）

1. 準媽媽記錄自覺項目：□出血 □腹痛 □頭痛 □痙攣
   □其他自覺徵狀：_____
2. 我已閱讀的衛教資訊

□ 戒菸資訊	(82頁)	□是	□否
□ 早產防治、高危險妊娠	(120、214頁)	□是	□否
□ 孕期不適處理方式	(126頁)	□是	□否
□ 孕期體重控制與飲食	(132頁)	□是	□否
□ 孕期感染與妊娠合併症	(138頁)	□是	□否
□ 須立即就醫之危險徵兆	(144頁)	□是	□否
□ 認識產後憂鬱症	(146頁)	□是	□否
□ 產前運動	(154頁)	□是	□否
□ 母乳哺育	(170頁)	□是	□否
□ 產前用品準備	(186頁)	□是	□否

3. 心情溫度計
   過去一個月，是否常被情緒低落、憂鬱或感覺未來沒有希望所困擾？ □是□否
   過去一個月，是否常對事物失去興趣或做事沒有愉悅感？ □是□否
   註：如果上述兩個問題的確發生在您的身上時，強烈建議您告訴您的家人或醫師協助。
4. 心情點滴
   家人要叮嚀、鼓勵媽咪的話_____
   _____
   準媽媽要給寶寶的話_____
   _____
5. 此次產檢您想要向醫師詢問的問題或困擾，可記錄於此(如:飲食、運動、生活作息、菸、酒、營養)
   _____
   _____
   _____

註：如果您有勾選上述任何症狀，即可能為高危險妊娠孕產婦，請記得向醫師說明協助診斷，以確保自己和寶寶的安全(請參閱第214頁)

您有無吸菸？ □有(請參閱第82頁，**並請戒菸**) □沒有

在過去一個禮拜內，您在家的時候，有沒有其他人在您的面前吸菸？
□有(請參閱第82頁，**並請家人戒菸**) □沒有

準媽媽簽名：_____ 家人簽名：_____

孕產婦關懷專線 0800-870870

5th prenatal self check-up record

5th prenatal self check-up record

(Third trimester: Over 29 weeks pregnant. Recommended week: Week 32).

*Please fill out the following as well as the self check-up record in detail prior to the prenatal examination.

The following is recorded on _____(yyyy/mm/dd). weeks of pregnancy: (Week _____)

1. Self check list:

☐ Bleeding ☐Abdominal Pain ☐Headache ☐Spasm

☐Other symptoms:_____

2. The health information that I have read:

☐ Information on quitting smoking	(P.83)	☐ Yes	☐ No
☐ Prevention of premature births, High risk pregnancy	(P.121, 215)	☐ Yes	☐ No
☐ How to deal with discomforts during pregnancy	(P.127)	☐ Yes	☐ No
☐ Weight control and diet during pregnancy	(P.133)	☐ Yes	☐ No
☐ Prenatal infections and complications	(P.139)	☐ Yes	☐ No
☐ Warning signs for immediate doctor's visit	(P.145)	☐ Yes	☐ No
☐ Getting to know postpartum depression	(P.147)	☐ Yes	☐ No
☐ Prenatal exercise	(P.155)	☐ Yes	☐ No
☐ Breastfeeding	(P.171)	☐ Yes	☐ No
☐ Preparing for prenatal supplies	(P.187)	☐ Yes	☐ No

3. Mood thermometer

During the past month, were you often in a bad mood, depressed or feel hopeless about the future?

☐ Yes ☐ No

During the past month, did you often lose interest or do not find pleasure in what you were doing?

☐ Yes ☐ No

Note: If you answer yes to both questions above, it is strongly suggested that you tell you family about it or seek doctor's assistance.

4. Thoughts and emotions

Words of encouragement from family members _____

Words to the baby from the expectant mother _____

5. You can write down the questions that you would like to ask the doctor (such as diet, exercise, lifestyle, smoking, drinking and nutrition).

_____

_____

_____

Note: If you checked any of the above symptoms, you could be in high-risk pregnancy. Please remember to seek doctor's advise to ensure the safety of yourself and your baby (please refer to p. 215).

Do you smoke? ☐ Yes (please refer to page 83 **and please stop smoking**) ☐ No

Over the past week, is there anyone smoking in front of you when you are at home?

☐ Yes (please refer to page 83 **ask him to stop smoking**) ☐ No

Expectant mother's signature_____ Family member's signature_____

Maternal care hotline 0800-870870

第五次產檢紀錄

第五次產檢檢查紀錄
（妊娠第三期：妊娠29週以上 建議週數：第32週）

檢查日期：　　年　　月　　日　　懷孕週數：　　週

產前檢查記錄

體重kg _____
血壓mmHg _____
宮底高度cm _____
胎心音(次/分) _____
胎位 _____
尿糖 _____
尿蛋白 _____
浮腫 _____
靜脈曲張 _____

產前檢查結果

☐無特殊發現　☐需注意或異常項目
1. _____ ☐需追蹤 ☐需轉介
2. _____ ☐需追蹤 ☐需轉介
3. _____ ☐需追蹤 ☐需轉介
4. _____ ☐需追蹤 ☐需轉介

註：如有不明傷痕，或疑似家庭暴力等情事請依規定通報，並填寫臺灣親密關係暴力危險評估表（TIPVDA量表）（參閱第224頁）

醫護特別叮嚀：

☐ 抽血檢驗梅毒檢查(檢查結果記錄於第29頁)
☐ 未於妊娠第一期抽血檢驗B型肝炎表面抗原(HBsAg)、B型肝炎e抗原(HBeAg)時，應於本次檢查，檢查時程請參閱第14頁(檢查結果記錄於第20頁)。

29-32週胎兒生長狀況：

◎ 皮膚較少皺摺，長出指甲，眼瞼可張開，胎兒的活動力更強。

衛教及指導事項

☐ 戒菸資訊 (82頁)
☐ 早產防治、高危險妊娠 (120、214頁)
☐ 孕期不適處理方式 (126頁)
☐ 孕期體重控制與飲食 (132頁)
☐ 孕期感染與妊娠合併症 (138頁)
☐ 須立即就醫之危險徵兆 (144頁)
☐ 認識產後憂鬱症 (146頁)
☐ 產前運動 (154頁)
☐ 母乳哺育 (170頁)
☐ 產前用品準備 (186頁)

產檢院所：_____
醫師簽名：_____
下次產檢日期：_____
準媽媽簽名：_____

5th prenatal examination record

5th prenatal examination record

(Third trimester: Over 29 weeks pregnant. Recommended week: Week 32).

Prenatal examination date: _____Year _____Month_____Day
weeks of pregnancy: _____ Weeks

Prenatal examination record

Weight (kg) _____
Blood pressure (mmHg) _____
Fundal height (cm) _____
Fetal heart rate (times/minute): _____
Fetal position_____
Glucosuria _____
Urine protein _____
Edema _____
Varicose veins _____

Prenatal examination findings

☐ No special findings
☐ Areas of attention or abnormality
1._____ ☐ need follow up ☐ need referral
2._____ ☐ need follow up ☐ need referral
3._____ ☐ need follow up ☐ need referral
4._____ ☐ need follow up ☐ need referral

Note: If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan close relations violence risk evaluation chart (TIPVDA scale) (Refer to page 225)

Reminders from the medical staff

☐ Blood tests for syphilis inspection (results are recorded on page 29)
☐ Blood tests for hepatitis B surface antigen (HBsAg) and hepatitis B E antigen (HBeAg) should be conducted during the current check-up if they were not tested during the first trimester. For check-up schedules, please refer to page 15 (results are recorded on page 21).

From weeks 29 to 32 fetus prenatal growth:

◎The skin is less creased. The nails start to grow. The eyelids can open. The baby starts to be more active.

Health Education Guide

☐ Information on quitting smoking	(P.83)
☐ Prevention of premature births, High risk pregnancy	(P.121, 215)
☐ How to deal with discomforts during pregnancy	(P.127)
☐ Weight control and diet during pregnancy	(P.133)
☐ Prenatal infections and complications	(P.139)
☐ Warning signs for immediate doctor's visit	(P.145)
☐ Getting to know postpartum depression	(P.147)
☐ Prenatal exercise	(P.155)
☐ Breastfeeding	(P.171)
☐ Preparing for prenatal supplies	(P.187)

Hospital:_____
Doctor:_____
Next prenatal examination date:_____
Expectant mother's signature:_____

第六次產檢自我檢核紀錄

第六次產檢自我紀錄事項
（妊娠第三期：妊娠29週以上 建議週數：第34週）
※請準媽媽於接受產前檢查前，務必將下列事項及自我檢核紀錄填寫完整

以下是記錄於____年____月____日（懷孕週數第____週）

1. 準媽媽記錄自覺項目：□出血 □腹痛 □頭痛 □痙攣
   □其他自覺徵狀：_____
2. 我已閱讀的衛教資訊

□ 戒菸資訊	(82頁)	□是	□否
□ 早產防治、高危險妊娠	(120、214頁)	□是	□否
□ 孕期體重控制與飲食	(132頁)	□是	□否
□ 孕期感染與妊娠合併症	(138頁)	□是	□否
□ 須立即就醫之危險徵兆	(144頁)	□是	□否
□ 認識產後憂鬱症	(146頁)	□是	□否
□ 產前運動	(154頁)	□是	□否
□ 母乳哺育	(170頁)	□是	□否
□ 產前用品準備	(186頁)	□是	□否

3. 心情溫度計
   過去一個月，是否常被情緒低落、憂鬱或感覺未來沒有希望所困擾？ □是□否
   過去一個月，是否常對事物失去興趣或做事沒有愉悅感？ □是□否
   註：如果上述兩個問題的確發生在您的身上時，強烈建議您告訴您的家人或醫師協助。
4. 心情點滴
   家人要叮嚀、鼓勵媽咪的話_____
   _____
   準媽媽要給寶寶的話_____
   _____
5. 此次產檢您想要向醫師詢問的問題或困擾，可記錄於此(如:飲食、運動、生活作息、菸、酒、營養)
   _____
   _____
   _____

註：如果您有勾選上述任何症狀，即可能為高危險妊娠孕產婦，請記得向醫師說明協助診斷，以確保自己和寶寶的安全(請參閱第214頁)

您有無吸菸？ □有(請參閱第82頁，**並請戒菸**) □沒有

在過去一個禮拜內，您在家的時候，有沒有其他人在您的面前吸菸？
□有(請參閱第82頁，**並請家人戒菸**) □沒有

準媽媽簽名：_____ 家人簽名：_____

孕產婦關懷專線 0800-870870

6th prenatal self check-up record

6th prenatal self check-up record
(Third trimester: Over 29 weeks pregnant. Recommended week: Week 34).

*Please fill out the following as well as the self check-up record in detail prior to the prenatal examination.

The following is recorded on _____(yyyy/mm/dd). weeks of pregnancy: (Week _____)

1. Self check list:

☐ Bleeding ☐ Abdominal Pain ☐ Headache ☐ Spasm
☐ Other symptoms:_____

2. The health information that I have read:

☐	Information on quitting smoking	(P.83)	☐ Yes ☐ No
☐	Prevention of premature births, High risk pregnancy	(P.121,215)	☐ Yes ☐ No
☐	Weight control and diet during pregnancy	(P.133)	☐ Yes ☐ No
☐	Prenatal infections and complications	(P.139)	☐ Yes ☐ No
☐	Warning signs for immediate doctor's visit	(P.145)	☐ Yes ☐ No
☐	Getting to know postpartum depression	(P.147)	☐ Yes ☐ No
☐	Prenatal exercise	(P.155)	☐ Yes ☐ No
☐	Breastfeeding	(P.171)	☐ Yes ☐ No
☐	Preparing for prenatal supplies	(P.187)	☐ Yes ☐ No

3. Mood thermometer

During the past month, were you often in a bad mood, depressed or feel hopeless about the future?
☐ Yes ☐ No

During the past month, did you often lose interest or do not find pleasure in what you were doing?
☐ Yes ☐ No

Note: If you answer yes to both questions above, it is strongly suggested that you tell you family about it or seek doctor's assistance.

4. Thoughts and emotions

Words of encouragement from family members _____

Words to the baby from the expectant mother _____

5. You can write down the questions that you would like to ask the doctor (such as diet, exercise, lifestyle, smoking, drinking and nutrition).

_____

_____

_____

Note: If you checked any of the above symptoms, you could be in high-risk pregnancy. Please remember to seek doctor's advise to ensure the safety of yourself and your baby (please refer to p.215).

Do you smoke? ☐ Yes (please refer to page 83 **and please stop smoking**) ☐ No

Over the past week, is there anyone smoking in front of you when you are at home?
☐ Yes (please refer to page 83 **ask him to stop smoking**) ☐ No

Expectant mother's signature_____ Family member's signature_____

Maternal care hotline 0800-870870

第六次產檢紀錄

第六次產檢檢查紀錄
（妊娠第三期：妊娠29週以上 建議週數：第34週）

檢查日期：　　年　　月　　日　　懷孕週數：　　週

產前檢查記錄

體重kg _____
血壓mmHg _____
宮底高度cm _____
胎心音(次/分) _____
胎位 _____
尿糖 _____
尿蛋白 _____
浮腫 _____
靜脈曲張 _____

產前檢查結果

☐無特殊發現　　☐需注意或異常項目
1. _____　☐需追蹤　☐需轉介
2. _____　☐需追蹤　☐需轉介
3. _____　☐需追蹤　☐需轉介
4. _____　☐需追蹤　☐需轉介

註：如有不明傷痕，或疑似家庭暴力等情事請依規定通報，並填寫臺灣親密關係暴力危險評估表（TIPVDA量表）（參閱第224頁）

醫護特別叮嚀：

☐ 您做過超音波檢查了嗎？（因特殊情況無法檢查者可在懷孕第三期檢查）。（檢查報告黏貼於第24頁）

☐ 您做過免費孕婦愛滋病毒篩檢嗎?如果沒有，可以免費接受篩檢。

胎兒生長狀況：

◎ 八個月大的胎兒手腳更有力了，時常會在媽媽的肚子裡拳打腳踢。此外，胎兒大致已是頭部朝下的姿勢。

衛教及指導事項

☐戒菸資訊　(82頁)
☐早產防治、高危險妊娠　(120、214頁)
☐孕期體重控制與飲食　(132頁)
☐孕期感染與妊娠合併症　(138頁)
☐須立即就醫之危險徵兆　(144頁)
☐認識產後憂鬱症　(146頁)
☐產前運動　(154頁)
☐產前用品準備　(186頁)
☐母乳哺育　(170頁)
☐要餵母乳　☐需要母乳哺育教戰手冊
☐已有上述手冊
☐需要母乳哺育諮詢
☐不餵母乳　☐需要配方奶指導

產檢院所：_____
醫師簽名：_____
下次產檢日期：_____
準媽媽簽名：_____

6th prenatal examination record

6th prenatal examination record

(Third trimester: Over 29 weeks pregnant. Recommended week: Week 34).

Prenatal examination date: _____Year _____Month_____Day
weeks of pregnancy: _____ Weeks

Prenatal examination record	Prenatal examination findings
Weight (kg) _____ Blood pressure (mmHg) _____ Fundal height (cm) _____ Fetal heart rate (times/minute) _____ Fetal position _____ Glucosuria _____ Urine protein _____ Edema _____ Varicose veins _____	☐ No special findings ☐ Areas of attention or abnormality 1._____ ☐ need follow up ☐ need referral 2._____ ☐ need follow up ☐ need referral 3._____ ☐ need follow up ☐ need referral 4._____ ☐ need follow up ☐ need referral Note: If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan close relations violence risk evaluation chart (TIPVDA scale) (Refer to page 225)
Reminders from the medical staff ☐ Have you had an ultrasonic inspection? (those who cannot be checked due to special circumstances can conduct it in the third trimester). (Check-up reports are pasted on page 25) ☐ Have you received a free AIDS screening? If not, you can take one.	**Prenatal growth of fetus:** ◎ On the 8th month,the baby is getting stronger and often kicks in the mother's womb. Besides, the baby's head is generally starting to point downward.

Health Education Guide

☐ Information on quitting smoking	(P.83)
☐ Prevention of premature births, High risk pregnancy	(P.121, 215)
☐ Weight control and diet during pregnancy	(P.133)
☐ Prenatal infections and complications	(P.139)
☐ Warning signs for immediate doctor's visit	(P.145)
☐ Getting to know postpartum depression	(P.147)
☐ Prenatal exercise	(P.155)
☐ Preparing for prenatal supplies	(P.187)
☐ Breastfeeding	(P.171)

☐ Will breastfeed ☐Need breastfeeding booklet
☐Already have it
☐Need breastfeeding guidance

☐ Will not breastfeed ☐Need guidance on baby formula

Hospital:_____
Doctor:_____
Next prenatal examination date:_____
Expectant mother's signature:_____

第七次產檢自我檢核紀錄

第七次產檢自我紀錄事項
（妊娠第三期：妊娠29週以上 建議週數：第36週）
※請準媽媽於接受產前檢查前，務必將下列事項及自我檢核紀錄填寫完整

以下是記錄於____年____月____日（懷孕週數第____週）

1. 準媽媽記錄自覺項目：☐出血 ☐腹痛 ☐頭痛 ☐痙攣
   ☐其他自覺徵狀：_____
2. 我已閱讀的衛教資訊

☐ 戒菸資訊	(82頁)	☐是	☐否
☐ 孕婦乙型鏈球菌篩檢說明	(96頁)	☐是	☐否
☐ 早產防治、高危險妊娠	(120、214頁)	☐是	☐否
☐ 孕期體重控制與飲食	(132頁)	☐是	☐否
☐ 孕期感染與妊娠合併症	(138頁)	☐是	☐否
☐ 須立即就醫之危險徵兆	(144頁)	☐是	☐否
☐ 認識產後憂鬱症	(146頁)	☐是	☐否
☐ 產前運動	(154頁)	☐是	☐否
☐ 新生兒篩檢	(160頁)	☐是	☐否
☐ 母乳哺育	(170頁)	☐是	☐否
☐ 產前用品準備	(186頁)	☐是	☐否
☐ 認識生產方式	(188頁)	☐是	☐否

3. 心情溫度計
   過去一個月，是否常被情緒低落、憂鬱或感覺未來沒有希望所困擾？ ☐是☐否
   過去一個月，是否常對事物失去興趣或做事沒有愉悅感？ ☐是☐否
   註：如果上述兩個問題的確發生在您的身上時，強烈建議您告訴您的家人或醫師協助。
4. 心情點滴
   家人要叮嚀、鼓勵媽咪的話_____
   _____
   準媽媽要給寶寶的話_____
   _____
5. 此次產檢您想要向醫師詢問的問題或困擾，可記錄於此(如:飲食、運動、生活作息、菸、酒、營養)
   _____
   _____
   _____

註：如果您有勾選上述任何症狀，即可能為高危險妊娠孕產婦，請記得向醫師說明協助診斷，以確保自己和寶寶的安全(請參閱第214頁)

您有無吸菸？ ☐有(請參閱第82頁，**並請戒菸**) ☐沒有

在過去一個禮拜內，您在家的時候，有沒有其他人在您的面前吸菸？
☐有(請參閱第82頁，**並請家人戒菸**) ☐沒有

準媽媽簽名：_____ 家人簽名：_____

孕產婦關懷專線 0800-870870

7th prenatal self check-up record

7th prenatal self check-up record

(Third trimester: Over 29 weeks pregnant. Recommended week: Week 36).

*Please fill out the following as well as the self check-up record in detail prior to the prenatal examination.

The following is recorded on _____(yyyy/mm/dd). weeks of pregnancy: (Week____)

1. Self check list:

☐ Bleeding ☐Abdominal Pain ☐Headache ☐Spasm

☐Other symptoms:_____

2. The health information that I have read:

☐ Information on quitting smoking	(P.83)	☐ Yes	☐ No
☐ Overview on Group B Streptococcus screening	(P.97)	☐ Yes	☐ No
☐ Prevention of premature births, High risk pregnancy	(P.121,215)	☐ Yes	☐ No
☐ Weight control and diet during pregnancy	(P.133)	☐ Yes	☐ No
☐ Prenatal infections and complications	(P.139)	☐ Yes	☐ No
☐ Warning signs for immediate doctor's visit	(P.145)	☐ Yes	☐ No
☐ Getting to know postpartum depression	(P.147)	☐ Yes	☐ No
☐ Prenatal exercise	(P.155)	☐ Yes	☐ No
☐ Newborn screening	(P.161)	☐ Yes	☐ No
☐ Breastfeeding	(P.171)	☐ Yes	☐ No
☐ Preparing for prenatal supplies	(P.187)	☐ Yes	☐ No
☐ Getting to know the Delivery methods	(P.189)	☐ Yes	☐ No

3. Mood thermometer

During the past month, were you often in a bad mood, depressed or feel hopeless about the future?

☐ Yes ☐ No

During the past month, did you often lose interest or do not find pleasure in what you were doing?

☐ Yes ☐ No

Note: If you answer yes to both questions above, it is strongly suggested that you tell you family about it or seek doctor's assistance.

4. Thoughts and emotions

Words of encouragement from family members _____

Words to the baby from the expectant mother _____

5. You can write down the questions that you would like to ask the doctor (such as diet, exercise, lifestyle, smoking, drinking and nutrition).

_____

_____

_____

Note: If you checked any of the above symptoms, you could be in high-risk pregnancy. Please remember to seek doctor's advise to ensure the safety of yourself and your baby (please refer to p. 215).

Do you smoke? ☐ Yes (please refer to page 83 **and please stop smoking**) ☐ No

Over the past week, is there anyone smoking in front of you when you are at home?

☐ Yes (please refer to page 83 **ask him to stop smoking**) ☐ No

Expectant mother's signature_____ Family member's signature_____

Maternal care hotline 0800-870870

第七次產檢紀錄

第七次產檢檢查紀錄
（妊娠第三期：妊娠29週以上 建議週數：第36週）

檢查日期：　　年　　月　　日　　懷孕週數：　　週

產前檢查記錄

體重kg _____
血壓mmHg _____
宮底高度cm _____
胎心音(次/分) _____
胎位 _____
尿糖 _____
尿蛋白 _____
浮腫 _____
靜脈曲張 _____

產前檢查結果

☐無特殊發現　　☐需注意或異常項目
1. _____　☐需追蹤　☐需轉介
2. _____　☐需追蹤　☐需轉介
3. _____　☐需追蹤　☐需轉介
4. _____　☐需追蹤　☐需轉介

註：如有不明傷痕，或疑似家庭暴力等情事請依規定通報，並填寫臺灣親密關係暴力危險評估表（TIPVDA量表）（參閱第224頁）

醫護特別叮嚀：

☐ 35-37週可做孕婦乙型鏈球菌篩檢(檢查結果記錄於20頁)

33-36週胎兒生長狀況：

◎ 體重增加速率大於身長，胎毛逐漸消失，胎兒的循環、呼吸、消化等器官發育成熟。

衛教及指導事項

☐戒菸資訊　(82頁)
☐孕婦乙型鏈球菌篩檢說明　(96頁)
☐早產防治、高危險妊娠　(120、214頁)
☐孕期體重控制與飲食　(132頁)
☐孕期感染與妊娠合併症　(138頁)
☐須立即就醫之危險徵兆　(144頁)
☐認識產後憂鬱症　(146頁)
☐產前運動　(154頁)
☐新生兒篩檢　(160頁)
☐母乳哺育　(170頁)
☐產前用品準備　(186頁)
☐認識生產方式　(188頁)

產檢院所：_____
醫師簽名：_____
下次產檢日期：_____
準媽媽簽名：_____

7th prenatal examination record

7th prenatal examination record

(Third trimester: Over 29 weeks pregnant. Recommended week: Week 36).

Prenatal examination date: _____Year _____Month_____Day
weeks of pregnancy: _____ Weeks

Prenatal examination record	Prenatal examination findings
Weight (kg) _____ Blood pressure (mmHg) _____ Fundal height (cm) _____ Fetal heart rate (times/minute): _____ Fetal position _____ Glucosuria _____ Urine protein _____ Edema _____ Varicose veins _____	☐ No special findings ☐ Areas of attention or abnormality 1._____ ☐ need follow up ☐ need referral 2._____ ☐ need follow up ☐ need referral 3._____ ☐ need follow up ☐ need referral 4._____ ☐ need follow up ☐ need referral Note: If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan close relations violence risk evaluation chart (TIPVDA scale) (Refer to page 225)
Reminders from the medical staff	**Fetal growth during weeks 33 to 36:**
☐ May conduct Group B Streptococcus (GBS) screening during weeks 35 to 37. (Record the results on p.21).	◎Weight gain is greater than the height gain. The fetal hair gradually disappears, and the baby'scirculatory, respiratory and digestive organs gradually mature.

Health Education Guide

☐ Information on quitting smoking	(P.83)
☐ Overview on Group B Streptococcus (GBS) screening	(P.97)
☐ Prevention of premature births, High risk pregnancy	(P.121, 215)
☐ Weight control and diet during pregnancy	(P.133)
☐ Prenatal infections and complications	(P.139)
☐ Warning signs for immediate doctor's visit	(P.145)
☐ Getting to know postpartum depression	(P.147)
☐ Prenatal exercise	(P.155)
☐ Newborn screening	(P.161)
☐ Breastfeeding	(P.171)
☐ Preparing for prenatal supplies	(P.187)
☐ Getting to know the Delivery methods	(P.189)

Hospital:_____
Doctor:_____
Next prenatal examination date:_____
Expectant mother's signature:_____

第八次產檢自我檢核紀錄

第八次產檢自我紀錄事項
（妊娠第三期：妊娠29週以上 建議週數：第38週）
※請準媽媽於接受產前檢查前，務必將下列事項及自我檢核紀錄填寫完整

以下是記錄於____年____月____日（懷孕週數第____週）

1. 準媽媽記錄自覺項目：☐出血 ☐腹痛 ☐頭痛 ☐痙攣
   ☐其他自覺徵狀：_____
2. 我已閱讀的衛教資訊

☐ 戒菸資訊	(82頁)	☐是	☐否
☐ 孕期體重控制與飲食	(132頁)	☐是	☐否
☐ 孕期感染與妊娠合併症	(138頁)	☐是	☐否
☐ 須立即就醫之危險徵兆	(144頁)	☐是	☐否
☐ 認識產後憂鬱症	(146頁)	☐是	☐否
☐ 產前運動	(154頁)	☐是	☐否
☐ 新生兒篩檢	(160頁)	☐是	☐否
☐ 母乳哺育	(170頁)	☐是	☐否
☐ 產前用品準備	(186頁)	☐是	☐否
☐ 認識生產方式	(188頁)	☐是	☐否
☐ 準備與因應生產陣痛	(190頁)	☐是	☐否
☐ 母嬰親善醫療院所	(204頁)	☐是	☐否

3. 心情溫度計
   過去一個月，是否常被情緒低落、憂鬱或感覺未來沒有希望所困擾？ ☐是☐否
   過去一個月，是否常對事物失去興趣或做事沒有愉悅感？ ☐是☐否
   註：如果上述兩個問題的確發生在您的身上時，強烈建議您告訴您的家人或醫師協助。
4. 心情點滴
   家人要叮嚀、鼓勵媽咪的話_____
   _____
   準媽媽要給寶寶的話_____
   _____
5. 此次產檢您想要向醫師詢問的問題或困擾，可記錄於此(如:飲食、運動、生活作息、菸、酒、營養)
   _____
   _____
   _____

註：如果您有勾選上述任何症狀，即可能為高危險妊娠孕產婦，請記得向醫師說明協助診斷，以確保自己和寶寶的安全(請參閱第214頁)

您有無吸菸？ ☐有(請參閱第82頁，**並請戒菸**) ☐沒有

在過去一個禮拜內，您在家的時候，有沒有其他人在您的面前吸菸？
☐有(請參閱第82頁，**並請家人戒菸**) ☐沒有

準媽媽簽名：_____ 家人簽名：_____

孕產婦關懷專線 0800-870870

8th prenatal self check-up record

8th prenatal self check-up record

(Third trimester: Over 29 weeks pregnant. Recommended week: Week 38).

*Please fill out the following as well as the self check-up record in detail prior to the prenatal examination.

The following is recorded on _____(yyyy/mm/dd). weeks of pregnancy: (Week _____)

1. Self check list:

☐ Bleeding ☐ Abdominal Pain ☐ Headache ☐ Spasm

☐ Other symptoms:_____

2. The health information that I have read:

☐ Information on quitting smoking	(P.83)	☐ Yes	☐ No
☐ Weight control and diet during pregnancy	(P.133)	☐ Yes	☐ No
☐ Prenatal infections and complications	(P.139)	☐ Yes	☐ No
☐ Warning signs for immediate doctor's visit	(P.145)	☐ Yes	☐ No
☐ Getting to know postpartum depression	(P.147)	☐ Yes	☐ No
☐ Prenatal exercise	(P.155)	☐ Yes	☐ No
☐ Newborn screening	(P.161)	☐ Yes	☐ No
☐ Breastfeeding	(P.171)	☐ Yes	☐ No
☐ Preparing for prenatal supplies	(P.187)	☐ Yes	☐ No
☐ Getting to know the Delivery methods	(P.189)	☐ Yes	☐ No
☐ Prepare for and respond to contractions	(P.191)	☐ Yes	☐ No
☐ Medical facilities for maternal and child care	(P.205)	☐ Yes	☐ No

3. Mood thermometer

During the past month, were you often in a bad mood, depressed or feel hopeless about the future?

☐ Yes ☐ No

During the past month, did you often lose interest or do not find pleasure in what you were doing?

☐ Yes ☐ No

Note: If you answer yes to both questions above, it is strongly suggested that you tell you family about it or seek doctor's assistance.

4. Thoughts and emotions

Words of encouragement from family members _____

Words to the baby from the expectant mother _____

5. You can write down the questions that you would like to ask the doctor (such as diet, exercise, lifestyle, smoking, drinking and nutrition).

_____

_____

_____

Note: If you checked any of the above symptoms, you could be in high-risk pregnancy. Please remember to seek doctor's advise to ensure the safety of yourself and your baby (please refer to p. 215).

Do you smoke? ☐ Yes (please refer to page 83 **and please stop smoking**) ☐ No

Over the past week, is there anyone smoking in front of you when you are at home?

☐ Yes (please refer to page 83 **ask him to stop smoking**) ☐ No

Expectant mother's signature_____ Family member's signature_____

Maternal care hotline 0800-870870

第八次產檢紀錄

第八次產檢檢查紀錄
（妊娠第三期：妊娠29週以上 建議週數：第38週）

檢查日期：　　年　　月　　日　　懷孕週數：　　週

產前檢查記錄

體重kg _____
血壓mmHg _____
宮底高度cm _____
胎心音(次/分) _____
胎位 _____
尿糖 _____
尿蛋白 _____
浮腫 _____
靜脈曲張 _____

產前檢查結果

☐無特殊發現　☐需注意或異常項目
1. _____ ☐需追蹤 ☐需轉介
2. _____ ☐需追蹤 ☐需轉介
3. _____ ☐需追蹤 ☐需轉介
4. _____ ☐需追蹤 ☐需轉介

註：如有不明傷痕，或疑似家庭暴力等情事請依規定通報，並填寫臺灣親密關係暴力危險評估表（TIPVDA量表）（參閱第224頁）

醫護特別叮嚀：

☐ 您做好生產的準備了嗎？

胎兒生長狀況：

◎ 九個月大的胎兒頭髮已相當濃密，指甲也長至指尖，皮膚漸光滑圓潤。

衛教及指導事項

☐ 戒菸資訊 (82頁)
☐ 孕期體重控制與飲食 (132頁)
☐ 孕期感染與妊娠合併症 (138頁)
☐ 須立即就醫之危險徵兆 (144頁)
☐ 認識產後憂鬱症 (146頁)
☐ 產前運動 (154頁)
☐ 新生兒篩檢 (160頁)
☐ 母乳哺育 (170頁)
☐ 產前用品準備 (186頁)
☐ 認識生產方式 (188頁)
☐ 準備與因應生產陣痛 (190頁)
☐ 母嬰親善醫療院所 (204頁)

產檢院所：_____
醫師簽名：_____
下次產檢日期：_____
準媽媽簽名：_____

8th prenatal examination record

8th prenatal examination record

(Third trimester: Over 29 weeks pregnant. Recommended week: Week 38).

Prenatal examination date: _____Year _____Month_____Day
weeks of pregnancy: _____ Weeks

Prenatal examination record	Prenatal examination findings
Weight (kg) _____ Blood pressure (mmHg) _____ Fundal height (cm) _____ Fetal heart rate (times/minute) _____ Fetal position _____ Glucosuria _____ Urine protein _____ Edema _____ Varicose veins _____	☐ No special findings ☐ Areas of attention or abnormality 1._____ ☐ need follow up ☐ need referral 2._____ ☐ need follow up ☐ need referral 3._____ ☐ need follow up ☐ need referral 4._____ ☐ need follow up ☐ need referral Note: If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan close relations violence risk evaluation chart (TIPVDA scale) (Refer to page 225)
Reminders from the medical staff ☐ Are you prepared to give birth?	**Prenatal growth of fetus:** ◎By the 9th month, the baby'shair starts to grow thicker. The nails are fully grown and the skin is getting smoother.

Health Education Guide

- ☐ Information on quitting smoking (P.83)
- ☐ Weight control and diet during pregnancy (P.133)
- ☐ Prenatal infections and complications (P.139)
- ☐ Warning signs for immediate doctor's visit (P.145)
- ☐ Getting to know postpartum depression (P.147)
- ☐ Prenatal exercise (P.155)
- ☐ Newborn screening (P.161)
- ☐ Breastfeeding (P.171)
- ☐ Preparing for prenatal supplies (P.187)
- ☐ Getting to know the Delivery methods (P.189)
- ☐ Prepare for and respond to contractions (P.191)
- ☐ Medical facilities for maternal and child care (P.205)

Hospital:_____
Doctor:_____
Next prenatal examination date:_____
Expectant mother's signature:_____

第九次產檢自我檢核紀錄

第九次產檢自我紀錄事項
（妊娠第三期：妊娠29週以上 建議週數：第39週）
※請準媽媽於接受產前檢查前，務必將下列事項及自我檢核紀錄填寫完整

以下是記錄於____年____月____日（懷孕週數第____週）

1. 準媽媽記錄自覺項目：☐出血 ☐腹痛 ☐頭痛 ☐痙攣
   ☐其他自覺徵狀：_____

2. 我已閱讀的衛教資訊

☐ 戒菸資訊	(82頁)	☐是	☐否
☐ 孕期體重控制與飲食	(132頁)	☐是	☐否
☐ 孕期感染與妊娠合併症	(138頁)	☐是	☐否
☐ 須立即就醫之危險徵兆	(144頁)	☐是	☐否
☐ 認識產後憂鬱症	(146頁)	☐是	☐否
☐ 產前運動	(154頁)	☐是	☐否
☐ 新生兒篩檢	(160頁)	☐是	☐否
☐ 母乳哺育	(170頁)	☐是	☐否
☐ 產前用品準備	(186頁)	☐是	☐否
☐ 認識生產方式	(188頁)	☐是	☐否
☐ 準備與因應生產陣痛	(190頁)	☐是	☐否
☐ 產後健康管理	(200頁)	☐是	☐否
☐ 母嬰親善醫療院所	(204頁)	☐是	☐否
☐ 保母托育	(220頁)	☐是	☐否

3. 心情溫度計
   過去一個月，是否常被情緒低落、憂鬱或感覺未來沒有希望所困擾？ ☐是☐否
   過去一個月，是否常對事物失去興趣或做事沒有愉悅感？ ☐是☐否
   註：如果上述兩個問題的確發生在您的身上時，強烈建議您告訴您的家人或醫師協助。

4. 心情點滴
   家人要叮嚀、鼓勵媽咪的話_____
   _____
   準媽媽要給寶寶的話_____
   _____

5. 此次產檢您想要向醫師詢問的問題或困擾，可記錄於此(如:飲食、運動、生活作息、菸、酒、營養)
   _____
   _____
   _____

註：如果您有勾選上述任何症狀，即可能為高危險妊娠孕產婦，請記得向醫師說明協助診斷，以確保自己和寶寶的安全(請參閱第214頁)
您有無吸菸？ ☐有(請參閱第82頁，**並請戒菸**) ☐沒有
在過去一個禮拜內，您在家的時候，有沒有其他人在您的面前吸菸？
☐有(請參閱第82頁，**並請家人戒菸**) ☐沒有
準媽媽簽名：_____ 家人簽名：_____

孕產婦關懷專線 0800-870870

9th prenatal self check-up record

9th prenatal self check-up record

(Third trimester: Over 29 weeks pregnant. Recommended week: Week 39).

*Please fill out the following as well as the self check-up record in detail prior to the prenatal examination.

The following is recorded on _____(yyyy/mm/dd). weeks of pregnancy: (Week _____)

1. Self check list:

☐ Bleeding ☐ Abdominal Pain ☐ Headache ☐ Spasm

☐ Other symptoms:_____

2. The health information that I have read:

☐ Information on quitting smoking	(P.83)	☐ Yes	☐ No
☐ Weight control and diet during pregnancy	(P.133)	☐ Yes	☐ No
☐ Prenatal infections and complications	(P.139)	☐ Yes	☐ No
☐ Warning signs for immediate doctor's visit	(P.145)	☐ Yes	☐ No
☐ Getting to know postpartum depression	(P.147)	☐ Yes	☐ No
☐ Prenatal exercise	(P.155)	☐ Yes	☐ No
☐ Newborn screening	(P.161)	☐ Yes	☐ No
☐ Breastfeeding	(P.171)	☐ Yes	☐ No
☐ Preparing for prenatal supplies	(P.187)	☐ Yes	☐ No
☐ Getting to know the Delivery methods	(P.189)	☐ Yes	☐ No
☐ Prepare for and respond to contractions	(P.191)	☐ Yes	☐ No
☐ Postnatal Health Management	(P.201)	☐ Yes	☐ No
☐ Medical facilities for maternal and child care	(P.205)	☐ Yes	☐ No
☐ Childcare	(P.221)	☐ Yes	☐ No

3. Mood thermometer

During the past month, were you often in a bad mood, depressed or feel hopeless about the future?

☐ Yes ☐ No

During the past month, did you often lose interest or do not find pleasure in what you were doing?

☐ Yes ☐ No

Note: If you answer yes to both questions above, it is strongly suggested that you tell you family about it or seek doctor's assistance.

4. Thoughts and emotions

Words of encouragement from family members _____

Words to the baby from the expectant mother _____

5. You can write down the questions that you would like to ask the doctor (such as diet, exercise, lifestyle, smoking, drinking and nutrition).

_____

Note: If you checked any of the above symptoms, you could be in high-risk pregnancy. Please remember to seek doctor's advise to ensure the safety of yourself and your baby (please refer to p. 215).

Do you smoke? ☐ Yes (please refer to page 83 **and please stop smoking**) ☐ No

Over the past week, is there anyone smoking in front of you when you are at home?

☐ Yes (please refer to page 83 **ask him to stop smoking**) ☐ No

Expectant mother's signature_____

Family member's signature_____

Maternal care hotline 0800-870870

第九次產檢紀錄

第九次產檢檢查紀錄
（妊娠第三期：妊娠29週以上 建議週數：第39週）

檢查日期：　　年　　月　　日　　懷孕週數：　　週

產前檢查記錄

體重kg _____
血壓mmHg _____
宮底高度cm _____
胎心音(次/分) _____
胎位 _____
尿糖 _____
尿蛋白 _____
浮腫 _____
靜脈曲張 _____

產前檢查結果

☐無特殊發現　☐需注意或異常項目
1. _____ ☐需追蹤 ☐需轉介
2. _____ ☐需追蹤 ☐需轉介
3. _____ ☐需追蹤 ☐需轉介
4. _____ ☐需追蹤 ☐需轉介

註：如有不明傷痕，或疑似家庭暴力等情事請依規定通報，並填寫臺灣親密關係暴力危險評估表（TIPVDA量表）（參閱第224頁）

醫護特別叮嚀：

☐ 生產時請記得攜帶孕婦健康手冊及疾病管制署印製之「孕婦B型肝炎前檢查登錄表」。

37-40週胎兒生長狀況：

◎ 皮膚光滑圓潤，顱骨堅硬，手指腳趾有指甲發育完成

衛教及指導事項

☐ 戒菸資訊 (82頁)
☐ 孕期體重控制與飲食 (132頁)
☐ 孕期感染與妊娠合併症 (138頁)
☐ 須立即就醫之危險徵兆 (144頁)
☐ 認識產後憂鬱症 (146頁)
☐ 產前運動 (154頁)
☐ 新生兒篩檢 (160頁)
☐ 產前用品準備 (186頁)
☐ 認識生產方式 (188頁)
☐ 準備與因應生產陣痛 (190頁)
☐ 產後健康管理 (200頁)
☐ 母乳哺育 (170頁)
☐ 要餵母乳 ☐需要母乳哺育教戰手冊
☐已有上述手冊
☐需要母乳哺育諮詢
☐ 不餵母乳 ☐需要配方奶指導

產檢院所：_____
醫師簽名：_____
下次產檢日期：_____
準媽媽簽名：_____

9th prenatal examination record

9th prenatal examination record

(Third trimester: Over 29 weeks pregnant. Recommended week: Week 39).

Prenatal examination date: _____Year _____Month_____Day
weeks of pregnancy: _____ Weeks

Prenatal examination record

Weight (kg) _____
Blood pressure (mmHg) _____
Fundal height (cm) _____
Fetal heart rate (times/minute): _____
Fetal position _____
Glucosuria _____
Urine protein _____
Edema _____
Varicose veins _____

Prenatal examination findings

☐ No special findings
☐ Areas of attention or abnormality
1._____ ☐ need follow up ☐ need referral
2._____ ☐ need follow up ☐ need referral
3._____ ☐ need follow up ☐ need referral
4._____ ☐ need follow up ☐ need referral

Note: If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan close relations violence risk evaluation chart (TIPVDA scale) (Refer to page 225)

Reminders from the medical staff

☐ At the time of delivery, please get a copy of the Maternal Health Handbook and the "Prenatal check-up record of hepatitis B for pregnant women" printed by the Centers for Disease Control.

From weeks 37 to 40 fetus prenatal growth:

◎ The baby's skin is smoother. The skull hardens and the finger and toe nails are fully grown.

Health Education Guide

☐ Information on quitting smoking (P.83)
☐ Weight control and diet during pregnancy (P.133)
☐ Prenatal infections and complications (P.139)
☐ Warning signs for immediate doctor's visit (P.145)
☐ Getting to know postpartum depression (P.147)
☐ Prenatal exercise (P.155)
☐ Newborn screening (P.161)
☐ Preparing for prenatal supplies (P.187)
☐ Getting to know the Delivery methods (P.189)
☐ Prepare for and respond to contractions (P.191)
☐ Postnatal Health Management (P.201)
☐ Breastfeeding (P.171)

☐ Will breastfeed
- ☐ Need breastfeeding booklet
- ☐ Already have it
- ☐ Need breastfeeding guidance

☐ Will not breastfeed
- ☐ Need guidance on baby formula

Hospital:_____
Doctor:_____
Next prenatal examination date:_____
Expectant mother's signature:_____

第十次產檢自我檢核紀錄

第十次產檢自我紀錄事項
（妊娠第三期：妊娠29週以上 建議週數：第40週）
※請準媽媽於接受產前檢查前，務必將下列事項及自我檢核紀錄填寫完整

以下是記錄於____年____月____日（懷孕週數第____週）

1. 準媽媽記錄自覺項目：☐出血 ☐腹痛 ☐頭痛 ☐痙攣
   ☐其他自覺徵狀：_____
2. 我已閱讀的衛教資訊

☐ 戒菸資訊	(82頁)	☐是	☐否
☐ 孕期體重控制與飲食	(132頁)	☐是	☐否
☐ 孕期感染與妊娠合併症	(138頁)	☐是	☐否
☐ 認識產後憂鬱症	(146頁)	☐是	☐否
☐ 產前運動	(154頁)	☐是	☐否
☐ 新生兒篩檢	(160頁)	☐是	☐否
☐ 母乳哺育	(170頁)	☐是	☐否
☐ 產前用品準備	(186頁)	☐是	☐否
☐ 認識生產方式	(188頁)	☐是	☐否
☐ 準備與因應生產陣痛	(190頁)	☐是	☐否
☐ 產後健康管理	(200頁)	☐是	☐否
☐ 避孕方法	(202頁)	☐是	☐否
☐ 母嬰親善醫療院所	(204頁)	☐是	☐否
☐ 保母托育	(220頁)	☐是	☐否

3. 心情溫度計
   過去一個月，是否常被情緒低落、憂鬱或感覺未來沒有希望所困擾？ ☐是☐否
   過去一個月，是否常對事物失去興趣或做事沒有愉悅感？ ☐是☐否
   註：如果上述兩個問題的確發生在您的身上時，強烈建議您告訴您的家人或醫師協助。
4. 心情點滴
   家人要叮嚀、鼓勵媽咪的話_____
   _____
   準媽媽要給寶寶的話_____
   _____
5. 此次產檢您想要向醫師詢問的問題或困擾，可記錄於此(如:飲食、運動、生活作息、菸、酒、營養)
   _____
   _____
   _____

註：如果您有勾選上述任何症狀，即可能為高危險妊娠孕產婦，請記得向醫師說明協助診斷，以確保自己和寶寶的安全(請參閱第214頁)

您有無吸菸？ ☐有(請參閱第82頁，**並請戒菸**) ☐沒有

在過去一個禮拜內，您在家的時候，有沒有其他人在您的面前吸菸？
☐有(請參閱第82頁，**並請家人戒菸**) ☐沒有

準媽媽簽名：_____ 家人簽名：_____

孕產婦關懷專線 0800-870870

10th prenatal self check-up record

10th prenatal self check-up record

(Third trimester: Over 29 weeks pregnant. Recommended week: Week 40).

*Please fill out the following as well as the self check-up record in detail prior to the prenatal examination.

The following is recorded on _____(yyyy/mm/dd). weeks of pregnancy: (Week _____)

1. Self check list:

☐ Bleeding ☐ Abdominal Pain ☐ Headache ☐ Spasm

☐ Other symptoms:_____

2. The health information that I have read:

☐ Information on quitting smoking	(P.83)	☐ Yes	☐ No
☐ Weight control and diet during pregnancy	(P.133)	☐ Yes	☐ No
☐ Prenatal infections and complications	(P.139)	☐ Yes	☐ No
☐ Getting to know postpartum depression	(P.147)	☐ Yes	☐ No
☐ Prenatal exercise	(P.155)	☐ Yes	☐ No
☐ Newborn screening	(P.161)	☐ Yes	☐ No
☐ Breastfeeding	(P.171)	☐ Yes	☐ No
☐ Preparing for prenatal supplies	(P.187)	☐ Yes	☐ No
☐ Getting to know the Delivery methods	(P.189)	☐ Yes	☐ No
☐ Prepare for and respond to contractions	(P.191)	☐ Yes	☐ No
☐ Postnatal Health Management	(P.201)	☐ Yes	☐ No
☐ Contraceptive methods	(P.203)	☐ Yes	☐ No
☐ Medical facilities for maternal and child care	(P.205)	☐ Yes	☐ No
☐ Childcare	(P.221)	☐ Yes	☐ No

3. Mood thermometer

During the past month, were you often in a bad mood, depressed or feel hopeless about the future?

☐ Yes ☐ No

During the past month, did you often lose interest or do not find pleasure in what you were doing?

☐ Yes ☐ No

Note: If you answer yes to both questions above, it is strongly suggested that you tell you family about it or seek doctor's assistance.

4. Thoughts and emotions

Words of encouragement from family members _____

Words to the baby from the expectant mother _____

5. You can write down the questions that you would like to ask the doctor (such as diet, exercise, lifestyle, smoking, drinking and nutrition).

_____

Note: If you checked any of the above symptoms, you could be in high-risk pregnancy. Please remember to seek doctor's advise to ensure the safety of yourself and your baby (please refer to p. 215).

Do you smoke? ☐ Yes (please refer to page 83 **and please stop smoking**) ☐ No

Over the past week, is there anyone smoking in front of you when you are at home?

☐ Yes (please refer to page 83 **ask him to stop smoking**) ☐ No

Expectant mother's signature_____

Family member's signature_____

Maternal care hotline 0800-870870

第十次產檢紀錄

第十次產檢檢查紀錄
（妊娠第三期：妊娠29週以上 建議週數：第40週）

檢查日期：　　年　　月　　日　　懷孕週數：　　週

產前檢查記錄

體重kg _____
血壓mmHg _____
宮底高度cm _____
胎心音(次/分) _____
胎位 _____
尿糖 _____
尿蛋白 _____
浮腫 _____
靜脈曲張 _____

產前檢查結果

☐無特殊發現　☐需注意或異常項目
1. _____ ☐需追蹤 ☐需轉介
2. _____ ☐需追蹤 ☐需轉介
3. _____ ☐需追蹤 ☐需轉介
4. _____ ☐需追蹤 ☐需轉介

註：如有不明傷痕，或疑似家庭暴力等情事請依規定通報，並填寫臺灣親密關係暴力危險評估表（TIPVDA量表）（參閱第224頁）

醫護特別叮嚀：

☐ 生產時請記得攜帶孕婦手冊及疾病管制署印製之「孕婦B型肝炎產前檢查登錄表」。

胎兒生長狀況：

◎ 十個月大的胎兒變大，子宮內的空間越來越小，胎動會減少。胎兒的頭朝下，膝蓋緊挨著鼻子，大腿貼著身體。

衛教及指導事項

☐ 戒菸資訊 (82頁)
☐ 孕期體重控制與飲食 (132頁)
☐ 孕期感染與妊娠合併症 (138頁)
☐ 認識產後憂鬱症及防治 (146頁)
☐ 產前運動 (154頁)
☐ 新生兒篩檢 (160頁)
☐ 母乳哺育 (170頁)
☐ 產前用品準備 (186頁)
☐ 認識生產方式 (188頁)
☐ 準備與因應生產陣痛 (196頁)
☐ 產後健康管理 (200頁)
☐ 避孕方法 (202頁)

產檢院所：_____
醫師簽名：_____
下次產檢日期：_____
準媽媽簽名：_____

10th prenatal examination record

10th prenatal examination record

(Third trimester: More than 29 weeks pregnant. Recommended week: Week 40).

Prenatal examination date: _____Year _____Month_____Day
weeks of pregnancy: _____ Weeks

Prenatal examination record	Prenatal examination findings
Weight (kg) _____ Blood pressure (mmHg) _____ Fundal height (cm) _____ Fetal heart rate (times/minute): _____ Fetal position _____ Glucosuria _____ Urine protein _____ Edema _____ Varicose veins _____	☐ No special findings ☐ Areas of attention or abnormality 1._____ ☐ need follow up ☐ need referral 2._____ ☐ need follow up ☐ need referral 3._____ ☐ need follow up ☐ need referral 4._____ ☐ need follow up ☐ need referral Note: If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan close relations violence risk evaluation chart (TIPVDA scale) (Refer to page 225)
Reminders from the medical staff ☐ At the time of delivery, please get a copy of the Maternal Health Handbook and the "Prenatal examination record of hepatitis B for pregnant women" printed by the Centers for Disease Control.	**Fetal growth:** ◎By the 10th month, the baby is getting larger. There is less and less room in the uterus and fetal movement decreases. The baby's head will turn downward with knees close to the nose and thighs close to the torso.

Health Education Guide

- ☐ Information on quitting smoking (P.83)
- ☐ Infections and complications during pregnancy (P.133)
- ☐ Weight control and diet during pregnancy (P.139)
- ☐ Getting to know postpartum depression and prevention (P.147)
- ☐ Prenatal exercise (P.155)
- ☐ Newborn screening (P.161)
- ☐ Breastfeeding (P.171)
- ☐ Preparing for prenatal supplies (P.187)
- ☐ Getting to know birth options (P.188)
- ☐ Prepare for and respond to contractions (P.197)
- ☐ Postnatal Health Management (P.201)
- ☐ Contraceptive methods (P.203)

Hospital:_____
Doctor:_____
Next prenatal examination date:_____
Expectant mother's signature:_____

其他產檢紀錄

檢查日期：　　年　　月　　日　　懷孕週數：　　週

準媽媽記錄自覺項目：

☐出血　☐腹痛
☐頭痛　☐痙攣

此次產檢您想要向醫師詢問的問題可記錄於此：

產前檢查記錄

體重kg _____
血壓mmHg _____
宮底高度cm _____
胎心音(次/分) _____
胎位 _____
尿糖 _____
尿蛋白 _____
浮腫 _____
靜脈曲張 _____

產前檢查結果

☐無特殊發現　☐需注意或異常項目
1. _____ ☐需追蹤 ☐需轉介
2. _____ ☐需追蹤 ☐需轉介
3. _____ ☐需追蹤 ☐需轉介
4. _____ ☐需追蹤 ☐需轉介

註：如有不明傷痕，或疑似家庭暴力等情事請依規定通報，並填寫臺灣親密關係暴力危險評估表（TIPVDA量表）（參閱第224頁）

產檢院所：

下次產檢日期：

檢查日期：　　年　　月　　日　　懷孕週數：　　週

準媽媽記錄自覺項目：

☐出血　☐腹痛
☐頭痛　☐痙攣

此次產檢您想要向醫師詢問的問題可記錄於此：

產前檢查記錄

體重kg _____
血壓mmHg _____
宮底高度cm _____
胎心音(次/分) _____
胎位 _____
尿糖 _____
尿蛋白 _____
浮腫 _____
靜脈曲張 _____

產前檢查結果

☐無特殊發現　☐需注意或異常項目
1. _____ ☐需追蹤 ☐需轉介
2. _____ ☐需追蹤 ☐需轉介
3. _____ ☐需追蹤 ☐需轉介
4. _____ ☐需追蹤 ☐需轉介

註：如有不明傷痕，或疑似家庭暴力等情事請依規定通報，並填寫臺灣親密關係暴力危險評估表（TIPVDA量表）（參閱第224頁）

產檢院所：

下次產檢日期：

Other prenatal check-up records

Prenatal examination date: _____Year _____Month_____Day
weeks of pregnancy: _____ Weeks
Self checklist: ☐ Bleeding ☐ Abdominal Pain ☐ Headache ☐ Spasm
You may write down your questions for the doctor here: _____

Prenatal examination record	Prenatal examination findings
Weight (kg) _____ Blood pressure (mmHg) _____ Fundal height (cm) _____ Fetal heart rate (times/minute): _____ Fetal position _____ Glucosuria _____ Urine protein _____ Edema _____ Varicose veins _____	☐ No special findings ☐ Areas of attention or abnormality 1._____ ☐ need follow up ☐ need referral 2._____ ☐ need follow up ☐ need referral 3._____ ☐ need follow up ☐ need referral 4._____ ☐ need follow up ☐ need referral Note: If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan close relations violence risk evaluation chart (TIPVDA scale) (Refer to page 225) Hospital:_____ Date for the next prenatal examination: _____

Prenatal examination date: _____Year _____Month_____Day
weeks of pregnancy: _____ Weeks
Self checklist: ☐ Bleeding ☐ Abdominal Pain ☐ Headache ☐ Spasm
You may write down your questions for the doctor here: _____

Prenatal examination record	Prenatal examination findings
Weight (kg) _____ Blood pressure (mmHg) _____ Fundal height (cm) _____ Fetal heart rate (times/minute): _____ Fetal position _____ Glucosuria _____ Urine protein _____ Edema _____ Varicose veins _____	☐ No special findings ☐ Areas of attention or abnormality 1._____ ☐ need follow up ☐ need referral 2._____ ☐ need follow up ☐ need referral 3._____ ☐ need follow up ☐ need referral 4._____ ☐ need follow up ☐ need referral Note: If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan close relations violence risk evaluation chart (TIPVDA scale) (Refer to page 225) Hospital:_____ Date for the next prenatal examination: _____

生產紀錄

（請醫護人員協助填寫）

分娩時間	年　月　日　時　分			
妊娠週數	週（　月）			
生產方式	☐ 1. 陰道生產　☐ 2. 產鉗 ☐ 3. 真空吸引　☐ 4. 剖腹產　☐5. 其他			
	特別事項記錄			
出生狀況	性別		胎數	
	體重	公克	身長	公分
	頭圍	公分		
	特別狀況記錄			
出生處所	名稱：			
	地址：			

出院的叮嚀

已指導的事項：☐避孕方法（202頁）☐預防嬰幼兒感染百日咳（164頁）
☐母乳哺育（170頁）☐認識產後憂鬱症及防治（146頁）
☐產後4-6週接受產後檢查 ☐產後3個月後子宮頸抹片檢查（158頁）

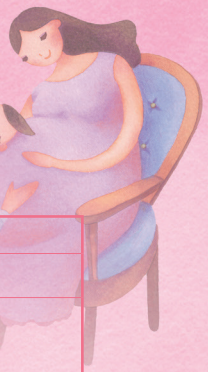
其他叮嚀事項：

1. 新生嬰兒健保單一窗口作業

   各地產科醫療院所為辦理新生兒通報，將會徵詢父母新生嬰兒依附投保及申請健保卡意見。嗣後新生嬰兒於戶政事務所出生登記後，健保署會主動完成新生嬰兒投保手續及通知投保單位，並將健保卡寄送被保險人。想了解更多，請上健保署網頁：「一般民眾」/「投保服務」/「新生嬰兒通報登記投保單一窗口作業」。

2. 在臺灣地區出生的外國籍新生嬰兒，於取得居留證明文件後，自出生日在臺連續居留滿6個月或曾出境一次未超過30日，其實際居住期間扣除出境日數後，併計滿6個月之日起參加全民健康保險。

準媽媽請記得接受健康諮詢喔！



Birth record

(Please ask the help of medical staff to fill this portion out).

Time of birth	Year Month Day Hour Minute			
Weeks of pregnancy	weeks（ Month）			
Birth options	☐ 1.Vaginal delivery ☐ 2.Forceps ☐ 3.Vacuum ☐ 4.C-section ☐ 5.Other			
	Special notes			
Birth conditions	Gender		Number of baby	
	Weight	grams	Height	cm
	Head circumference	cm		
	Special conditions			
Birth place	Name:			
	Address:			

Reminders before checking out of the hospital

Instructions previously given:

- ☐ Contraceptive methods (P.203)
- ☐ Prevent pertussis in children (P.165)
- ☐ Breastfeeding (P.171)
- ☐ Getting to know and prevent postpartum depression (P.147)
- ☐ Postnatal examination 4 to 6 weeks after childbirth
- ☐ Pap smears after 3 months of giving birth (P.159)

Other reminders:

1. The health care of newborn babies is operated in a single window
   Maternity hospitals will report newborn cases and will ask for advice on newborn insurance and health care card application of parents. When babies are registered in the registration office, the health care department will complete the insurance formalities accordingly, inform the insurance unit and send the card to the insured. To know more, please visit the website of the health care department: "general public" / "insurance service" / "newborn report registration and the only window operation of insurance".
2. For foreign babies born in Taiwan, starting from the date of receiving a residence certificate, if their continuous residence in Taiwan total 6 months or the actual days of residence in Taiwan, deducting the actual days of departure of less than 30 days, totals 6 months, they will participate in the National Health Insurance.

Expectant mother, please be sure to get health consultation!

戒菸轉介同意書

衛生福利部國民健康署
戒菸服務合約醫事機構轉介戒菸專線服務中心
同意書

「戒菸專線服務中心（以下簡稱本中心）」為衛生福利部國民健康署為協助有意戒菸的朋友，委託財團法人張老師基金會透過專業諮詢人員，提供一對一的電話戒菸諮詢與諮商服務。

為確保所提供服務之品質，讓服務能更符合您的需要，本中心將於獲得您的簽署同意後，先以電話與您聯繫，徵詢您的需要後，免費提供您所需的「電話諮詢」、「電話輔導」、「活動通知」、「戒菸手冊」等服務。

若您同意接受本中心的服務，本中心將秉持專業保密原則，妥善處理包括您的姓名、背景與相關的個人資料，這些資料也絕不會洩漏或用於其他用途，請放心。

感謝您的支持與協助，並祝您身體健康！

衛生福利部國民健康署委辦「戒菸專線服務中心」 敬啟

我已詳細地閱讀本同意書，我同意接受_____機構的轉介，接受戒菸專線服務中心的諮詢、諮商及相關服務；我完全瞭解接受此項服務是自願的，而且可隨時在告知戒菸專線服務中心後，停止接受各項服務。

姓名：_____（請簽名）

聯絡電話：_____（手機）、_____（市話）

中華民國　　年　　月　　日

※ 戒菸服務合約醫事機構請將資料造冊並以e-mail方式寄至「戒菸專線服務中心」，紙本資料請院所自行保留。相關流程以及格式，請參考本中心網站（www.tsh.org.tw）之「轉介同意書下載」→「轉介流程說明」。

※ 如有疑問，請洽(02)2886-6363轉502

※ 服務時間：週一至週六 早上9:00－晚上9:00

Referral consent form for smoking cessation

Health Promotion Administration, Ministry of Health and Welfare

門診戒菸

Smoking cessation service contracted by hospitals refer to the smoking cessation special line service center

Consent Form

0800-63-63-63 戒菸專線服務中心

"Taiwan Smokers' Helpline" (hereinafter referred to as TSH) is sponsored by Health Promotion Administration, Ministry of Health and Welfare, and is operated by Teacher Chang Foundation, the Non-Government Organization, to provide one-on-one telephone counseling services to smokers who are trying to quit.

To ensure the quality of service and to make our service better address your needs, once TSH receives your signed agreement, we will contact you by phone to inquire about your needs, and then provide you with free "phone consultation", "phone counseling", "event notification" and "smoke cessation booklet" according to your needs.

If you agree to accept the service provided by TSH, TSH will keep your name, background and all related personal information confidential. Your information will never be released or used for other purposes. Please be assured.

Thank you for your support and assistance and we wish you health!

From Taiwan Smokers' Helpline
Health Promotion Administration, Ministry of Health and Welfare

I have read this consent form carefully and agree to accept the referral of _____ institution and receive the consultation, counseling and other services from Taiwan Smokers' Helpline. I fully understand that I accept this service out of free will and can stop receiving all services upon informing Taiwan Smokers' Helpline.

Name (Please sign): _____
Tel: _____ (mobile), _____ (local calls)
_____ (year) _____(month)_____(day)

※ Smoking cessation service contracted by hospitals should collect materials and e-mail them to the "smoking cessation special line service center", hospitals and clinics shall maintain the printed records on their own. For related processes and formats, please refer to the "referral consent downloads" in the website of our Center (www.tsh.org.tw) → "introduction of referral process".

※ For further questions, please call (02) 2886-6363 ext. 502

※ Hours: 9:00AM to 9:00PM, Mon.- Sat.

轉介單

戒菸服務合約醫事機構戒菸專線服務中心申請書

（由戒菸服務合約醫事機構自行存檔備查）

轉介單位				轉介日期	
機構代號				聯絡電話	
轉介聯絡人				傳真電話	
基本資料	姓名		性別	□男 □女	出生 年 月 日
	身分證字號		身分	□一般 □孕婦(懷孕 週)	
	聯絡方式	電話			
		手機			
		地址	（ ）郵遞區號		

抽菸狀況	1. 起床後多久抽第一支菸？	□5分鐘內 (3) □5-30分鐘 (2) □31-60分鐘 (1) □60分鐘後 (0)
	2. 在禁菸區不能吸菸會讓你難忍受嗎？	□是 (1) □否 (0)
	3. 哪根菸是您最難放棄的？	□早晨的第一支菸 (1) □其他 (0)
	4. 您一天最多抽幾支菸？	□31支以上 (3) □21-30支 (2) □11-20支 (1) □10支或更少 (0)
	5. 起床後幾小時內是你一天中抽最多支菸的時候嗎？	□是 (1) □否 (0)
	6. 當您嚴重生病，幾乎整天臥床時還吸菸嗎？	□是 (1) □否 (0)
	總 分	共＿＿＿＿＿＿分

Referral list

Smoking cessation service contracted by hospitals and the smoking cessation special line service center application form

(automatically filed for future reference by smoking cessation service contracted hospitals)

Referral organization				Referral date		
Organization Code				Phone		
Referral contact				Fax		
Personal Info	Name		Gender	□ Male □ Female	Date of Birth	20___(year) _____(month) _____(day)
	ID No.		Identity	□ Regular □ Pregnant (____weeks)		
	Contact	Phone				
		Mobile				
		Add.	( )Zip Code			

Smoking assessment	1. After getting up, how long is it before you smoke the first cigarette?	☐ Within 5 minutes (3) ☐ 5 to 30 minutes (2) ☐ 31-60 minutes (1) ☐ After 60 minutes (0)
	2. Is it unbearable for you to not smoke in non-smoking sections?	☐ Yes (1) ☐ No (0)
	3. Which cigarette is the hardest to give up?	☐ The first one for in the morning (1) ☐ Others (0)
	4. How many cigarettes do you smoke a day?	☐ Over 31 (3) ☐ 21-30 (2) ☐ 11-20 (1) ☐ 10 or less (0)
	5. Do you smoke the most number of cigarettes within a few hours of getting up?	☐ Yes (1) ☐ No (0)
	6. Do you still smoke when you are seriously ill and even lying in bed all day?	☐ Yes (1) ☐ No (0)
	Total score	_____points

贏在起跑點

懷孕期間媽媽的心境變化，會影響到胎兒，因此懷孕期間，隨時保持平靜愉快的心情，是非常重要的。

Q&A

Q：透過產前檢查，可以知道寶寶的狀況嗎？

A：懷孕6-8週可以由超音波看到心跳。懷孕12週以上，就可以用都卜勒儀器由準媽媽腹部聽到胎兒的心跳聲。第一胎的話，18-20週就可以感受到胎兒的移動，第二胎更早，可能16週就可以感受到嘍！

Q：胎位於何時方有意義？

A：在懷孕七個月以前，羊水較多，胎兒較小，胎位時有變更。七個月後，胎位固定大部分頭部朝下，以利生產。

Win at the starting point!

The emotional changes for mother during pregnancy will affect the baby as well. Therefore, it very important to stay in a peaceful and pleasant mood during pregnancy.

Q&A

Q Can we find out about the baby's condition through prenatal check-up?

A Between weeks 6 and 8 of pregnancy, the baby's heart beat can be shown through the ultrasound. Over 12 weeks, the Doppler instrument can detect the sound of the baby's heartbeat through the mother's belly. If this is the first child, by weeks 18 to 20, the mother can feel fetal movement. If this is the second child, it can be felt as early as week 16!

Q When does the fetal position starts to mean something?

A Just before the seventh month, there is more amniotic fluid and the fetus is smaller. The fetal position changes from time to time. After 7 months, the fetal position is stabilized with the head down so that the baby can come out easily.

遠離先天性疾病

☆ 海洋性貧血

臺灣常見的單基因遺傳性疾病之一，大約有6%的人為帶因者，身體狀況通常與一般人類似。分為甲型或乙型，夫妻若為同型帶因者，則每次懷孕，其胎兒有1/4機會罹患重型海洋性貧血，會危及準媽媽或胎兒之生命及健康，甲型重型患者於胎兒時期便會出現胎兒水腫(hydrops fetalis)，而乙型重型患者將須終生輸血、施打排鐵劑來維持生命。

因此，孕婦在第一次產檢時，應接受「孕婦海洋性貧血篩檢」，透過產檢中常規血液檢查，發現「平均紅血球體積」較小的準媽媽及準爸爸，並安排接受後續的帶因者確診；若夫婦為同型海洋性貧血帶因者，則應進一步接受胎兒的產前遺傳診斷及遺傳諮詢。(孕婦海洋性貧血篩檢流程請參閱第90頁)

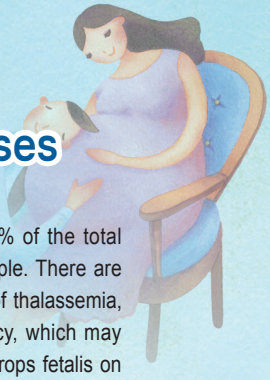
☆ 唐氏症

唐氏症是一種最常見的染色體異常疾病，也是導致智能障礙的最主要病因；平均每800位孕婦，就可能有一位會懷有唐氏症胎兒。唐氏症篩檢則是一種用來估計胎兒罹患唐氏症風險的檢測，若篩檢結果為高風險者，則建議應接受絨毛取樣或羊膜穿刺檢查，以確定胎兒是否為唐氏症患者。

現行的唐氏症篩檢有兩種方式，分別為：第一孕期(11-14週)母血唐氏症篩檢，以超音波檢查胎兒頸部透明帶和鼻樑骨，並抽取孕婦血液進行血清標誌分析，此項檢查可檢出82%-87%的唐氏兒；第二孕期(15-20週)母血唐氏症篩檢，則是完全抽取孕婦血液進行血清標誌分析，此項檢查可檢出60%-83%的唐氏兒。

專家建議年齡滿34足歲之孕婦，曾生產過染色體異常胎兒，或家族成員有染色體異常者，可直接接受羊膜穿刺術檢查以診斷胎兒是否為唐氏症患者；而34歲以下的孕婦則可先接受兩種唐氏症篩檢之一，唐氏症篩檢結果若為高風險者，則應進一步接受絨毛取樣或羊膜穿刺檢查，以確定胎兒染色體是否異常。

若您對唐氏症與唐氏症篩檢有任何不明白之處，請與您的主治醫師討論，並遵從專業的醫療建議及指示。



Stay away from congenital diseases

Thalassemia

This is one of the most common single-gene disorders in Taiwan. About 6% of the total population are gene carriers, but their physical conditions are similar to most people. There are alpha and beta thalassemia. If a couple are both gene carriers of the same type of thalassemia, there is a 25% chance that the baby has severe thalassemia for each pregnancy, which may danger the lives of both the mother and the child. Severe hepatitis A will incur hydrops fetalis on the fetus, people with serious case of beta thalassemia must depend on blood transfusion and iron injection for life.

Therefore, during the first prenatal exam, women should receive “thalassemia screening for pregnant women”. If parents are found to have a lower “mean corpuscular value (MCV)” through blood tests, they should be examined to confirm whether they are gene carriers. If the parents are both gene carriers of the same type of thalassemia, they need to receive further genetic diagnosis and counseling. (Please refer to p.91 for the procedure of thalassemia screening for pregnant women).

Down's syndrome

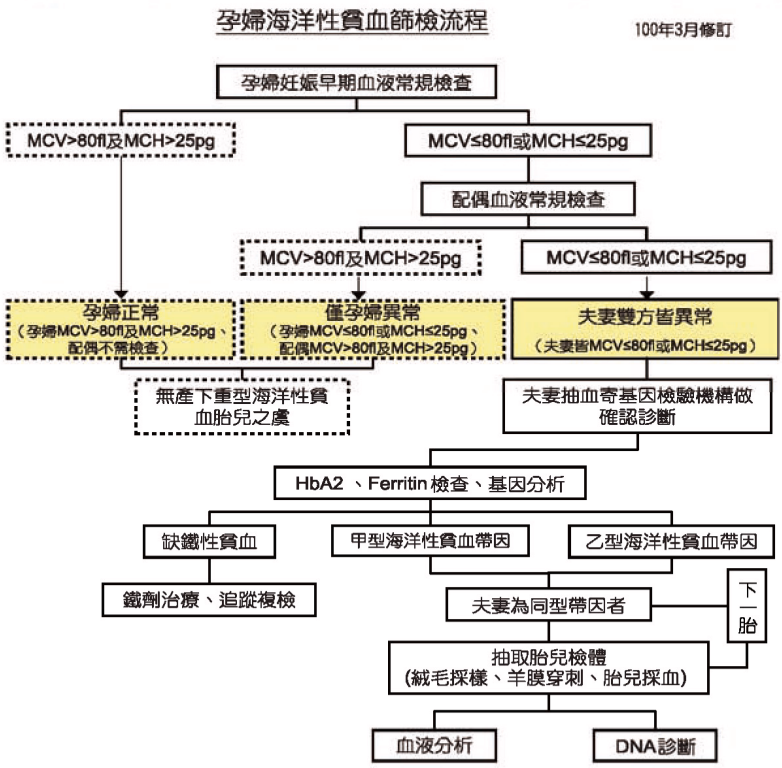
Down's syndrome is one of the most common diseases involving chromosomal abnormalities. It is also the main cause for mental retardation. In average, every 800 pregnant women may give birth to one baby with Down's syndrome. Down's syndrome screening is used to test the risk the baby having Down's syndrome. If the screening result show a high risk, it is recommended that the mother should also do Chorionic villus sampling (CVS) or amniocentesis to confirm whether the baby has Down's syndrome.

Currently, there are two ways of screening for Down's syndrome: the maternal blood Down's syndrome screening during the first trimester (weeks 11 to 14) test the fetus’ nuchal translucency and nasal bone with ultrasound. Blood sample from the mother is also collected for serum marker analysis. This test can screen 82% to 87% of babies with Down's syndrome. During the second trimester (weeks 15 to 20), the maternal blood Down's syndrome screening is solely dependent on the serum marker analysis on the mother’s blood sample. This will screen 60% to 83% of babies with Down's syndrome.

Experts suggest that pregnant women over the age of 34, have given birth to babies with chromosomal abnormalities, or have a family history of members with chromosomal abnormalities can do amniocentesis directly to test if the baby has Down's syndrome. Pregnant women under 34 can take one of the Down's syndrome screening first. If the result shows high risk, then do Chorionic villus sampling (CVS) or amniocentesis to confirm whether the babies have any chromosomal abnormalities.

If you have any questions about Down's syndrome, please talk with your doctor and follow the doctor’s medical advice and instructions.

孕婦海洋性貧血篩檢流程



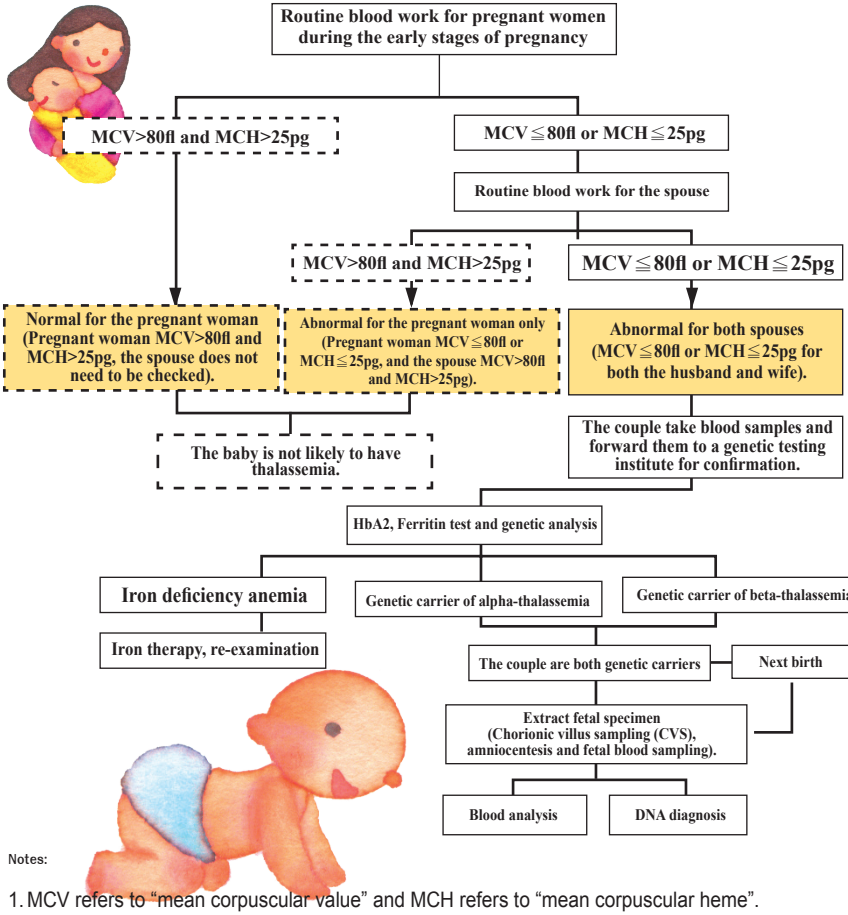
註：

1. MCV為「平均血球體積」、MCH為「平均血球血紅素」
2. HbA2為「血紅素A2」、Ferritin為「含鐵蛋白」
3. 衛生福利部國民健康署資格審查通過之海洋性貧血基因檢驗機構：臺灣大學醫學院附設醫院、中國醫藥大學附設醫院、柯滄銘婦產科診所、長庚醫療財團法人林口長庚紀念醫院、高雄醫學大學附設中和紀念醫院、成功大學醫學院附設醫院、慧智醫事檢驗所等7家機構。

Thalassemia screening procedure for pregnant women

Thalassemia screening procedure for pregnant women

Amended on March 2011



Notes:

1. MCV refers to “mean corpuscular value” and MCH refers to “mean corpuscular heme”.
2. HbA2 refers to “hemoglobin A2” and Ferritin is an intracellular protein that stores iron.
3. Genetic testing institutions of Thalassemia approved by the Health Promotion Administration, Ministry of Health and Welfare includes: Taiwan University Hospital, China Medical University Hospital, Ko’s OBS/GYN, Linkou Chang Gung Memorial Hospital of the C.G.M.F., Kaohsiung Medical University Chung-Ho Memorial Hospital, National Cheng Kung University

常規檢查

Q&A

Q：B型肝炎篩檢？

A：

1. B型肝炎病毒主要是藉由體液或血液，經由親密接觸、輸血、注射等途徑而傳染，一般可分為垂直傳染(指帶原的母親在生產前後將B型肝炎病毒傳染給新生兒)和水平傳染(含有病毒的血液或體液透過皮膚或粘膜進入體內而感染，如輸血、共用針頭或注射器、…都可能感染)兩類。
2. 由於受B型肝炎病毒感染時的年齡愈小，愈容易成為慢性帶原者，母嬰間的垂直感染，是臺灣地區B型肝炎盛行的重要原因，40-50%的帶原者是經由此途徑傳染。早期的預防接種能有效預防B型肝炎的感染，為截斷母嬰垂直感染，政府於民國73年7月起，針對母親為B型肝炎表面抗原陽性之新生兒接種B型肝炎疫苗。此外，若媽媽為高傳染性B型肝炎帶原者(e抗原陽性)，嬰兒於出生後另儘速接種1劑B型肝炎免疫球蛋白。並自民國75年7月起全面對新生兒實施B型肝炎疫苗接種。
3. 但因高傳染性B型肝炎帶原(e抗原陽性)媽媽所生的寶寶，在完成B型肝炎免疫球蛋白(HBIG)及3劑B型肝炎疫苗後、仍有約10%可能成為慢性帶原者，增加了肝功能異常、猛爆性肝炎及未來發展成肝硬化、肝癌之機率。為及早發現這些寶寶的B型肝炎預防接種成效與感染狀況，儘速採取後續補接種與追蹤措施，政府自民國99年9月起提供媽媽為e抗原陽性的幼兒(97年7月以後出生者)，在滿12個月大時，進行B型肝炎表面抗原(HBsAg)及B型肝炎表面抗體(anti-HBs)檢測，為了維護愛兒的健康，請一定要記得帶寶寶去醫院診所檢查喔。
4. 另對於原有之B型肝炎帶原者，為降低肝硬化與肝癌之發生率，衛生福利部自民國92年10月起開始實施「全民健康保險加強慢性B型及C型肝炎治療試辦計畫」，期能使慢性肝炎患者，獲得積極治療之機會。因此亦請B型肝炎表面抗原陽性(或e抗原陽性)的準媽媽，產後別忘了依消化專科醫師的建議，定期進行相關追蹤檢查，寶貝自己的健康。

（資料來源：疾病管制署提供）

Regular examination

Q&A

Q Hepatitis screening?

A

1. Hepatitis B is mainly transmitted through body fluids or blood by intimate contact, blood transfusion or injection. It is generally divided into vertical transmission (mother to child) and horizontal transmission (exposure to blood or body fluids containing the virus through skin or mucus by ways of blood transfusion and sharing needles).
2. The younger a person catches hepatitis B, the more likely that this person will become a chronic carrier. Vertical transmission between the mother and child is the major cause for the prevalence of hepatitis B in Taiwan, which is responsible for how 40 to 50% of carriers got infected. Early vaccination can prevent the spread of hepatitis B and block the vertical transmission. Since July 1984,newborns that were born to mothers with HBsAg positive should be inoculated with hepatitis B vaccine. Besides, infants born to mothers who were carriers of highly infectious hepatitis B virus (HBeAg positive) should be inoculated with one dose of hepatitis B immune globulin immediately after delivery. Taiwan has carried out a comprehensive hepatitis B vaccination program for newborns since July 1986.
3. 10% of babies born to mothers who tested positive for HBeAg still have the chance of becoming a chronic carrier even after receiving HBIG. They have the possibilities of having abnormal liver function, fulminant hepatitis, cirrhosis and liver cancer. In order to find out the effects of hepatitis B vaccination and the status of hepatitis B transmission, the government started providing HBsAg and anti-HBs tests to babies over 12 months old who are born to HBeAg positive mothers since July 2008. For your baby's health, please remember to take your baby to the hospital for examination.
4. In order to reduce the occurrence of cirrhosis and liver cancer for Hepatitis B carriers, the Department of Health started implementing the "National Health Insurance Trial Treatment for Hepatitis B and C" in October 2003 where they can receive treatments. Pregnant women who are HBsAg (or HBeAg) positive should remember to receive follow up check-ups regularly as directed by the gastroenterologist to protect their own baby's health.

(Source: Centers for Disease Control)

常規檢查

Q&A

Q：為什麼懷孕期間要避免感染德國麻疹？

A：1. 德國麻疹又稱風疹，由德國麻疹病毒引起，經由飛沫或接觸感染。一般人感染此症通常只持續1到3天，症狀輕微且無後遺症，但懷孕3個月內的孕婦萬一被感染，她的胎兒有高達90%的機會受到感染，且有25%以上的機會會產生先天性德國麻疹症候群(CRS)、或造成死胎、早產的情形，缺陷之嚴重程度和感染時機有密切關聯，懷孕愈早期感染，其所引起之缺陷愈嚴重。懷孕第20週以後才得到感染，則生下畸形兒機會很小。

2. 預防德國麻疹最有效的方法就是接種疫苗，在國內，民國60年9月以後出生的女性，至少曾接種1劑德國麻疹疫苗或麻疹腮腺炎德國麻疹混合(MMR)疫苗。因此育齡婦女如不確定自己是否曾經接種過德國麻疹相關疫苗或具有德國麻疹抗體，建議於孕前健康檢查時，進行德國麻疹抗體檢測。如檢查結果呈陰性，應在懷孕前或產後儘速持德國麻疹抗體檢查陰性（一）證明，至各衛生所或預防接種合約醫院診所，接種1劑MMR疫苗(疫苗免費)。以確保懷孕期間均不會受感染。

（資料來源：疾病管制署提供）

Regular prenatal examination

Q&A

Q Why is it important to avoid catching rubella during pregnancy?

A 1. Rubella is also known as the "German measles" and is caused by the rubella virus and infected through droplets or physical contact. The symptoms are not serious would last for 1 to 3 days for most people with no after effects. However, if women under 3 month pregnant are infected, there is a 90% chance that the baby would be infected, too. There is also a 25% chance that it will develop into congenital rubella syndrome (CRS) which may cause stillborn or premature birth. The severity of birth defect is closely related to when the mother is infected. If infected during early pregnancy, the birth defect is more severe. If the mother is infected after week 20, the baby is less likely to have deformity.

2. Vaccination is the best way to prevent rubella. In Taiwan, women who were born after Septmeber 1971 are inoculated with at least one dose of rubella vaccine or measles mumps and rubella mixed (MMR) vaccine. Thus, if women of childbearing age are not sure whether they have been inoculated with rubella related vaccines or whether they are rubella antibody positive, they are suggested to carry out a rubella antibody test during check-ups before getting pregnant. If test results are negative, they should take the rubella antibody test negative (-) results to clinics or vaccination cooperation hospitals as soon as possible before pregnancy or after delivery for vaccination of an MMR vaccine (free of charge). To ensure that they are not affected during pregnancy.

(Source: Centers for Disease Control)

常規檢查

孕婦乙型鏈球菌篩檢說明

目的

乙型鏈球菌是人類的腸胃道及泌尿道常見的細菌；為周產期嚴重感染之主要致病菌。亦為導致新生兒細菌感染疾病中最常見之細菌。約有18-20%孕婦產道帶有此一細菌。孕婦體內若帶有乙型鏈球菌而無進行篩檢和積極治療，則可能引起新生兒早發型乙型鏈球菌感染，可能進一步導致新生兒肺炎、腦膜炎、敗血症等重大併發症。經研究統計，新生兒感染乙型鏈球菌後導致神經系統後遺症者約15%；而新生兒感染死亡率約10至13%；早產兒感染死亡率高達20%。目前國際上預防新生兒早發型乙型鏈球菌感染症，主要採行之策略，以孕婦篩檢乙型鏈球菌，及針對確知孕婦有乙型鏈球菌帶菌狀況時，於待產時使用預防性抗生素治療。

檢查方法與時程

依據實證及先進國家(如：美國、加拿大)經驗，建議針對孕婦在懷孕35至37週期間進行乙型鏈球菌的培養篩檢。其檢查方法，係由醫師在孕婦的陰道及肛門採樣後，再將檢體送至合格的檢驗單位進行培養。約於一週內即可知道孕婦有無乙型鏈球菌之帶菌。若孕婦於尚未接受乙型鏈球菌篩檢前，出現早期子宮收縮或胎膜早破現象而住院者，除接受常規治療外，亦應於住院時，依醫師專業意見考慮接受乙型鏈球菌篩檢或使用預防性抗生素治療。

檢查結果與預防

如果孕婦經篩檢檢驗確知為乙型鏈球菌陽性時，毋須擔心害怕；醫師會進一步評估及於待產時提供預防性之抗生素治療(可由健保給付)，以降低新生兒感染。若孕婦曾有抗生素過敏經驗者，或懷孕期間有身體不適或疑問時，請告知並與醫師討論。

Regular prenatal examination

Overview on Group B Streptococcus (GBS) screening

Purpose

Group B Streptococcus (GBS) is a bacteria commonly seen in the gastrointestinal and urinary tracks of human beings. It is also a bacteria that can cause serious infection during the perinatal stage and caught by the newborns. About 18 to 20% of pregnant women have this bacteria in their birth canals. Women who carries the Group B Streptococcus (GBS) bacteria and did not go through screening or treatment may give their baby early-onset neonatal Group B Streptococcus (GBS), which may further cause neonatal pneumonia, meningitis and sepsis. According to research, 15% of neonatal Group B Streptococcus (GBS) would lead to after effects in the nervous system. The mortality rate for newborns with this infection is about 10 to 13%, while the mortality rate among premature babies is about 20%. Currently, the main approach against early-onset neonatal Group B Streptococcus (GBS) in the international communities is Group B Streptococcus (GBS) screening for pregnant women and the use of prophylactic antibiotic on the mother prior to going into labor.

Testing method and schedule

According to empirical studies and the experiences from some of the developed countries such as U.S. and Canada, it is suggested that the culture and screening of Group B Streptococcus (GBS) be conducted during weeks 35 to 35 of pregnancy. Doctors take samples from the mother's vagina and anus and send the sample to qualified lab for culturing. Within a week, the mother will know whether she carries Group B Streptococcus (GBS) bacteria. If pregnant women who have not been vaccinated with Group B Streptococcus (GBS) vaccine show signs of early uterine contractions or premature rupture of the membranes, they should receive Group B Streptococcus (GBS) screening or preventative antibiotics during hospitalization according to the doctor's professional suggestions in addition to receiving regular treatment.

Results and prevention

After the screening, if it is confirmed that the mother has Group B Streptococcus (GBS), do not be afraid. The doctor would conduct further evaluation and provide preventative antibiotic treatment (could be covered by the National Health Insurance) before labor to lower the risk of infecting the baby. If the mother is allergic to antibiotic or has any discomforts during pregnancy, please discuss with the doctor.

常見的非常規檢查

Q&A

Q：什麼是第一孕期、第二孕期母血唐氏症篩檢？

A：現行的唐氏症篩檢有兩種方式分別為：第一孕期(11-14週)母血唐氏症篩檢，以超音波檢查胎兒頸部透明帶和鼻樑骨，並抽取孕婦血液進行血清標誌分析，此項檢查可檢出82%-87%的唐氏兒；第二孕期(15-20週)母血唐氏症篩檢，則是完全抽取孕婦血液進行血清標誌分析，此項檢查可檢出60%-83%的唐氏兒。

Q：為什麼要做妊娠糖尿病篩檢？

A：1. 屬於糖尿病高危險人口群的孕婦（如：肥胖症、高血壓、高血脂症、近親罹患糖尿病、曾有妊娠糖尿病史、曾有多囊性卵巢症、曾有早產、死產、巨嬰症等生產史）、應於確知懷孕時及早自費接受妊娠糖尿病篩檢。其他非屬糖尿病高危險人口群的孕婦，需要時，於懷孕24-28週接受妊娠糖尿病篩檢。確診之妊娠糖尿病孕婦，於產後6-12週應再次接受篩檢，評估是否會發生或發展成典型糖尿病。

2. 孕婦如果有妊娠糖尿病，罹患子癲前症的風險會增加，另外也可能會造成胎兒過大，以及因為胎兒過大而剖腹生產或發生生產併發症的機會上升，亦或有新生兒血糖過低或呼吸系統問題，所以在懷孕24-28週時可以抽血檢查，若超過標準值，就要在孕期與醫師及營養師配合，做飲食或藥物控制，以增進母嬰健康。

Q：什麼是羊膜腔穿刺檢查？

A：可以檢查胎兒的染色體是否異常，宜在懷孕16週以後做檢查。建議高齡孕婦(34歲以上)、超音波檢查異常、母血唐氏症篩檢結果為高危險群、曾生育先天異常胎兒及有家族史的準媽媽們，可以做這項檢查。

Common non-regular prenatal examination

Q What is maternal blood Down's syndrome screening for the first and second trimesters?

A Maternal blood Down's syndrome screening during the first trimester (weeks 11 to 14) test the fetus' nuchal translucency and nasal bone with ultrasound. Blood sample from the mother is also collected for serum marker analysis. This test can screen 82% to 87% of babies with Down's syndrome. During the second trimester (weeks 15 to 20), the maternal blood Down's syndrome screening is solely dependent on the serum marker analysis on the mother's blood sample. This will screen 60% to 83% of babies with Down's syndrome.

Q Why do gestational diabetes screening?

A
1. Pregnant women who are at high risk of diabetes (obesity, high blood pressure, and hyperlipidemia, close relatives having diabetes, with a history of having babies with giant baby syndrome, gestational diabetes or polycystic ovarian syndrome) should take gestational diabetes screening at their own expense once the pregnancy is confirmed. Women who are not at high risk can do the screening during week 24 to 28.Pregnant women with confirmed diabetes should receive screening at 6 to 12 weeks after delivery to assess the risk of relapse or developing into typical diabetes
2. If the mother has gestational diabetes, she is at a higher risk of pre-eclampsia. Besides, the baby may be too big and that increases the risk of complications during C-section delivery with problems such as neonatal hypoglycemia and respiratory conditions. Therefore, mothers can take a blood exam during week 24 to 28. If the result exceeds the normal value, work with a doctor and nutritionist during pregnancy on diet or medication control to improve the health of both the mother and the baby.

Q What is amniocentesis?

A Amniocentesis can check whether the baby's chromosomes are normal. The ideal time to take the test is after 16 weeks of pregnancy. (The ideal time to do chromosome It is imperative to test whether the baby's chromosomes are normal after the 16th gestational week. It is suggested that the following expectant mothers should perform this test: expectant mothers with an advanced maternal age (above 34 years old), an abnormal ultrasound test result, a high risk result shown by the maternal blood Down's syndrome screening, previous congenital abnormal babies and a family history.

產檢超音波篩檢說明

目的

產檢超音波篩檢是一種非侵入性的檢查，可用於測量胎兒的頭雙頂骨徑、腹圍與大腿長度等生長測量以及胎盤位置和羊水量的觀察。另有所謂胎兒超音波檢查(即所謂自費的高層次超音波)，可對於胎兒的器官做有系統的掃描。

原理與特性

超音波是一種人類耳朵聽不到的聲波，需要水及軟組織做為傳導介質，超音波無法穿透骨頭也可能受到空氣阻隔，因此檢查的準確性會有許多限制。若母親腹部脂肪組織太厚、胎兒趴臥、或骨頭阻擋，皆會造成許多器官無法判讀，而無法發現某些異常。另外，若羊水過多，會導致胎兒距離探頭過遠而影像不清；若羊水過少，則胎兒四肢重疊、阻礙聲波進入，均會減低檢查的準確性。

檢查結果

1. 產檢超音波是一種篩檢方法，並非最終診斷，檢查的準確性有其限制，主要目的在於評估胎兒生長發育的狀況，以及胎盤位置和羊水量等，並非所有的胎兒問題均可以透過超音波檢查出來。
2. 超音波的檢查報告，只能判讀為：在這個週數的檢查下，篩檢胎兒生長發育及胎盤位置有否異常的狀況。若沒有篩檢出異常狀況，並不代表胎兒就是完全正常、沒有疾病，因為有的胎兒疾病會在較大的週數、甚或出生後才出現，也有的雖然已出現，但超音波並無法診斷這類問題，而胎兒器官是否有異常則需執行胎兒超音波才能進一步評估。

Q&A

Q：超音波和X光一樣嗎？懷孕的時候照超音波會不會有危險？

A：超音波和X光不同，是靠音波反射，使體內軟組織顯現，並非游離性輻射。截至目前為止的研究顯示，診斷用的超音波對人體及胎兒未發現不良影響，世界醫用超音波生物醫學聯盟建議，超音波不應用於非醫療用途。亦不贊同超音波於提供胎兒紀念影像的用途。雖然目前的診斷超音波儀器沒有被確切證實會對患者造成生物效應，但未來仍存在發現這類生物效應的可能性。

Overview on prenatal examination ultrasound screening

Purpose

Prenatal examination ultrasound screening is a non-intrusive exam. It can be used to check the diameter of the baby's parietal, abdomen circumference and thigh length. It also shows the position of the placenta and the amount of amniotic fluid. There is also a fetal ultrasound test (known as the self -funded level II ultrasound), which can show the details of the baby's organs.

Principles and characteristics

Ultrasound is a sound wave that cannot be detected by the human ear. It needs water and soft tissues as the medium for transmission. Ultrasound cannot get through bones and could also be blocked by the air. Therefore, there are limits to the accuracy of an ultrasound exam. In cases where the fat tissues in the mother's abdomen are too thick, the baby is lying on its belly or the bones are preventing the ultrasound from reading the organs correctly, it is unable to detect the abnormalities. Also, polyhydeamnio (too much amniotic fluid) will move the baby's head too far away from the detector and cause a blurry image. When oligohydramnio (not enough amniotic fluid) occurs, the baby's limbs overlap each other and prevent the sound wave from entering. The accuracy of the exam is thus affected.

Results

1. Prenatal check-up ultrasound only serve as a screening tool and it is not the final diagnosis. Its accuracy is limited. The main purpose of the test lies in evaluating fetal growth, the position of the placenta and the amount of the amniotic fluid. Not all fetal problems can be detected by ultrasound.
2. The ultrasound report can only be interpreted for the following: whether abnormalitiesof fetal growth or the position of the placenta can be detected during that particular week of pregnancy. Results with no abnormalities do not mean that the baby is completely normal or without any birth defects. Some diseases appear toward the later stages or even after birth. Or the problem may have appeared but cannot be detected by ultrasound. Whether the organs of the baby are normal or not should be further evaluated by a fetal ultrasound test.

Q&A

Q **Is ultrasound the same as the X-ray? Is it dangerous to do ultrasound during pregnancy?**

A Ultrasound is different from X-ray in that it depends on the reflected sound wave to show the human soft tissues instead of radiation. So far, research has not found any negative effects to human and fetuses by using ultrasound. The Global Medical Ultrasound Biomedical Alliance suggests that ultrasound tests should not be used for non-medical purposes. It is also not advisable to take commemorative images of the fetus by ultrasound. Although the biological effect on patients caused by diagnostic ultrasound facilities has not been confirmed yet, it is very likely to be found in the future.

胎兒超音波檢查說明

檢查上的限制

1. 胎兒的智商、視力、聽力、有無胎記、或有否生化代謝異常等，無法以超音波檢查出來。
2. 超音波無法取代羊膜穿刺，意即無法由超音波確切診斷有無唐氏症或其他染色體異常疾病。
3. 微小的胎兒缺陷無法完全辨識，例如：較小的心室中隔缺損、動脈弓狹窄或神經管缺損(通常位於尾脊皮膚的小破洞)。
4. 早期正常的胎兒檢查，並無法保證妊娠後期或出生時仍為正常，因為有許多特殊疾病出現於妊娠末期，甚至在出生後才開始發生或出現，故無法在早期（16-24週）即由超音波檢查發現所有胎兒疾病，同時也無法由單次檢查即斷言以後均不會有任何問題發生。
5. 由於胎兒常處於握拳或活動狀態，幾乎無法由超音波確切診斷指(趾)節異常。
6. 妊娠週數越大(>28週)時，因為胎兒在子宮無法完全伸展，骨骼肢體重疊，導致檢查效果較差。
7. 胎兒在子宮內的血液循環與出生之後的血液循環並不相同，導致一些先天性心臟疾病很難在出生前作診斷。

個別考量

1. 雖然政府有免費提供一次妊娠20週左右的產檢超音波篩檢，準媽媽們也可選擇進行自費的胎兒超音波檢查，但民眾有權利決定是否要接受這項檢查，即使做檢查，也有權利拒絕知悉某些檢查結果，例如有些民眾因為信仰或其他因素，不會因胎兒異常而選擇終止妊娠，或不希望知悉一些無法在母體內處理的問題，例如心臟瓣膜輕微的異常或兔唇。如果您有上述考量，請在檢查前主動告知醫師。
2. 超音波檢查發現的胎兒畸形，部分是目前醫療可以矯正，且不影響未來生長與發育的，例如唇顎裂、部分先天性心臟病等。故如果於產前檢查發現有胎兒畸形，建議諮詢相關專科醫師，以取得充分醫療資訊，作出適當的處置。
3. 若懷孕期間有身體不適或胎兒有特殊狀況，可與醫師討論檢查頻率及次數。
4. 胎兒超音波對於性別的判定有很高的不準確性，而且依規定不可用來判定胎兒性別，亦不可以因胎兒的性別而中止妊娠。

Overview of fetal ultrasound test

Limitations of the examination

1. The baby's IQ, vision, hearing, birth marks and whether the baby has biochemical and metabolic abnormalities cannot be detected by the ultrasound.
2. Ultrasound cannot replace amniocentesis, which means that the ultrasound cannot diagnose whether the baby has Down's syndrome or other chromosomal abnormalities.
3. Minor birth defects cannot be identified at all, such as minor ventricular septal defect, aortic arch stenosis or neural conduit defects. (Typically appears as an opening in the spinal cord).
4. Normal screening results at the early stages of the pregnancy does not guarantee that the baby will be completely normal toward the later stages of pregnancy or after birth. Many diseases won't appear until the final stage of pregnancy or even after birth. Therefore, ultrasound is unable to detect these conditions during the early stages (weeks 16 to 24). The medical facility cannot say for certain that the baby won't have any problems after the test.
5. The infant is often moving or hold the fists together. Therefore, it is nearly impossible to accurately diagnosis any abnormalities with the fingers and toes.
6. As the pregnancy progresses (over 28 weeks), the baby cannot fully extend inside the uterus. The bones and the body overlaps and therefore, the result is not as good.
7. The baby's blood circulation inside the uterus is not quite the same as after the baby is born. Therefore, it is hard to diagnose any congenital heart disease.

Individual concern

1. Although the government provides one free ultrasound exam around week 20, mothers have the right to accept or refuse this exam. Even after going through the exam, you have the right to reject knowing some of the results. Some people will not terminate a pregnancy for religious reasons, even if the baby has abnormalities. Or they may not want to know the issues that cannot be dealt with while the baby is still in the womb, such as minor heart valve abnormalities or cleft lip. If you have concerns similar to the ones mentioned above, please inform your doctor.
2. Some of the fetal deformities detected by ultrasound, such as cleft lip and palate and some of the congenital heart diseases, can be treated and won't affect the future growth and development of the baby. Therefore, if fetal deformities are found during the prenatal examination, please consult medical specialists and receive full information so that you can make an informed choice.
3. If there are any discomforts during pregnancy or if there are special circumstances for the baby, the expectant mother may discuss the frequency and numbers of such occurrences.
4. Fetal ultrasound is highly inaccurate for determining the gender of the baby. According to the law, ultrasound may not be used for such purpose, either. Parents may not end the pregnancy because of the baby's gender.

胎兒超音波檢查說明

Q&A

Q：什麼是3D/4D超音波檢查？

A：3D超音波可呈現出嬰兒的五官與立體的樣貌；4D超音波則是從靜態的影像變成動態的影片。3D與4D超音波，不是醫學診斷上的依據。（為自費）

Q：什麼是高層次超音波檢查？

A：坊間所稱高層次超音波即是對於胎兒的器官做有系統掃瞄的胎兒超音波，與目前產檢超音波使用的設備是相同的，均為2D超音波。準媽媽若經產檢超音波檢查發現可能有異常或有個人需求時，可依據個人情況與醫生進一步討論，是否要再進一步進行胎兒超音波檢查，並將由專業醫師根據臨床經驗與檢測技巧，對胎兒的頭頸部、胸部腹部器官、臍帶及四肢等項目進行精密的細部構造檢查，檢查時間約需要半小時至一小時。檢查週數建議於20-24週進行。(為自費)

Overview of fetal ultrasound test

Q What is a 3D/4D ultrasonic inspection?

A 3D ultrasonic inspection can show the baby's facial features and three-dimensional appearance; 4D ultrasonic inspection shows the movements of the baby. Neither 3D nor 4D ultrasonic inspection is applicable for clinical diagnosis. (self funded)

Q What is a level Ⅱ ultrasound?

A The so called level II ultrasound is a kind of fetal ultrasound that systematically scans organs of babies. The equipment used is the same with a prenatal check-up ultrasound, namely the 2D ultrasound. If an expectant mother detects abnormalities through the prenatal check-up ultrasound or due to personal demands a fetal ultrasound can be further carried out. Professional doctors will carefully examine the details of the baby's head and neck, thoracic and abdominal organs, umbilical cord and limbs based on clinical experience and exam techniques. The test takes about30 to 60 minutes.The test is recommended to be carried out from week 20 to 24.(self funded)

孕婦免費愛滋病毒篩檢服務

衛生福利部疾病管制署於九十四年一月一日起，於孕婦的產檢項目中增加每位孕婦乙次免費愛滋病檢查。本項篩檢併同初次產檢(標準抽血檢查項目：血型、Rh因子等)實施，以確保懷孕婦女及下一代的健康。為了寶寶的健康，每一位準媽媽都該毫不猶豫的接受愛滋病毒的篩檢，理由如下：

1. 愛滋病毒會透過母親懷孕胎盤、分娩過程和哺餵母乳等方式感染給寶寶。感染機率在30-45%之間。目前感染的愛滋寶寶，發現九成是因為媽媽在懷孕前不知道自己感染愛滋病，因為沒有事前預防治療，造成寶寶感染。
2. 目前已知有效的方法，包括：懷孕期間服用預防性抗反轉錄病毒藥物、剖腹產和使用母乳代替品哺餵，可以阻斷愛滋病毒傳染給小孩，感染機會從45%降至2%以下，同時經由藥物治療將有助於感染愛滋病毒母親的健康。
3. 愛滋病毒並不會選擇特定對象，每一個婦女，甚至只有固定單一性伴侶的婦女，都有感染的危險而不自知。要求性伴侶使用保險套是女性的權利，請保護自己免於感染愛滋病毒。藥癮者，切勿與他人共用針具、容器或是稀釋液，以免經由血液感染愛滋病。

Q&A

Q：愛滋病是什麼？

A：愛滋病又稱「後天免疫缺乏症候群」，人類感染愛滋病毒後通常不會立刻發病，可能在感染後六個月甚至長達十年或更久才有症狀發生。這種病毒會使人類失去抵抗病原體的能力，甚至喪失生命。

Q：愛滋病是如何感染？

A：1. 性行為傳染：未採防護措施的性行為。
2. 血液感染：如輸血、共用針具、容器或是稀釋液。
3. 母子垂直感染：懷孕、生產及哺乳。

Q：如果有其他疑問或懷疑感染愛滋病毒時，誰能幫助我？

A：1. 請撥打疾病管制署疫情通報及諮詢專線1922，將有專人提供諮詢服務。
2. 請上疾病管制署網站http://www.cdc.gov.tw查詢。

孕婦免費愛滋篩檢同意書附於240頁。

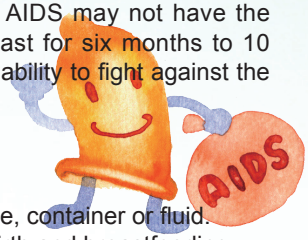
Free AIDS screening for pregnant women

Starting from January 1, 2005, Centers for Disease Control of Ministry of Health and Welfare included one free AIDS screening into the prenatal examination. This screening is conducted with the first prenatal examination (standard prenatal examination such as blood type and Rh factors, etc.) to ensure the health of both mother and baby. Every mother should receive HIV screening without hesitation, and here is why:

1. The HIV virus could be transmitted to the baby from the mother through placenta, during childbirth or breastfeeding. The chance of the baby being infected is between 30 to 45%. 90% babies infected with AIDS were born to mothers who did not know about their infection of AIDS before getting pregnant. and infected the baby because the lack of preventive treatments.
2. There are a few known preventions: Taking preventive antiretroviral drugs, choosing C-section and use breast milk substitute to feed the baby can reduce the possibilities of the child being infected from 45% to 2%. Medication will also improve the health of mothers with AIDS.
3. HIV does not pick its victims. Every woman, even women with one sexual partner may have been infected and not know about it. It is a woman's right to ask her sexual partner to wear a condom. Please protect yourself from AIDS. People who are drug addicts should not share the needle, container or any fluid with others to avoid infection through blood.

Q What is AIDS?

A AIDS is also called "Acquired Immune Deficiency Syndrome" caused by Human Immunodeficiency Virus (HIV). People infected with AIDS may not have the symptoms right away. The incubation period could last for six months to 10 years or longer. The virus can make humans lose the ability to fight against the pathogens. It can even cause death.



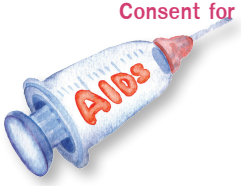
Q How are people infected with AIDS?

A
1. Sex: Through unprotected sex.
2. Blood: Through blood transfusion, sharing the needle, container or fluid.
3. Mother-to-child transmission: Through pregnancy, birth and breastfeeding.

Q Who can help me if I have other questions or if I think I have AIDS?

A
1. Please call the outbreak communication and consultation hotline of Centers for Disease Control, 1922. A representation will be able to assist you.
2. Please visit the website of Centers for Disease Control at http://www.cdc.gov.tw.

Consent for free prenatal AIDS screening is on p.241



產前遺傳診斷與補助

新生兒為什麼會先天性異常？

新生兒先天異常的發生原因有很多種，包括染色體異常、單基因突變、多因子遺傳或環境因素等，然而仍有很多先天異常其發生原因尚不清楚。

為減少新生兒先天異常的發生，衛生福利部自優生保健法於民國74年公布實施以來，即積極推動產前遺傳診斷工作，以減少嚴重畸形兒的出生，減輕家庭及社會的負擔。

產前遺傳診斷常用的方法？

1. 第一孕期、第二孕期母血唐氏症篩檢。(可計算出異常的機率，但無法確診。)
2. 羊膜腔穿刺術。
3. 絨毛膜取樣術。
4. 臍帶血採樣術。
5. 超音波檢查。(參考第100頁)

什麼人需要產前遺傳診斷？

1. 三十四歲以上孕婦。
2. 曾生育過先天異常兒者。
3. 本人或配偶有遺傳性疾病者。
4. 家族有遺傳性疾病者。
5. 其他可能生育先天異常兒之高危險群者，如：經超音波或孕婦血清篩檢胎兒有異常可能者。

全民健康保險有給付產前遺傳診斷嗎？

1. 全民健康保險並未給付產前遺傳診斷之費用，目前是由衛生福利部每年編列預算提供該項費用之部分補助，孕婦接受產前遺傳診斷者，仍然需要自付一些費用。有關政府補助或減免之金額，可洽詢採檢醫院或當地衛生局。

Prenatal genetic diagnosis and subsidy

Why do congenital anomalies occur?

There are many possible causes of genetic disorders in newborn babies, including chromosomal abnormalities, single genetic mutation, multifactorial inheritance or environmental factors. However, there are many more that are still unknown.

To reduce genetic abnormalities in newborns, Ministry of Health and Welfare has been promoting prenatal genetic screening since Genetic Health Act was implemented in 1985 to reduce the birth of deformed babies and lessen family and social burden.

What are the methods often used for prenatal genetic diagnosis?

1. The maternal blood Down's syndrome screening for first and second trimesters. (This can calculate the possibilities of abnormality, but not actual diagnosis.)
2. Amniocentesis.
3. Chorionic villus sampling (CVS).
4. Cord blood testing.
5. Ultrasound. (refer to p.101)

Who needs prenatal genetic diagnosis?

1. Pregnant women over the age of 34.
2. Parents who once gave birth to children with congenital anomalies.
3. Pregnant women or their spouses have genetic diseases.
4. Family history of genetic disease.
5. Other high risk groups for giving birth to baby with congenital anomalies, such as those who are tested with possible birth defects with ultrasound or blood test.

Does the National Health Insurance cover prenatal genetic diagnosis?

1. The National Health Insurance does not cover prenatal genetic diagnosis. Currently, the Ministry of Health and Welfare appropriates annual findings for provide subsidy for it. Pregnant women who take prenatal genetic diagnosis still need to pay for part of the cost. For more information on governmental subsidy or the amount of deduction, contact the hospital where the testing is done or local department of health.

產前遺傳診斷與補助

2. 符合補助條件之孕婦，將由產檢醫院協助填寫產前遺傳診斷申請表；政府所提供之補助費用，會直接由產檢醫院協助您從自行負擔之費用中扣除補助費用，屆時您只要自付一些費用。如果您有任何疑問，請洽當地衛生局詢問。

哪裡可以獲得相關資訊？

除了主治的婦產科醫師會依個案情形提供相關遺傳諮詢，如有進一步的疑問，可以洽衛生福利部國民健康署審查通過的十一家遺傳諮詢中心尋求協助。

衛生福利部國民健康署審查通過之遺傳諮詢中心服務窗口	
臺灣大學醫學院附設醫院	02-23123456#71922、71923
臺北榮民總醫院	02-28712121#3292
馬偕紀念醫院	02-25433535#2547、2548
林口長庚紀念醫院	03-3281200#8544
臺中榮民總醫院	04-23592525#5938
中國醫藥大學附設醫院	04-22052121#2128
中山醫學大學附設醫院	04-24739595#20225
彰化基督教醫院	04-7238595#7244
成功大學醫學院附設醫院	06-2353535#3551
高雄醫學大學附設中和紀念醫院	07-3121101#7801
慈濟綜合醫院	03-8563092

Prenatal genetic diagnosis and subsidy

2. Pregnant women who qualify for subsidy may fill out the application for genetic diagnosis with the assistance of the hospital that conducts the prenatal examination. The governmental subsidy will be deducted from your fees by the hospital, and you only need to pay for the balance. If you have any questions, please contact the local department of health.

Where can I get more information?

The primary obstetrician and gynecologist would provide consultation on a case by case basis. If you have more questions, contact any one of the 11 genetic consultation centers approved by the Health Promotion Administration, Ministry of Health and Welfare.

Genetic counseling center service window approved by the Health Promotion Administration, Ministry of Health and Welfare	
Taiwan University Hospital	02-23123456#71922 and 71923
Taipei Veterans General Hospital	02-28712121#3292
Mackay Memorial Hospital	02-25433535#2547 and 2548
Linkou Chang Gung Memorial Hospital	03-3281200#8544
Taichung Veterans General Hospital	04-23592525#5938
China University Hospital	04-22052121#2128
Chung Shan University Hospital	04-24739595#20225
Changhua Christian Hospital	04-7238595#7244
National Chengkung University Hospital	06-2353535#3551
Kaohsiung Medical University Chung-Ho Memorial Hospital	07-3121101#7801
Buddhist Tzu Chi General Hospital	03-8563092

趕走對胎兒的不良影響

1. 菸害

根據世界衛生組織癌症研究總署，吸菸以及二手菸均為一級致癌物，請及早戒菸。

女性吸菸者增加罹患致死性慢性阻塞性肺炎、包括慢性支氣管炎與肺氣腫，吸菸增加女性許多癌症如口腔、咽喉、食道、喉頭、膀胱、胰臟、腎臟、子宮頸等癌症及急性髓質白血病、吸菸女性也與停經前乳癌有關。

孕婦吸菸或吸入二手菸，體內易殘留有高濃度尼古丁(nicotine)或其代謝物可丁尼(cotinine)，胎兒在這樣的子宮環境內發育，神經、消化系統和視力等也都會導致不同程度的影響，增加自然流產、先天畸形、早產及新生兒低體重的危險性，成長後罹患血癌的危險性較高。

如果父母習慣在室內或寶寶身邊吸菸，寶寶體內的可丁尼濃度會比不吸菸父母的寶寶高近50倍；即使父母至門外陽臺吸菸，寶寶體內的可丁尼濃度仍然為不吸菸父母的寶寶的7倍。

哺乳媽媽暴露在二手菸環境下，尼古丁代謝物可丁尼等有害物質，會經由人體進入母乳引發異味，讓寶寶變得不愛喝。另一方面，也會使母體賀爾蒙分泌異常，導致乳汁分泌不足。

吸菸或二手菸不但會提高孕婦血中鉛濃度，更會經由胎盤傳給胎兒，影響寶寶的智力發展。而尼古丁則會對胎兒尚在發育的耳內「神經傳輸器」造成傷害，影響聽力。

另外，研究證實，在家吸菸，會造成有毒物質在家中持續高濃度的殘留，即使菸已經熄滅很久了，這些物質仍會在家庭裡各種表面上（例如桌椅、地板、牆壁、衣櫥、澡盆、馬桶……家具）以微粒的形式，形成一層附著物；同時也可以附著於飛塵上；或成為揮發性的有毒複合物，經過數天、數周、數月，飄散到空氣中。吸菸一天，就可以在未來很長時間使出入於那個空間的人暴露到菸害。這些物質在低濃度就具有毒性，包括數種一級致癌物。

為了小寶貝，準爸媽趕快戒菸

若準爸媽想了解菸害與戒菸相關資訊，可向醫療院所洽詢並提供戒菸諮詢相關資訊，或洽戒菸專線、戒菸門診等服務(免費戒菸專線0800-63-63-63)。

＊「戒菸專線服務中心」轉介流程及同意書附於82-84頁。

戒菸資訊

(1)二代戒菸，補助升級！免費戒菸諮詢專線：0800-636363，網址：http://www.tsh.org.tw/

(2)全國超過3,000家戒菸服務合約醫事機構或藥局（查詢電話：02-2351-0120）

(3)洽各縣市衛生局（所）接受戒菸諮詢或服務，可索取免費戒菸手冊

(4)健康九九網站戒菸教戰手冊下載，網址：http://health99.hpa.gov.tw

Keep bad influences away from babies

1. Smoke

According to the research of the WHO Cancer Control Programme, cigarette smoke and second-hand smoke are level 1 carcinogens. Please quit smoking as soon as possible.

Women who smoke have a higher risk in chronic obstructive pulmonary disease, which is fatal, such as chronic bronchitis and emphysema. Smoking also increases many cases of cancer among female in the mouth, throat cancer, esophagus cancer, larynx, bladder, pancreas, kidney, cervix and acute medulla leukemia. Women who smoke are also associated with premenopausal breast cancer.

Pregnant women who smoke or inhale secondhand smoke tend to have a high concentration of nicotine or nicotine metabolites such as cotinine in their bodies. Growing in these mother's wombs will pose negative effects to the baby's nervous and gastroenterological systems as well as vision to a various degree. It increases the risk of miscarriage, congenital deformity, premature birth and low birth weight. These children will also be in higher risk of leukemia when they grow up.

If the parents are used to smoking indoor or near the baby, the concentration of nicotine in the baby's bodies could be 50 times higher than babies born to non-smokers. Even if the parents smoke on the balcony instead, the nicotine concentration in these babies's body is still 7 times higher than babies with non-smoking parents.

Exposure to secondhand smoke for mothers who breastfeed will allow harmful substances such as cotinine, a nicotine metabolite, to enter the mother's body and create odors that might make the baby lose interest in the breast milk. In addition, these substances will also cause abnormal hormone secretion which leads to insufficient lactation.

Smoking or secondhand smoke would increase the lead concentration in the mother's blood, which will be transmitted to the baby through the placenta. This will affect the baby's mental development. Nicotine will cause damages to the neurotransmitter inside the ears during fetal growth and affect the baby's hearing.

For your baby's health, quit smoking right away!

For expectant parents who want to know more about the harmful effects of smoking or information that can help quit smoking, information on smoking cessation is available at hospitals. You may also utilize services such as the smoking cessation hotline and appointments. (Free smokers' helpline: 0800-63-63-63.)

* A list of referral hospitals with "Referral consent form for smoking cessation" is included on p.83-85.

Smoking cessation information

(1) The second generation and updated smoking cessation! Free smoking cessation counseling hotline: 0800-636363, website: http://www.tsh.org.tw/

(2) There are more than 3,000 smoking cessation service contracted hospitals or pharmacies in Taiwan(Hotline: 02-2351-0120)

(3) Receive smoking cessation counseling or service at Health Bureaus (Institutions) in each city and county and get a free smoking cessation handbook

(4) Download smoking cessation instruction handbook on the website of health99, website: http://health99.hpa.gov.tw

趕走對胎兒的不良影響

2. 酒害

過量飲酒除了對孕婦會造成孕程出血而流產、子宮及陰道感染、習慣性流產、胎盤早期剝離和死產外，也會影響胎兒在子宮內的生長，而容易生下臉部發育異常(如小眼、鼻樑扁平、顏面畸形)、體重及身高的生長遲滯及中樞神經異常(小腦症、智障及神經行為障礙)等有健康問題的「胎兒酒精症候群」嬰兒。

3. 避免過度照射X光

懷孕時應避免X光照射，如有必要，可在醫師指示下行之，以減少胎兒畸形的風險。

4. 孕婦使用藥品須知：

(1)如有打算近期懷孕，在服用任何藥物前應先詢問醫師或藥師的建議，不要任意使用藥物或不必要的中草藥或偏方。

(2)若在懷孕、疑似懷孕或是未避孕而可能懷孕期間，服用任何藥物包括：處方藥、非處方藥及食品補充劑等，請告知您的醫師或藥師。

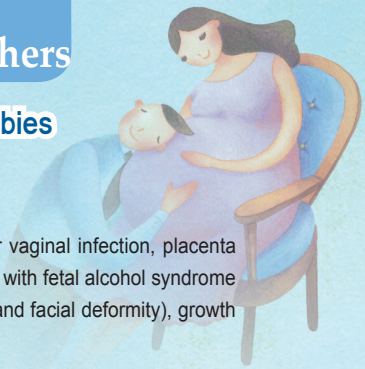
(3)美國食品藥物管理局(FDA)將懷孕期間藥物的安全性分成五級，區分內容如下：

級別	定義
A	在懷孕婦女的對照臨床試驗中，無法證實對懷孕第一期或較後期胎兒有風險、或對胎兒傷害的可能性。
B	動物試驗未顯示對胎兒有危險，但缺乏懷孕婦女的對照臨床試驗資料。或者，動物試驗顯示對胎兒有不良反應，但懷孕婦女對照臨床試驗無法證實對胎兒有危險。
C	動物試驗顯示有致畸性或殘害胚胎，但沒有懷孕婦女的對照臨床試驗；或者，懷孕婦女的對照臨床試驗或動物試驗均缺乏資料。
D	已證實對人類胎兒有危險，但在一些狀況(如有致命危險的狀況或在嚴重疾病其他較安全的藥品無法使用或無效)，必須利益大於潛在的風險才可以使用。
X	在動物及人體試驗、及/或臨床經驗證實會造成胎兒異常，這種風險遠超過可能的利益。

註：A、B 兩級藥物於懷孕期間使用大致安全；C、D 兩級藥物則需視實際情形權衡使用。懷孕期間如有用藥需求，應先諮詢醫師或藥師之專業意見。

(4)孕婦在懷孕期自行補充維他命及營養補給品，應先諮詢醫師及藥師，以避免過量服用對胎兒造成危害。

Keep bad influences away from babies



2. Alcohol

Overdrinking may cause miscarriage as a result of bleeding, uterine or vaginal infection, placenta abruption and stillborn. It may also affect fetal growth. The baby may be born with fetal alcohol syndrome with health issues such as facial abnormalities (small eyes, flat nose bridge and facial deformity), growth retardation for weight and height, and central nervous system abnormalities.

3. Avoid excessive X-ray irradiation

Pregnant women should avoid being irradiated by X-rays. They should carry out X-ray exams under the doctor's instructions when necessary to reduce the risk of fetal malformations.

4. Precautions for pregnant women using medication:

(1) If you plan on getting pregnant soon, try not to take any unnecessary medication, including Chinese medicine or home remedies.

(2) If you have taken any medication, including prescription or over the counter drugs or dietary supplements when you are or might be pregnant or if you are not using contraceptive methods and may have gotten pregnant, please tell your doctor or pharmacist.

(3) The U.S. Food and Drug Administration (FDA) classifies the safety of medications during pregnancy into 5 categories. Details are as follows:

Category	Definition
A	Controlled clinical trials in pregnant women have not been able to confirm any risks to the fetus during the first trimester or at the later stage of the pregnancy or the possibility of its harm to the fetus.
B	Animal experiments have not shown that the fetus is at risk. There is a lack of evidence from controlled clinical trials in pregnant women. Or, animal experiments have shown that the fetus has adverse reactions. Controlled clinical trials in pregnant women are not able to confirm its risk to the fetus.
C	Animal experiments have shown its teratogenicity or its harm to embryos. There is no controlled clinical trial in pregnant women; Or, there is a lack of evidence in both controlled clinical trials in pregnant women and animal experiments.
D	It is confirmed that it is harmful to human fetus. Under certain circumstances (such as a fatal condition or being unable to take safer drugs in severe diseases or the drugs are ineffective), however, it shall not be conducted unless the benefits outweigh the risks.
X	When animal and human experiments and/or clinical experience confirm that it may lead to fetal anomaly, then the risks outweigh the benefits.

Note: Drugs of grade A and B are probably safe to take during pregnancy; Taking drugs of grade C and D depends on particular cases. Consult physician or pharmacists for professional opinions when there is a need of medication during pregnancy

(4) Women should consult the doctors before taking vitamin or other nutrition supplements during pregnancy to avoid harm to the babies due to overdose.

趕走對胎兒的不良影響

5. 孕婦使用化粧品須知：

(1) 可能懷孕或確知已懷孕婦女不得染髮，並避免燙髮及使用指甲油、去光水或指甲彩繪品。

(2) 請勿使用來路不明、標示不清及過度宣稱效果的化粧保養品。

(3) 懷孕期間常因荷爾蒙變化長痘痘，此時化妝保養程序應儘量簡化並可輔以適當的外用抗痘產品，此外上妝時儘量以淡妝為宜，不建議濃妝。

(4) 懷孕期間儘量不要使用顏色過重、香味過強及成分過度複雜的化粧保養品。

(5) 懷孕期間臉上容易長斑而且原本斑點的顏色也會加深，此時應注意適當的防曬措施並輔以適合的純物理性防曬品。此外可以適度的使用一般美白保養品，但三合一退斑膏藥品(A酸+對苯二酚+類固醇)則不適合用於懷孕期間。

(6) 懷孕期間皮膚容易乾癢及長疹子，除了穿著透氣寬鬆的衣物，處於涼爽的環境以及使用溫和的沐浴產品外，如果情形嚴重應儘快到皮膚科求診，並依醫師處方輔以適當的藥物來治療處理。

(7) 懷孕期間可使用含果酸或水楊酸的化粧品，但不適合進行高濃度的化學換膚處理。

(8) 懷孕期間並不建議執行非急迫性的醫美處理（雷射、脈衝光、電波拉皮或電氣導入）或是整型手術（包括微整型），以免暴露到不必要的風險。

(9) 如有蟹足腫體質的患者在生產手術前需事先與醫師討論，並於術後配合使用適當的輔助產品以預防明顯疤痕的產生。

（資料來源：食品藥物管理署）

6. 不使用毒品

懷孕婦女若吸食毒品，毒品會經由母體胎盤進入胎兒體內，相當於胎兒間接性吸毒，可能使得新生兒出現「新生兒戒斷症候群」，提高癲癇發作、出生體重過輕、呼吸問題、甚至死亡的風險；亦可能導致學習障礙、注意力不集中、行為問題等發展缺損。

提醒未停止藥物濫用之準媽媽，可儘速向衛生福利部指定之藥癮戒治機構（可自衛生福利部網站（www.mohw.gov.tw）/資訊服務專區/心理及口腔健康司/成癮治療/指定藥癮戒治機構項下查詢）尋求診治，並停止施用毒品。

Keep bad influences away from babies

5. Precautions for pregnant women using makeup:

(1) Suspected pregnant women and confirmed pregnant women should not dye their hair. Perming, using nail polish, polish remover or other nail art products should be avoided.

(2) Do not use makeup or skin care products of unknown origin, with unclear labeling or exaggerated effects.

(3) During pregnancy, acne may occur due to the change of hormone levels. Try to simplify make-up and skin care procedures, and these together with topical acne products will help. Besides, light make-up, instead of a strong one, is recommended.

(4) Try not to use makeup or skin care with intense colors, strong fragrance or complicated ingredients during pregnancy.

(5) It is easy for women to have spots on the face during pregnancy. The original spots will also darken. At this time, use physical sunscreen that are appropriate for you. In addition, whitening skin care can be used, but the 3-in-1 skin lightening product (retinol, hydroquinone and steroids) is not appropriate during pregnancy.

(6) During pregnancy, it is easy for the skin to get dry and itchy and rashes may occur. Besides wearing breathable loose clothes, staying in cool places and applying only mild shower products., You should also go to a dermatologist as soon as possible if conditions are severe and take proper medication according to the doctors' prescription.

(7) Women can use products that contain alpha hydroxyl acid and salicylic acid during pregnancy. However, chemical peels with high concentration are not recommended.

(8) During pregnancy, it is suggested to avoid performing any non-emergency tongue art treatment (laser, pulse light, radio waves skin lift or electrical import) or plastic surgery (including micro ones) as they may expose you to unnecessary risks.

(9) Mothers with keloid should discuss their conditions with doctors before giving birth so that the doctors may choose appropriate approach to avoid visible scars.

(Source of materials:Food and Drug Administration)

6. Do not take drugs

If an expectant mother takes drugs, the drugs will be transferred into the baby via maternal placenta. Thus, the baby will be taking drugs indirectly. This leads to “neonatal withdrawal syndromes”, increasing risks of epileptic seizures, low birth weight, respiratory conditions and even death. It will also cause development defects, including learning disability, failing to concentrate and behavior problems.

We need to remind those expectant mothers who have not stopped drug abuse that they should go to a drug addiction cessation and treatment agency designated by the Ministry of Health and Welfare (could be found in the website of the Ministry of Health and Welfare (www.mohw.gov.tw) / information and service zone / department of mental and dental health / addiction treatment / designated agency for drug addiction cessation and treatment) for treatment and to stop taking drugs.

女孩男孩一樣好，生來通通都是寶

隨著文化的變遷，民主意識的抬頭，兩性平權、實質平等的時代也已悄然到來。在家族生命的延續、母子心靈的親疏或對孩子未來成就的期許上，你會因為孩子性別的不同而有所差異嗎？提供下面訊息給準父母參考：

● 女性也可以傳宗接代！

- 男女結婚後可繼續保有原來姓氏，無需再冠夫姓。
- 子女姓氏可由父母書面約定從父姓或母姓。
- 女性與男性具有平等的家產繼承權利，女兒的應繼分也和兒子應繼分完全相同。
- 祭祀公業條例自2008年7月1日起施行，已摒棄過去排除女性繼承宗祧的習俗，展現男女的平權意識。
- 在喪葬禮儀中，女性也可以擔任主奠者及主持捧斗、執幡等儀式，傳承家族血緣。

● 孩子未來的成就無關性別！

- 「性別平等教育法」：讓女性與男性皆有平等受教育之權利。
- 「性別工作平等法」：保障女性工作權之平等，消除性別歧視。
- 女性勞動參與率，專業技術人員比率，管理及經理人員比率不斷提升；國會議員和民意代表中女性席次比率，及女性公務人員進入決策階層比率亦提高。

● 女孩男孩都是寶！

父母和孩子之間的親情連結跟子女性別並無關聯，長久情感的親密互動，才是真正讓父母感到「有女、有子萬事足」之關鍵。

● 為了幫助更多胎兒平安出生，不要因性別而被放棄，請您一起來守護！

若您有發現違法檢測及選擇胎兒性別的情事，請向各縣市胎兒性別篩選查報窗口反映，請參閱第236頁。

偏見停一停，女男一樣行，
兩性都珍貴，平等才是對，
讓我們珍惜生命，珍惜上天賜予我們的心肝寶貝～

Boys and girls are gifts for the parents who are equally precious!

Cultural changes and democratization have moved us forward in gender and substantive equality. Would you treat your child differently or become closer or more aloof to the child due to concerns about continuing family blood line or future aspirations for the child? The following information are provided for future parents as a reference:

- Female can pass down the family name, too!
  - When women get married, they can keep their maiden name and do not need to assume their husband's family name.
  - Parents may decide whether the children take the paternal or maternal family name with written agreement.
  - Women and men share equal rights when it comes to inheritance. The amount of inheritance should be equal, too.
  - The regulations for the funeral industry became effective on July 1,2008. The regulations stipulate that the custom of limiting inheritance privileges to males only is abandoned, which exemplifies gender equality.
  - Female members of the family can also play crucial roles in funerals and inherit the kindred.

- A child's future achievements have nothing to do with gender!
  - "Gender Equity Education Act": The Act gives both women and men equal rights to receive education.
  - "Act of Gender Equality in Employment": The Act guarantees equal opportunity for employment for women and eliminates gender discrimination.
  - More women have participated in the Gynecological profession with a higher ratio of professional technical staff as well managerial staff and managers. Ratios of female members of congress, public opinion representatives as well as public servants entering decision levels have been elevated at the same time.

- Girls and boys are equally precious!

  The bond between parents and their children have nothing to do with the children's gender. The intimate relationship developed through interactions over time is the key that makes parents happy and content about their daughters and sons.

- To help more babies come to this world safely, please do not be influenced by their gender.Let's protect them together!

  If you find an illegal incidence of gender testing and selection, please go to the contact list for reporting gender screening in each city and county. For details, please refer to page 237.

No more prejudice. Women and men are equally capable.
Gender equality is the way to go.
Let us cherish life and treasure the gift from god~

讓寶寶安全的成長

早產是指寶寶在懷孕滿20週至未滿37週時出生。早產寶寶的照顧不容易，是新生兒死亡的主要原因。早產發生的原因目前仍有50%不明，已知的危險因子包括：

生活行為			孕前狀況			懷孕期間		
是	否		是	否		是	否	
☐	☐	營養狀況不良	☐	☐	懷孕年齡小於18歲或大於40歲	☐	☐	感染、發燒
☐	☐	吸菸、喝酒	☐	☐	未婚懷孕	☐	☐	細菌尿、感冒
☐	☐	使用成癮藥物	☐	☐	孕前體重不足	☐	☐	多胞胎
☐	☐	工作過度勞累	☐	☐	懷孕間隔太密	☐	☐	前置胎盤
☐	☐	衛生習慣不良	☐	☐	曾發生過早產、早發陣痛或妊娠早期~中期流產	☐	☐	子癲前症、高血壓
☐	☐	情緒焦躁不安	☐	☐	曾患腎盂腎炎	☐	☐	胎盤早期剝離
☐	☐	貧血…等	☐	☐	前胎有子宮頸閉鎖不全之現象	☐	☐	早期破水
			☐	☐	曾有不良的產科病史	☐	☐	羊水過多或過少
			☐	☐	子宮曾接受過手術〈如人工流產…等〉	☐	☐	子宮有畸形
						☐	☐	妊娠12週後曾出血
						☐	☐	腹部手術
						☐	☐	身體或情緒方面的創傷
						☐	☐	胎兒染色體異常或先天性畸形
						☐	☐	牙周病

這些因素大多數是可以在懷孕前就開始準備先行改善的，懷孕期多注意，以預防早產的發生。若出現下列類似早產徵兆的情形，應儘快就醫才能降低早產風險。(請參閱第214頁)

是	否	
☐	☐	一小時內有6次以上或10-15分鐘有一次的子宮收縮，休息30分鐘後仍無改善。這些收縮不一定有疼痛感，但肚子會變硬或有下墜感。
☐	☐	類似月經來時的悶痛感或來之前的脹痛感。
☐	☐	子宮與陰道的壓力，有下墜感或陰道有壓迫感。
☐	☐	其他方法無法改善的下背痛。
☐	☐	持續不斷的腹瀉或腹部絞痛。
☐	☐	陰道水樣、黏液和血液樣分泌物增加。
☐	☐	感覺胎動較平常減少一半以上。

(如果您有勾選上述任何症狀，即可能為高危險妊娠孕產婦，請記得向醫師說明協助診斷，以確保自己和胎兒的安全，請參閱第214頁；有關早產兒相關福利，請洽財團法人臺灣早產兒基金會http://www.pbf.org.tw)

Let babies grow safely

The term, premature, refer to babies who are born between week 20 and week 37. It is not easy to take care of premature babies, which is one of the leading causes in the death of premature babies. 50% of the causes of premature babies are unknown. The known risk factors include:

Living habits

Yes	No	
☐	☐	Malnourished
☐	☐	Smoking and drinking
☐	☐	Use addictive substance
☐	☐	Overwork and fatigue
☐	☐	Poor personal hygiene
☐	☐	Anxiety
☐	☐	Anemia…etc

Pre-pregnancy conditions

Yes	No	
☐	☐	Getting pregnant while under 18 or over 40 years of age
☐	☐	Unmarried pregnancy
☐	☐	Underweight before pregnancy
☐	☐	Short time period between pregnancies
☐	☐	Had premature birth, early contractions or miscarriage during the first and second trimesters
☐	☐	Had pyelonephritis
☐	☐	Cervical incompetence with the previous birth
☐	☐	Had poor obstetric medical history
☐	☐	Had surgery on the uterus (Such as an abortion)

During pregnancy

Yes	No	
☐	☐	Infection or fever
☐	☐	Bacteria in urine, cold
☐	☐	Multiple births
☐	☐	Placenta previa
☐	☐	Pre-eclampsia and hypertension
☐	☐	Placental abruption
☐	☐	Premature rupture of membranes
☐	☐	Polyhydramnios or oligohydramnios
☐	☐	Uterine malformation
☐	☐	Bleeding after week 12 of pregnancy
☐	☐	Abdominal surgery
☐	☐	Physical or emotional trauma
☐	☐	Chromosomal abnormalities or congenital malformation
☐	☐	Periodontal disease

These factors can be improved prior to being pregnant. Pay more attention during pregnancy to prevent premature birth. If the following symptoms occur, which could be signs of premature birth, go to the hospital as soon as possible to reduce risk of premature birth. (please refer to p.215)

Yes	No	
☐	☐	There are over 6 uterine contractions within an hour, or once every 10 to 15 minutes, and the condition does not improve after 30 minutes of rest. The contractions do not necessarily cause pain, but the abdomen would get hard and there is a sensation of something falling.
☐	☐	Feeling like the cramps with menstrual cycle or the bloating before the cycle starts.
☐	☐	There is pressure in the uterus and vagina, a sense of something falling or pressing the vagina.
☐	☐	Lower back pain that cannot be alleviated by any other methods.
☐	☐	Continuous diarrhea or abdominal cramps.
☐	☐	Increase the secretion of vaginal water, mucus or blood.
☐	☐	The feeling that fetal movements have decreased by 50% comparing to normal circumstance.

(If any of the above symptoms occur, you will probably become a high risk pregnant woman. Please inform your doctor about the condition in order to help with the diagnosis to safeguard your safety and that of your baby. Please refer to page 215. About the welfare related to premature infants, please visit the consortium legal person of the Taiwan premature babies fish fund http://www.pbf.org.tw)

準媽媽生活保健DIY

衣著

- 選擇寬鬆、吸汗材質，保持身體舒適及衛生。
- 穿著低跟、防滑的舒適鞋子，避免跌倒。
- 平常應戴上胸罩，支托保護乳房。

休息&睡眠

- 每天睡足八小時，中午最好有30分鐘的午睡。
- 白天注意身心狀態，可做短暫休息。
- 懷孕末期宜採側臥，休息時抬高雙腳，以促進下肢血液循環減少水腫。

活動

- 避免攀高、舉重或提重物。
- 可做家務，但不可勞累。
- 散步是最好的活動，可依醫護人員的評估及指導，進行適當的產前運動。

性生活

- 原則上不需禁止，但孕婦若曾有早產或流產症狀者，懷孕最初三個月及最後兩個月宜暫停。
- 此次懷孕有子宮頸閉鎖不全或前置胎盤，或目前尚未足月但有陰道出血及陣痛等情形者，應禁止。
- 在性行為的過程中，若孕婦產生子宮強烈收縮、不正常出血、嚴重下腹痛等，應停止性行為，儘快就醫。

排泄

- 宜每天排便。
- 不憋尿，有尿意時即排尿，不減少水份攝取。
- 宜多吃蔬菜、水果、多喝開水、以促進大小便暢通。

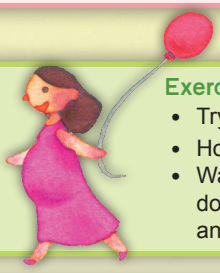
DIY for expectant mothers

Clothes

- Choose loose and absorbent clothing to keep the body comfortable and healthy.
- Wear low heeled and slip resistant shoes to prevent falls.
- Wear a bra to support and protect the breasts.

Rest and sleep

- Sleep at least 8 hours daily with a 30 minutes nap during the noon hours.
- Pay attention to the physical and mental conditions during the day and take short breaks.
- It is better to sleep sideways toward the final stage of pregnancy. Prop the feet up high when resting to increase blood circulation for the lower limbs and reduce swelling.



Exercise

- Try not to climb, lift weights or anything heavy.
- Housework is acceptable, but do not over do it.
- Walking is the best exercise. Expectant mothers may also do prenatal exercise according to medical staff's evaluation and advice.

Sex life

- Normally there is no need to stop. However, if the pregnant woman once gave birth prematurely or had miscarriage, it is better not to have sex during the first three months and the final two months.
- If there is a cervical incompetence, a placenta previa or vaginal bleeding and labor pains before full-term, it shall be prohibited.
- During sexual behaviors, if the pregnant woman shows a strong uterine contraction, abnormal bleeding, severe abdominal pain, etc., then the couple should stop having sex and go to see a doctor immediately.

Excretion

- It is better to have daily bowel movement.
- Do not hold the urine. Go as necessary and do not decrease water intake.
- Eat more vegetables and fruits and drink more water to regulate bowel movement.

準媽媽生活保健DIY

口腔衛生

- 建議婦女在準備懷孕前就作好牙科治療。懷孕期間，應養成良好的口腔衛生習慣，包括：睡前要刷牙，一天至少刷2次；平常使用含氟牙膏刷牙；少甜食、多漱口，減少牙齒傷害。可持健保卡至牙科醫療院所定期接受口腔檢查；以及每天至少1次使用牙線(棒)或牙間刷清潔牙縫，不要共用牙刷。若口腔出現不舒服症狀，一定要就醫處置。
- 為什麼懷孕時孕婦的齲齒率會增加？牙周健康會惡化？懷孕時牙齒情況變糟的原因在於孕期荷爾蒙波動、飲食習慣改變等原因，會使原有的齲齒、牙周病惡化。因此例行性的口腔檢查非常重要。建議產前每三個月（如：第12週、24週、36週）可至牙科醫療院所進行例行口腔檢查。

沐浴

- 孕期避免身體泡高溫熱水澡及溫泉。
- 應採淋浴，避免盆浴，尤其最後兩個月。
- 陰道分泌物會增多，宜保持會陰部清潔、乾燥。

環境及工作的暴露

- 某些工作場所上的危害，可能會影響胎兒的健康。因此，懷孕婦女應了解如何預防某些職場的危害：當懷孕婦女可能會接觸到危害物質或作業時，請諮詢您的醫師。

旅遊

- 懷孕期間如果計劃在國內或到國外旅遊時，請告知您的醫師。懷孕期間旅遊，可能會產生問題；因此，儘可能先瞭解旅遊目的地及過境地區的醫療照護服務。

DIY for expectant mothers

Oral hygiene

- It is recommended that women should receive all dental treatments while preparing to get pregnant.
  Develop good oral hygiene during pregnancy, including brushing the teeth before bed and brushing them at least twice a day with fluoride toothpaste, eating less desserts and rinse the mouth often, to protect your teeth from getting hurt. You can take regular dental check-up with your health card at a dental hospital. Use dental floss (toothpick) or inter-dental brush at least once a day to clean the gaps between teeth. Do not share toothbrushes. Be sure to go to a dentist if there is any discomfort.
- Why do pregnant women have a higher rate of dental decay?Worse periodontal health? The cause during pregnancy lies in the fluctuation of hormones and changes in the eating habits which will worsen original decays and periodontal diseases. Thus, regular a dental check-up is of great importance. Before delivery, it is suggested to have a regular dental check-up every 3 months (such as, gestational weeks 12, 24 and 36) in a dental clinic.

Shower and bath

- Avoid hot springs during pregnancy.
- Take showers instead of baths, especially during the last 2 months.
- Vaginal secretion will increase so keep the perineum clean and dry.

Environmental and work exposure

- Risks from the workplace might affect the baby's health. Therefore, pregnant women should understand how to prevent danger at workplace. When there is a possibility of being exposed to dangerous substance or operation at work, please consult your doctor.

Travel

- If you are planning on traveling domestically or abroad, please inform your doctor. Travel during pregnancy may cause some problems. Therefore, please get to know the medical services available at the destination and during transit in advance.

當個舒適自在的準媽媽

懷孕期間生理心理都會有些改變，準媽媽遇到一些不舒服的症狀時可以如何處理？

頻尿

原　　因：子宮擴大壓迫膀胱，或心理因素。
處理方法：1. 有尿意感立即前往排尿。
2. 白天增加液體攝取量，夜間為減少小便次數，可在晚餐以後減少液體攝取量。

噁心、嘔吐

原　　因：荷爾蒙改變、代謝改變、情緒因素、空腹。
處理方法：1. 起床前先吃些蘇打餅乾、乾吐司或穀類食品後，再下床。
2. 避免在用餐時喝湯或開水。
3. 少量多餐、避免空腹饑餓，可在兩餐間補充食物。
4. 避免油膩、不易消化或調味濃烈之食物。
5. 孕吐後用開水漱口，以去除噁心味。並可喝少許開水，將胃酸沖離食道，以減少食道灼傷的機會。

便秘

原　　因：1. 飲食不足，運動量減少，腸胃蠕動減慢及缺乏纖維質食物引起。
2. 子宮增大使得小腸移位，或子宮壓迫直腸所致。
3. 補充鐵劑而引起。
處理方法：1. 水份充足，一天要攝取2000cc之水份。
2. 適度的運動，早晚做散步活動。
3. 多吃有渣的蔬菜、水果、全穀類。
4. 養成每天定時排便的習慣。
5. 必要時依醫師處方服用軟便劑，切勿自行服用成藥。

Be a comfortable expectant mother

There are physical and psychological changes during pregnancy. How should the expectant mothers deal with the discomforts?

• Frequent urination

- Cause: The enlarged uterus suppresses the bladder or psychological reasons.
- How to deal with it:

1. Urinate immediately when you feel like going.
2. Drink more liquid during the day. In order to decrease the frequency of urination, you may reduce liquid intake after dinner.

• Nausea and vomiting

- Cause: Hormone changes, metabolic changes, emotional factors or empty stomach.
- How to deal with it:

1. After waking up and before getting off bed, eat some saltine crackers, toast or cereals first.
2. Try not to eat soup or drink water during meals.
3. Eat frequently with smaller portions. Do not let the stomach go empty. Replenish with some food between meals.
4. Avoid food that are oily, not easy to digest or with heavy seasoning.
5. If vomiting occurs with morning sickness, rinse the mouth with water to get rid of the taste.You may drink some water to wash the gastric acid away from the esophagus to reduce the possibility of an esophagus injury.

• Constipation

- Cause:

1. Not enough food or exercise, which slows down the gastrointestinal motility and causes a lack of dietary fiber.
2. The enlarged uterus make the small intestine shift suppress the rectum.
3. Due to iron supplement.

- How to deal with it:

1. Drink enough water. About 2000 cc a day.
2. Get adequate exercise. Walk in the morning and evening.
3. Eat fibrous vegetables, fruits and whole wheat.
4. Get into the habit of having daily bowel movement.
5. Take stool softener prescribed by doctor if necessary. Do not take over-the-counter medication on your own.

當個舒適自在的準媽媽

陰道分泌物增加

處理方法：1. 注意清潔，每天淋浴，勿用消毒水清潔外陰部。
2. 如廁後衛生紙由陰部往肛門處擦拭，勿來回擦以防感染。
3. 勿穿褲襪或緊身衣褲。
4. 宜穿透氣棉質內褲，濕即更換，勿用不透氣護墊，易悶及潮濕。
5. 若分泌物多且有搔癢、灼熱感、臭味情形，應就醫。

抽筋、下肢水腫及靜脈曲張

處理方法：1. 保持下肢溫暖。
2. 攝取含鈣較多的食物，如牛奶、排骨、小魚乾。
3. 抽筋時將腿伸直，以手由足底向小腿方向推、按摩。
4. 勿吃太鹹的食物。
5. 休息時最好採左側臥，可將下肢抬高，使血液循環較流暢。

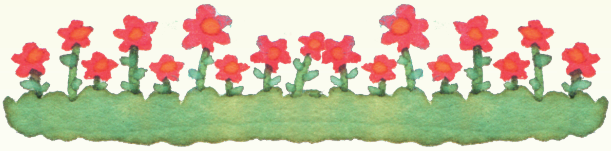
出血性問題

處理方法：懷孕期間之出血及凝血障礙會導致嚴重的問題，包括流產。如果準媽媽有出血或凝血障礙，請告知您的醫師。

痔瘡

原　　因：便祕、腹瀉、用力使靜脈內壓力增加，增大的子宮壓迫靜脈阻礙循環所致。

處理方法：1. 養成定時排便習慣，避免便祕，蹲坐用力，久坐或久站。
2. 溫水坐浴。
3. 疼痛厲害可看醫師，使用軟便劑或止痛軟膏。



Be a comfortable expectant mother

• Increase vaginal secretion

• How to deal with it:

1. Pay attention to sanitation. Shower daily and do not use any disinfectant to clean the genitals.
2. After using the toilet, wipe from the vaginal area toward the anus. Do not wipe in both directions.
3. Do not wear pantyhose or tight clothing.
4. It is better to wear cotton underwear. Replace immediately when they are wet. Do not use pads that are stuffy and damp and do not allow the air to go through.
5. Please go to a doctor if there is an excessive secretion that is itchy and smelly with a sense of burning.

• Cramps, edema on the lower limbs and varicose veins

• How to deal with it:

1. Keep the lower limbs warm.
2. Increase intake on calcium rich foods, such as milk, ribs and dry fish.
3. When having cramps, try to straighten the legs. Massage the bottom of the feet and push toward the calf with hands.
4. Do not eat food with high sodium content.
5. It is better to rest sideways on the left. The legs may be propped high to improve blood circulation.

• Bleeding

• How to deal with it:

Bleeding and coagulopathy during pregnancy could cause serious problems, including miscarriage. If expectant mothers are experiencing bleeding or coagulopathy, please tell your doctor.

• Hemorrhoids

• Cause: Constipation, diarrhea or using strength which increase intravenous pressure or blocked intravenous circulation because of pressure from the enlarged uterus.

• How to deal with it:

1. Develop the habit of regular bowel movement and avoid constipation. Avoid squatting while using force, long period of sitting or standing.
2. Take warm sitz bath.
3. When the pain is severe, see a doctor, use medicaticaion for stool softemers or analgesic ointment.

當個舒適自在的準媽媽

腰酸背痛

原　　因：姿勢不良、子宮擴大使腰薦椎的曲度增加，懷孕期荷爾蒙改變使關節軟化、鬆弛而導致。

處理方法：1. 保持正確姿勢，背部保持平直，勿彎腰駝背。
2. 避免拿重物、久站、久坐或太勞累。
3. 坐時腰背應有支托。
4. 使用托腹帶支持腹部，減輕背部過度用力。
5. 按摩腰或背部以促進血液循環。

胃灼熱、心口灼熱

原　　因：食道括約肌鬆弛導致胃酸逆流。

處理方法：1. 少量多餐，避免一次進食太快或過多。
2. 避免甜食與油膩、不易消化或油炸的食物。
3. 避免衣物太緊或束緊皮帶，減少胃食道逆流的機會。
4. 進食後宜半坐臥，不要馬上躺下。
5. 嚴重時可在醫師的建議下服用制酸劑、止吐藥物。

蛀牙、牙齦炎、懷孕期牙齦增生、牙周病惡化

原　　因：荷爾蒙改變、進食次數明顯的增加、懷孕的初期對酸性食物特別偏好、常會反胃及吐酸水。

處理方法：1. 維持良好的口腔衛生習慣(餐後及睡前潔牙、搭配牙線/棒及牙間刷)。
2. 定期口腔檢查(懷孕婦女牙結石清除)。
3. 有異常情況應及早接受治療。

Be a comfortable expectant mother

• Back pain

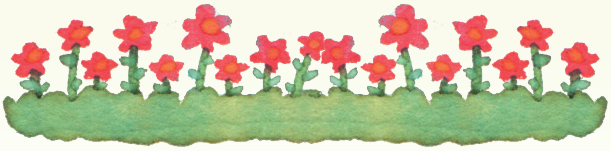
- Cause: Poor postures, enlargement of the uterus which increase the curvature of waist vertebrae and hormonal change during pregnancy which softens and loosens the joints.
- How to deal with it:
  1. Maintain proper posture. Keep the back straight and do not slouch.
  2. Try not to carry anything heavy, stand or sit for a long period of time or get too tired.
  3. Support the back and waist when sitting.
  4. Use a maternity support belt to support the belly and lighten the load on the back.
  5. Massage the waist or back to increase blood circulation.

• Heartburn

- Cause: acid reflux caused by esophageal sphincter relaxation.
- How to deal with it:
  1. Take multiple meals with a small amount of food for each meal. Avoid eating too fast or too much.
  2. Avoid eating desserts and greasy, heavy or fried food.
  3. Avoid wearing tight clothes or belts. Decrease the chances of gastroesophageal reflux.
  4. It is appropriate to keep a semi-Fowler's position after dinner instead of lying down immediately.
  5. You can take antacids or anti-semetic drugs under a doctors' guidance.

• Tooth decay, gingivitis, gingival hyperplasisa during pregnancy, worsening of periodontal disease

- Cause: fluctuation of hormones, obvious increase of meal frequency, preference for acidic food in the early stages of pregnancy, frequent nausea and spitting acid fluid.
- How to deal with it:
  1. Keep good oral hygiene (brush your teeth after meals and before bed, use a dental floss / toothpick or inter-dental toothbrush).
  2. Take regular dental check-up (Remove tooth calculus from pregnant women)
  3. Abnormal conditions should be treated early.



吃出健康(葉酸、碘、鐵)

孕乳婦飲食一般飲食原則

1. 準備懷孕之女性，應將身體調整至健康狀態，並維持理想體重，以作為懷孕之準備。如對孕乳期飲食有疑問者，請洽詢醫師或營養師提供諮詢協助。
2. 體重：懷孕期間，孕婦體重應依懷孕前體重做適當調整，以增加10-14公斤為宜，且須注意體重增加的速度，懷孕期間不適於減重，孕期體重增加指引請參考表一。

表一　孕期體重增加指引

懷孕前的身體質量指數(BMI)*	建議增重量	第二和三期每週增加重量
	公斤(磅)	公斤/週(磅/週)
<18.5	12.5-18 (28-40)	0.5-0.6(1-1.3)
18.5-24.9	11.5-16 (25-35)	0.4-0.5(0.8-1)
25.0-29.9	7-11.5 (15-25)	0.2-0.3(0.5-0.7)
≧30.0	5-9 (11-20)	0.2-0.3(0.4-0.6)
*身體質量指數BMI=體重(公斤)/身高^2(公尺^2) 資料來源：美國婦產科醫學會(ACOG)		
懷孕前的身體質量指數(BMI)*	建議增重量	12週後每週增重量
	公斤(磅)	公斤/週(磅/週)
雙胞胎	總重 15.9-20.4 (34-45)	0.7
三胞胎	總重 22.7 (50)	
資料來源：美國糖尿病協會(American Dietetic Association)		

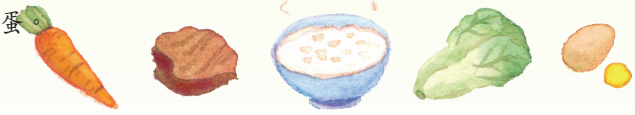
3. 熱量：

(1) 懷孕期的熱量攝取，依據第7版國人膳食營養素參考攝取量(Dietary Reference Intakes, DRIs)建議，自懷孕第二期起，每日需增加300大卡的熱量。但每個人每天的總熱量，需視孕婦的年齡、活動量、懷孕前的健康狀況及體重增加情形，而加以調整。

(2) 哺乳婦熱量的需要依據第7版國人膳食營養素參考攝取量(DRIs)建議，每日以增加500大卡為宜。

4. 蛋白質：

(1) 依據第7版國人膳食營養素參考攝取量(DRIs)建議自懷孕第一期起，因胎兒開始發育，每日需額外增加10公克的蛋白質。蛋白質來源中一半以上來自高生物價(High Biological Value, HBV)的蛋白質，如：低脂奶類製品、豆漿、豆腐、豆干等黃豆製品、魚、肉、蛋。



Achieve health through good diet habits (folic acid, iodine, iron)

Diet guidelines for pregnant women

1. Women who are preparing to get pregnant should condition their bodies to a healthy state and maintain an ideal weight. For any questions concerning the diet during pregnancy and breastfeeding stage, please contact a doctor or nutritionist for assistance.
2. Weight: During pregnancy, the mother's weight should be adjusted properly. It is the best to gain about 10 to 14kg. Pay attention to the speed of weight gain. Do not try to lose weight during pregnancy. For prenatal weight gain, please refer to Table 1.

• Table 1 Guidelines for prenatal weight gain

BMI* before getting pregnant	Recommended weight gain	The second and third weekly weight increases
	kg (pounds)	Kg/week (pound/week)
<18.5	12.5-18 (28-40)	0.5-0.6 (1-1.3)
18.5-24.9	11.5-16 (25-35)	0.4-0.5 (0.8-1)
25.0-29.9	7-11.5 (15-25)	0.2-0.3 (0.5-0.7)
≧30.0	5-9 (11-20)	0.2-0.3 (0.4-0.6)

*BMI= weight (kg)/height^2 (cm^2)
Source: American College of Obstetricians and Gynecologists (ACOG)

BMI* before getting pregnant	Recommended weight gain	Weekly weight gain after week 12
	kg (pounds)	Kg/week (pound/week)
Twins	Total 15.9-20.4 (34-45)	0.7
Triplets	Total 22.7 (50)	

Source: American Dietetic Association (ADA)

3. Calories:

(1) According to 7th Edition of the Taiwan's Dietary Reference Intake (DRIs) during pregnancy should increase by 300 kcal daily starting from the second trimester. However, the total daily calories for each person should be adjusted according to the pregnant woman's age, amount of exercise, health condition before pregnancy and weight gain.

(2) According to 7th Edition of the Taiwan's Dietary Reference Intake (DRIs), women who are breastfeeding should increase calorie intake by 500 daily.

4.Proteins:

(1) According to 7th Edition of the Taiwan's Dietary Reference Intake (DRIs) recommendations, it is suggested to intake 10 additional grams of protein daily for the development of the fetus. More than half of the sources of protein come from High Biological Value (HBV) proteins, including low-fat dairy products, soy milk, tofu, dried tofu and other soy products, fish, meat, eggs.

吃出健康(葉酸、碘、鐵)

(2) 哺乳期間每日母乳的分泌量在生產後2-3個月平均約達850毫升，因乳汁含有1.1%的蛋白質，母乳提供幼兒的蛋白質約為10公克，所以建議哺乳婦每日應增加15公克蛋白質的攝取，蛋白質來源中一半以上應來自高生物價蛋白質。

5. 懷孕/哺乳期許多維生素及礦物質的需求量增加，孕產婦應均衡攝取六大類食物，多攝取深色蔬菜、全穀雜糧，且應主要來自天然食物，而非選擇單一營養素或礦物質補充劑，或可在醫師建議下選擇市面上孕婦專用綜合維他命，以補充孕期足夠的礦物質和維生素。

6. 礦物質：

(1) 碘： 婦女懷孕時碘嚴重不足時有可能會影響胎兒腦部發育，造成新生兒生長遲緩和神經發育不全，甚至增加嬰兒死亡率，孕婦碘建議200微克/天，哺乳婦建議250微克/天，含碘的食物，如:海苔、海帶、貝類、綠色蔬菜、蛋類、乳類、穀類等，其中以海帶、海藻含碘量最為豐富，烹飪時可選擇碘鹽以增加碘的攝取。

(2) 鐵： 懷孕時鐵質的需要量增加，孕期第一期及第二期建議攝取量15毫克/天，第三期與哺乳婦建議則增加攝取至45毫克/天，鐵的補充除了供應孕婦本身及胎兒所需外，並大量貯存在胎兒體內，以供嬰兒出生後四個月內使用。孕期鐵營養不足可能對胎兒的腦部與精神症狀造成不良影響，鐵質豐富的食物，如：深綠色蔬菜、紅肉、肝腎內臟、貝類等。

(3) 鈣： 懷孕/哺乳期應攝取充足的鈣質，孕婦及哺乳婦鈣建議攝取1000毫克/天，以滿足胎兒/嬰兒的生長和母體的需要。鈣質豐富的食物，如：低脂牛乳、乳製品、豆腐、深綠色蔬菜等。

(4) 鈉： 懷孕期間若有高血壓或水腫等症狀，則應限制鈉的攝取量。

(5) 鎂： 懷孕期間鎂攝取增加可減少子癲前症與胎兒子宮內發育不全的發生率。孕婦鎂建議355毫克/天，哺乳婦建議320毫克/天，富含於葉綠素的蔬菜中，如菠菜、莧菜及甘藍菜等，其他如胚芽、全穀類之麩皮、堅果種子類及香蕉等。

(6) 鋅： 孕婦的鋅營養狀態不足，可能會造成胎兒在子宮生長遲緩與神經管缺陷。孕婦與哺乳婦鋅建議攝取量為15毫克/天，動物性來源如肝臟、瘦肉、牡蠣，甲殼類的鋅含量高。

(7) 其他： 礦物質攝取量應達到國人膳食營養素參考攝取量，並且不超過其上限攝取量。

Achieve health through good diet habits (folic acid, iodine, iron)

(2) While breastfeeding, the average daily lactation output in the first 2 or 3 months after delivery is about 850ml. Breast milk contains 1.1% of protein and the protein mothers provide their babies is about 10 grams. Therefore, it is suggested that mothers who are breastfeeding should increase daily protein intake by 15 grams and 50% should come from protein with HBV.

5. Pregnant women and breastfeeding women need extra vitamins and minerals. Pregnant women should balance the intake of six categories of foods, eating more dark vegetables and whole grain cereals which primarily come from natural foods rather than selecting a single nutrient or mineral supplement. They can also choose integrated vitamins available in the market under the doctor's recommendations to ensure sufficient minerals and vitamins during pregnancy.

6. Minerals

(1) Iodine: during pregnancy, a severe iodine deficiency will influence baby's brain development, leading to neonatal growth retardation and even increase the chances of infant mortality. It is recommended for pregnant women that the intake of iodine should be 200 mg/d, 250 mg/d for breastfeeding women. Food containing iodine includes seaweed, kelp, shellfish, green vegetables, eggs, milk, cereals, etc., of which seaweed and kelp contain the most iodine. Cooking with iodized salt may increase iodine intake as well.

(2) Iron: Pregnant women need extra iron. It is recommended to take 15mg daily during the first and the second trimester and 45mg daily during the third trimester. This should also be followed by breastfeeding mothers. In addition to supplying iron for the needs of pregnant women and the fetus, the iron gets stored in the fetus in large amounts for his use within the first 4 months after birth. Iron deficiency during pregnancy may adversely affect fetal brain and mental symptoms. Iron-rich foods include: dark green vegetables, red meat, liver and kidney, shellfish, etc.

(3) Calcium: Pregnant women and breastfeeding women should take adequate calcium, which is suggested to be 1000mg daily in order to meet the needs of the growth of fetus/infant and the mother. Calcium-rich foods include: low-fat milk, dairy products, tofu, dark green vegetables, etc.

(4) Sodium: Sodium intake should be limited if women experience symptoms such as high blood pressure or edema during pregnancy.

(5) Magnesium: Increased magnesium intake 355 mg/day, and 320 mg/day during breastfeeding, during pregnancy could reduce the chance of pre-eclampsia and intra-uterine hypoplasia.

(6) Zinc: Lack of zinc in a pregnant woman's and breastfeeding adout 15 mg/day diet would result in the fetus having retardation inside the womb and neural tube defects.

(7) Others: The mineral intake should reach the DRIs in our country and not exceed the maximum in DRIs.

吃出健康(葉酸、碘、鐵)

7. 維生素：懷孕及哺乳期間大部分維生素的需要量均增加。

(1) 維生素B1、B2、B6和菸鹼素的需要量是伴隨熱量及蛋白質的增加而升高。維生素B1以小麥胚芽含量最豐富，此外，堅果、瘦豬肉、肝臟、大豆及其製品、奶粉等亦是主要來源；維生素B2存在於大部分動植物組織，其中牛奶、乳製品及強化穀類含量最為豐富；維生素B6於各種肉類、全穀類。富含菸鹼素的食物包含動物肝臟、牛肉、豬肉、雞肉、魚貝類、蛋、奶類、乳酪、糙米、胚芽米、酵母菌、香菇、紫菜等。

(2) 維生素B12：母親維生素B12於缺乏或是不適當的狀態下，可能會導致胎兒神經管缺陷。對於全素食者，應特別注意維生素B12的補充。維生素B12豐富的食物，如：主要為動物性食物來源，其中肝臟、肉類等含量最為豐富。

(3) 其他：維生素攝取量應達到國人膳食營養素參考攝取量，並且不超過其上限攝取量。

8. 葉酸的重要性：

(1) 國內嬰幼兒神經導管缺陷發生率，以1993年至2002年通報神經管缺陷之出生人口調查發現，十年來神經管缺陷發生率介於0.4-1‰，平均發生率約為萬分之7。依據美國實證研究顯示，孕期攝取足夠的葉酸可以預防胎兒腦及脊髓的先天性神經管缺陷的比例，可減少50-70%胎兒的腦及脊髓的先天性神經管缺陷的發生。根據國人膳食營養素參考攝取量(DRIs)，孕齡婦女每日建議攝取400微克葉酸，準備懷孕婦女則在受孕前一個月至懷孕期間，每日攝取600微克的葉酸，哺乳婦建議每日攝取500微克的葉酸，以供自身與胎兒所需。

(2) 葉酸廣泛存在於許多食物中，如：綠色蔬菜、肝臟、酵母、豆類及水果(如柑橘類)，都是豐富的來源，葉酸攝取建議應優先由天然食物中多樣攝取。如果在日常飲食中攝取不足，建議在醫師處方指導下，補充葉酸錠劑。

9. 食物的選擇要均衡，孕、乳婦應減少或避免攝取下列食物：

(1) 菸、酒、咖啡與濃茶。

(2) 脂肪含量多的食物，如：肥肉、油炸食物等。

(3) 煙燻加工食物，如：醃肉、鹹蛋、鹹魚、火腿、豆腐乳等。

(4) 高熱量食物，如：糖果、可樂、汽水等。

10. 懷孕初期若有噁心、嘔吐等現象，應少量多餐及選擇低脂肪且無刺激性的食物，早晨醒來時，可吃些五穀類食物，如餅乾、饅頭等改善孕吐。在懷孕末期，避免碳水化合物及脂肪攝食過多時，造成體脂肪增加。

11. 不明來源的中藥非經合格中醫師確認用藥用量及用法者，應避免食用之。

(資料來源：國民健康署、中華民國營養師公會全國聯合會)

Achieve health through good diet habits (folic acid, iodine, iron)

7.Vitamins: The intake of most vitamins need to be increased during pregnancy and breastfeeding.

(1) The required amounts for vitamin B1, B2, B6 and niacin increase along with the increase of calorie and protein. Wheat germ contains the highest level of vitamin B1. Besides, major sources of vitamin B1 include nuts, lean pork, liver, beans and its products, milk powder, etc. Vitamin B2 mainly exists in the tissues of almost all animals and plants, among which milk and dairy products as well as strengthened cereals contain it the most. Vitamin B6 exists in all kinds of meat and whole grains. Food that is rich in niacin include animals' liver, beef, pork, chicken, fish, shells, eggs, milk, cheese, brown rice, germ rice, yeast, mushroom and laver.

(2) Vitamin B12: Vegetarians should pay attention to the intake of vitamin B12. Foods that are rich in vitamin B12 include fermented beans or vitamin B12 supplements.

(3) Others: The vitamin intake should reach the standards in DRIs but not exceed the maximum.

8.The importance of folic acid:

(1) According to the study of newly-born population between 1993 and 2002, the incidence of neural tube defects in infants and children was about 0.4-1‰, with an annual average of 0.07%. According to U.S. empirical studies, it is proven that sufficient folic acid intake during pregnancy could prevent congenital neural tube defects in the baby's brains and spine and reduce it by 50 to 70%. According to the dietary reference intake (DRIs), women of gestational age should take 400 mg/d folic acid; those who are preparing for pregnancy should take 600mg/d starting from one month before pregnancy and keep it during gestation; breastfeeding women should take 500 mg/d to meet the baby's demands.

(2) Many different types of food are abundant sources of folic acids, such as lean meat, liver, yeast, leafy greens and soy products. It is better to get folic acid from natural food products. If the daily diet cannot supply sufficient amounts of folic acid, take folic acid supplements as prescribed by the doctor.

9. Keep a balanced diet. Women who are pregnant or breastfeeding should avoid or reduce the intake of the following food:

(1) Cigarette, alcohol, coffee and tea.

(2) Food with high fat content, such as fat and fried food.

(3) Smoked food such as preserved meat, salted egg and fish, ham and fermented bean curd.

(4) Empty calorie diet such as candy, coke and pop, etc.

10. If women experience nausea and vomiting in the beginning of the pregnancy, try to eat in small portions with multiple meals. Choose low fat and non-irritating food. After getting up in the morning, eat some crackers and buns to help with the morning sickness. Toward the end of the pregnancy, try not to eat too much carbohydrates and fat, which may lead to the increase in body fat.

11. Avoid Chinese medicine with unknown resources without a legal Chinese doctor confirming the dosage and treatment.

(Source of materials: Health Promotion Administration, Dietitians Association Federation of Taiwan)

準媽媽的健康注意事項

一些病菌的感染，在懷孕期間可能經由母體傳染給寶寶，或於生產過程中，經由接觸母親的血液與分泌物而感染，因此須特別注意，例如：陰道感染、B型肝炎、梅毒、德國麻疹、乙型鏈球菌、水痘、愛滋病、腸病毒等。如果發生這些感染，應儘早就醫，接受適當的治療，才可保障媽媽及胎兒的健康。

預防新生兒病毒感染

孕婦在生產前後，如出現發燒、上呼吸道感染症狀、腹瀉、肋肌痛、心肌炎等疑似病毒感染情形，可透過分娩時或產後之接觸而傳染給新生兒，產婦應加強在接觸嬰兒前後做好戴口罩、勤洗手等感染防護措施，以降低傳染給嬰兒之機會。必要時(如母親症狀嚴重無法照顧嬰兒，或無法確保自己的衛生習慣…等)，考慮短暫的隔離。

新生兒感染後，可能出現發燒、厭食、嘔吐、焦躁不安、臉色蒼白、心跳快速、活動力下降、呼吸淺快、發紺、全身有出血點、瘀青、黃疸等症狀，甚至可能導致死亡。照顧者應注意觀察，如有上述症狀，請盡速就醫。

為避免懷孕期間受到病毒感染，準媽媽應多注意：

1. 均衡飲食、適度運動，以加強個人的免疫力。
2. 注意個人衛生，勤洗手。
3. 少到公共場所，避免接觸感染源。
4. 提高警覺，如有不明原因的發燒症狀，應告訴醫師。

孕婦或準備懷孕的婦女可以接種流感疫苗，孕婦為世界衛生組織(WHO)建議的流感疫苗優先接種對象之一，我國也自103年度開始納入公費流感疫苗接種對象。孕婦於懷孕期間生理狀況的改變，會增加流感的嚴重度及後遺症，且研究資料都顯示孕婦接種流感疫苗後對其本身及胎兒均無特殊危險性，因此建議孕婦接種流感疫苗，而準備懷孕的婦女，亦可考慮於流行季來臨前或流行期自費接種疫苗。

Health issues for expectant mothers

Some infections may be transmitted to the baby through the mother during pregnancy. Babies may also get infected through the exposure to the mother's blood and secretions during labor. Thus this requires some attention. These infections include vaginal infection, hepatitis B, syphilis, rubella, Group B Streptococcus (GBS), chickenpox, AIDS, and enterovirus, etc. Go to the hospital immediately if these infections occur to receive proper medical treatment and ensure the mother and the baby's health.

• Prevention of viral infection in newborns

Pregnant women who suffered from suspected symptoms of viral infections including a fever, upper respiratory tract infection symptoms, diarrhea, rib muscle pain, myocarditis, etc. before or after delivery could infect their newborns during delivery or by postnatal contacting. Before contacting their babies, new mothers should pay more attention to preventative measures of infections including wearing masks and washing hands more frequently to reduce the chances of infecting their newborns. A short-term quarantine may be considered when necessary (under circumstances when mothers are suffering from serious symptoms that they cannot take care of their babies or when they are uncertain of their sanitary habits etc).

When being infected, newborns may suffered from symptoms including fever, anorexia, vomiting, irritability, pale face, rapid heartbeat, decreased activity, rapid and shallow breathing, cyanosis, systemic hemorrhagic spots, bruising, jaundice etc., which can be fatal. Caregivers should observe carefully and go to the doctor's as soon as possible when symptoms mentioned above occurred.

• In order to prevent viral infection during pregnancy, mothers should pay attention to the following:

1. Eat a balanced diet and exercise to increase immunity.
2. Pay attention to personal hygiene and wash hands often.
3. Do not visit public areas and avoid contact with sources of infection.
4. Be highly alert. If you have fever with unknown causes, tell the doctor.

Pregnant women and those who are preparing for pregnancy can be injected with influenza vaccine. The World Health Organization (WHO) has given priority to certain populations for influenza vaccination, including pregnant women. Taiwan has started to be included in influenza vaccination areas since 2014. Physiological changes during pregnancy will increase the severity of influenza and the chances of getting complications. Studies consistently demonstrate that inoculation of influenza vaccine for pregnant women show no special danger to the expectant mother or her babies. Those who are preparing for pregnancy can also consider to be vaccinated before or during the epidemic period at their own expense.

準媽媽的健康注意事項

妊娠合併症

◎高血壓及子癲前症

妊娠合併高血壓的情形有下列幾種：

(1) 妊娠性高血壓：

因懷孕而引起的高血壓(指收縮壓≧140mmHg或舒張壓≧90mmHg)，不合併尿蛋白，產後12週內會恢復正常。

(2) 子癲前症（又稱“妊娠毒血症”）：

指妊娠20週以後才出現的高血壓，同時合併有尿蛋白(常合併全身性水腫)。

(3) 子癲症、子癲前症同時合併抽搐、癲癇

(4) 慢性高血壓：

懷孕以前已經出現高血壓或高血壓出現在妊娠20週之前；另一種情況是妊娠20週以後才出現高血壓，但產後12週內還沒有恢復正常。

妊娠合併高血壓的孕婦，須密切配合醫囑門診追蹤，定期評估胎盤的功能與胎兒的發育狀況。平常要多休息，特別注意血壓及胎動變化，避免產生壓力。飲食方面應注意飲食輸出入量、採高蛋白飲食、控制鹽分攝取。

◎糖尿病

在妊娠合併糖尿病的懷孕婦女，可分為兩種，一種為懷孕前就已經知道是糖尿病患者；而婦女不論是罹患第一型或第二型的糖尿病者，在懷孕後應持續或改用胰島素控制血糖，並與醫師及營養師配合。另一種是妊娠期間首度出現糖尿病明顯症狀者，或經糖尿病篩檢陽性者再經「葡萄糖耐量試驗」，判定為異常者，即稱為妊娠性糖尿病。

糖尿病孕婦於妊娠期間，應洽詢營養師解說及指導適當的孕期飲食治療；提供衛教諮詢；了解孕母高血糖對胎兒可能的影響、如何預防高血糖、認識低血糖症狀與處理、居家自我測試及紀錄血糖。而在產前持續施打胰島素的孕婦，產中應將血糖維持在正常範圍內(70-140mg/dL)，避免母體血糖持續增高，造成新生兒次發性高胰島素血症及新生兒持久性低血糖反應。

(資料來源：中華民國糖尿病衛教學會)

Health issues for expectant mothers

- Complications during pregnancy
- Hypertension and pre-eclampsia

The followings are different types of complications during pregnancy:

(1) Gestational hypertension
Hypertension caused by pregnancy (Systolic pressure ≧140mmHg or diastolic pressure ≧90mmHg).

(2) Pre-eclampsia (also known as toxemia of pregnancy):
This refers to hypertension which occurs after 20 weeks of pregnancy with albuminuria (often with generalized edema).

(3) Eclampsia and pre-eclampsia both include convulsions and epilepsy.

(4) Chronic hypertension:
Hypertension which already occurs prior to pregnancy or within the first 20 weeks of pregnancy or hypertension that occurs after 20 weeks of pregnancy and does return to normal 12 weeks after childbirth.
Women with pregnancy induced hypertension should work with a doctor closely to monitor the conditions. The placenta and fetal growth must be regularly monitored. Take frequent rest, pay attention to the blood pressure and fetal changes and avoid stress. Please pay attention to the input and output amount of food. Eat high protein diet and control intake of salt.

- Diabetes

There are two types of women with gestational diabetes. One already has diabetes before getting pregnant. Regardless of whether it is type I or type II diabetes, women should keep controlling the blood sugar level or take insulin after giving birth and work with the doctor and nutritionist. Gestational diabetes refers to women who did not have any signs of diabetes until the pregnancy or are tested positive during diabetes screening with the abnormality confirmed through "glucose tolerance test".

Expectant mothers with diabetes should consult dietitians and undergo diet treatment under their guidance. They should be provided with medical education and counseling. Know about the possible effects of maternal hyperglycemia on babies; how to prevent it; know about the symptoms and treatment of hypoglycemia and learn to conduct self-test and record of blood sugar level. Expectant mothers, who receive frequent intravenous insulin before delivery should keep their blood sugar level within the common range (70-140mg/dL), prevent constant increase in maternal blood sugar, which may lead to neonatal secondary hyperinsulinemia and neonatal persistent hypoglycemia.

(Source: Taiwan Association of Diabetes Educators)

準媽媽的健康注意事項

◎氣喘

氣喘是不可輕忽的疾病，準媽媽不能因為擔心藥物會影響胎兒而擅自減藥或停藥，必須諮詢你的醫師之後做調整。

妊娠合併氣喘的發生率約為1-3%，約有三分之一患有氣喘的婦女於孕期時會惡化，三分之一會維持不變，另外三分之一反而會改善。最好於懷孕前先控制好病情，再懷孕。產檢時請記得告訴醫師“我有氣喘”，方便醫師協助醫療照護。當然，“避開過敏原”是首要的原則。

◎癲癇

大多數女性癲癇患者在懷孕期間痙攣的控制都可維持穩定不變。有些人很少發作，但也會有較難控制的痙攣發作，所以，詳細告訴醫師所有發作的情形，協助控制是相當重要的。懷孕期間若發作，都應被考慮送醫院緊急就診。為了妳及寶寶著想，懷孕期的發作控制是必要且不可缺的。記住不可自行停藥，尤其是當懷孕已達兩、三個月之後，更是應該要規律服用藥物。若隨意停止治療可能會造成極大的危險性，甚至比服用癲癇藥物所造成的影響還大。此外有些抗癲癇藥物會降低血中維他命K，使凝血機轉變得不好，所以在快生產之時應該要補充維生素K，而且小孩出生後也要補充維生素K。

Health issues for expectant mothers

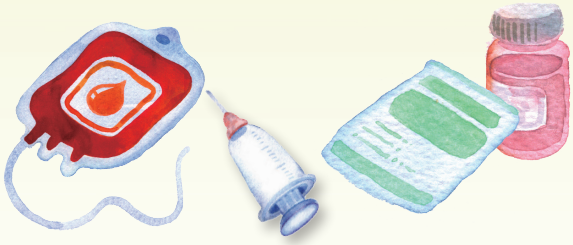
• Asthma

Asthma is not a disease to be taken lightly. Expectant mothers cannot stop taking the medication without doctor's orders simple because of worries that the medication will affect the baby. The medication can only be adjusted after consulting your doctor.

The occurrence of asthma with pregnancy is 1 to 3%. The conditions of about 1/3 of asthma patients will grow worse during pregnancy. 1/3 will remain the same, and the other 1/3 might be improved. It would be the best to control the symptoms first and then get pregnant. During the prenatal examination, remember to tell the doctor, "I have asthma." Of course, staying away from the allergen is the most crucial principle.

• Epilepsy

The conditions of most female epilepsy patients can be controlled during pregnancy and remain the same. Some people rarely experience attacks, but there are also some that are hard to control. Therefore, tell your doctors about all the attacks in details. It is crucial to help control it. If an epilepsy attack occurs during pregnancy, the patient should be sent to the emergency room. For you and your baby, it is vital to control the attacks during pregnancy. Remember, do not stop the medication, especially if you are 2 to 3 months into pregnancy. It is even more important to take the medication regularly. Stopping the medication on your own may cause grave danger which could be worse than stop taking the medication. In addition, some epilepsy medication contain substance that will reduce vitamin K in the blood, which weaken the clotting mechanism. Therefore, take more vitamin K as you approach labor and the baby should take vitamin K supplement as well after birth.



亮黃燈！注意危險徵兆

懷孕期間，如果出現下列任何一種症狀時，應該立即就醫！

- 陰道出血(不管量多少)
- 持續或劇烈的頭痛
- 持續或劇烈腹痛
- 持續或嚴重噁心、嘔吐
- 突然發冷發熱
- 視力模糊
- 臉部和手部浮腫
- 尿量明顯變少，或小便時有疼痛或灼熱感
- 胎動停止或比平常活動量少一半
- 陰道有水樣分泌物不停流出(懷疑為破水)
- 持續的腰酸與腹部變硬

可愛的寶貝，是媽媽花下心思及努力的甜美果實！

Yellow light!

Beware of the danger signs!

If any of the following symptoms occur during pregnancy, see a doctor immediately!

- Vaginal bleeding (regardless of the amount)
- Continuous or severe headache
- Continuous or severe abdominal pain
- Continuous nausea or vomiting
- Sudden coldness or hotness
- Blurry vision
- Facial and hand edema
- Drastic urine decrease or pain and burning sensations during urination
- The fetal movement stops or decreases by 50%
- Secretion similar to water flows out of the vagina non-stop (The water might break)
- Continuous back or waist pain and the abdomen hardens

Cute babies are the fruit of mother's hard work and thoughtfulness!

認識產後憂鬱症

部分婦女在生產後，會產生一些情緒低落或心情不穩定現象，但這些現象大部分會在幾天後消失，少部分症狀嚴重之個案，便需要專業介入協助治療。但因為這些症狀可能是不自覺，或常被家屬或周遭親友忽視，以致常無法及時給予適當的幫忙，而造成個人及家庭的困擾，甚至傷害等情況，因此；以下將以淺顯的方式簡介產後憂鬱症的可能原因、分類及處理方式等資訊，期喚起大家正確認識產後憂鬱症。

為什麼會發生產後憂鬱症？

產後憂鬱症發生的原因目前仍不明，可能跟生理、心理及社會因子有關，例如：周產期發生重大生活壓力事件、生產時體力耗費及生產經歷重大身心創傷等，亦可能引起產後憂鬱後遺症；此外，產後媽媽須負擔照顧新生兒的角色，或因懷孕造成身體外觀的改變等，也會造成憂鬱。

產後情緒障礙的分類(產後憂鬱症是產後情緒障礙的一種)

名稱	盛行率(%)	常見的發生時間	病程長短	症狀	處理方式
產後情緒低落(postpartum blues)	約有三到八成左右	通常出現於產後3-4天內	情緒低落現象，通常幾天便會消失。	焦慮、心情低落、脾氣暴躁、疲憊、容易流淚、失眠、頭痛、做惡夢等。	1. 屬暫時性症狀：通常不需治療即會自行緩解，但家人需要多給予心理支持。 2. 若症狀持續超過兩星期，便需要尋求進一步之醫療協助及診斷。
產後憂鬱症(postpartum depression)	約一成	通常出現於產後6週內	症狀會持續數週至數個月。	憂鬱、情緒低落、脾氣暴躁、疲憊、失眠；常有罪惡感或無價值感；飲食障礙、容易流淚、無法專心、對週遭生活及喜歡的事物失去興趣或常覺得無法應付生活；覺得自己無法照顧好嬰兒等情形；嚴重者甚至有自殺的想法。	需要接受醫療協助及照護。

Getting to know postpartum depression

Some women start experiencing depression or become emotionally unstable after childbirth. These symptoms would often disappear in a few days. However, some serious cases may require the intervention of professional help. These symptoms are not always detected by the patients themselves or are often ignored by families and friends and therefore they are unable to help when it is needed. This may cause disturbance to the person and the entire family, even cause physical damages. Therefore, the following is a brief overview of the possible causes of postpartum depression, the categories and how to deal with it to hopefully bring more awareness and provide accurate information on postpartum depression.

• What causes postpartum depression?

The cause of postpartum depression is still unknown. It could be associated with biological, psychological and social factors. Major life pressure during the perinatal period, and exhaustion or major mental and physical trauma during labor all could lead to postpartum depression. In addition, mothers often have to be responsible for taking care of the baby after giving birth and their appearances are often changed by the pregnancy, which could all lead to depression.

• Categories of postpartum mood disorders (postpartum depression is one of the postpartum mood disorders)

Name	Postpartum blues	Postpartum depression
Prevalence rate (%)	About 30 to 80%	About 10%
Period of occurrence	Often occurs 3 to 4 days after giving birth.	Typically occur within 6 weeks of childbirth.
Duration	The depressed mood would often disappear after a few days.	The symptoms may persist for weeks or even months.
Symptoms	Anxiety, moodiness, bad temper, fatigue, tearful, loss of sleep, headaches and bad dreams.	Depression, moodiness, bad temper, fatigue and loss of sleep; often feels guilty or worthless; eating disorder, tearful, unable to concentrate, lost interest in life or favorite subjects, often feels unable to deal with life; feels unable to take good care of the baby; serious cases may have the thought of suicide.
How to deal with it	1. Temporary symptoms: The condition will eventually go away without treatment, but the family needs to provide more emotional support. 2. If the symptoms persist for more than 2 weeks, seek medical assistance and diagnosis.	Need to receive medical assistance and care.

認識產後憂鬱症

名稱	盛行率(%)	常見的發生時間	病程長短	症狀	處理方式
產後精神病(postpartum psychosis)	每千例的生產個案，約有一到兩個	通常出現於產後2週內	症狀持續數週至數個月	情緒激動不穩定、哭泣、失眠、個性行為改變；出現妄想或幻覺現象，如：媽媽可能誤認嬰兒已死亡或被掉包；症狀嚴重者，可能會有傷害自己或家人的妄想等。	需要接受醫療照護，及住院觀察治療。

哪些人容易發生產後憂鬱症？

一般認為造成產後憂鬱症的危險因子有下列幾項：

- 過去曾是重度憂鬱症患者或為其他精神疾患，或前胎有產後憂鬱症，或平時有嚴重經前症候群或經前不悅症。
- 懷孕過程中即有憂鬱或焦慮症狀者。
- 生活中遭遇重大事件，如：失去親人、婚姻家庭問題、失業等。
- 社會支持或資源不足者。
- 懷孕或生產時出現併發症，如：妊娠高血壓、早產或生產併發症等。

如何知道自己有沒有可能有產後憂鬱？

我們建議產後媽媽可以利用下面兩個問題，進行簡易評估。

- 過去一個月，是否常被情緒低落、憂鬱或感覺未來沒有希望所困擾？
- 過去一個月，是否常對事物失去興趣或做事沒有愉悅感？

如果上述兩個問題的確發生在您的身上時，我們強烈建議您告訴您的配偶或尋求親友協助，或透過心理衛生機構協談及轉介。同時也可以將您目前的狀況告知您的婦產科醫師，家庭醫學科醫師或兒科醫師，或精神科身心科醫師，以適時提供診斷、會談及必要的藥物協助。如果常常會出現想要傷害自己的念頭時，應立即尋求醫療協助，以避免傷害的發生。

Getting to know postpartum depression

Name	Postpartum psychosis
Prevalence rate (%)	About 1 to 2 cases for every 1000 births
Period of occurrence	Typically occurs within 2 weeks of childbirth
Duration	The symptoms may persist for weeks or even months.
Symptoms	Emotionally unstable, crying, insomnia, personality and behavioral change, and hallucination. The mother might think her baby is dead or substituted by someone else. Serious cases may have the hallucination about hurting themselves or family members.
How to deal with it	Need to get medical assistance and hospitalized for observation and treatment.

• Who is likely to get postpartum depression?

Generally, the risk factors that contribute to postpartum depression include the followings:

- The patient used to suffer a serious case of depression or other psychotic diseases. The patient suffered from postpartum depression after the last pregnancy or if the patient has serious case of premenstrual syndrome or premenstrual dysphoric disorder.
- Those who suffered depression or anxiety during pregnancy.
- Those who encounter major life events such as losing family members, marital problems or unemployment, etc.
- Those who lack social support or resources.
- Those who have complications during pregnancy or childbirth, such as pregnancy-induced hypertension, premature birth or complications during labor.

• How do I know if I have postpartum depression?

We recommend mothers using the following 2 questions to evaluate themselves.

- During the past month, were you often in a bad mood, depressed or feel that there is no hope in the future?
- During the past month, did you often lose interests or find no pleasure in things?

If you find yourself answering yes to the two questions above, we strongly suggest that you tell your spouse about it or seek help from families and friends. You may also contact the mental health organizations. You may talk about your current conditions to your OBGYN, family physician or the pediatrician, or a psychiatrist for proper diagnosis, consultation or medication if necessary. If the thought of hurting yourself often appears, seek medical help immediately to prevent any harm.

認識產後憂鬱症

如何因應情緒低落或產後憂鬱症？

◎自我生活調適．尋求支持與協助

產後情緒低落(postpartum blues)，通常在產後的3-4天發生，而第5天達最明顯；通常產後兩週內就會消失。大部分的個案只需要家屬、朋友多予照顧與支持即可恢復。因此，我們建議新手媽媽照顧新生兒時，需利用嬰兒睡眠時，多讓自己的身體獲得適度休息，不要陷入過度疲憊或睡眠不足的狀態。由於產後媽媽照顧嬰兒時，其體力耗費甚大，所以儘可能由其他家人分擔及減輕產後媽媽的家事清潔等勞力工作，同時提醒產後媽媽不要過分要求清潔。如果可以的話，每天可以撥出一小段時間外出散步，給自己一些喘息休息的機會，同時應適度的向家人或親朋好友說出您的感受，並尋求他們的幫忙。如果可能的話，也可以跟其他產後媽媽分享彼此的經驗與心得，將能得到相當的幫忙。

◎尋求醫療與心理衛生資源

如果產後情緒低落的症狀一直無法改善，甚至持續時間長達兩個禮拜以上時，建議應立即尋求協助。您可至各醫療院所婦產科、家庭醫學科、小兒科或精神科(身心科)尋求協助，或可洽請各縣市衛生局社區心理衛生中心尋求相關心理衛生服務資源。對於產後憂鬱症(postpartum depression)的治療，通常及早診斷及早治療時，越容易成功治癒。如果有產後憂鬱症時，切勿慌張，通常醫師會給予抗憂鬱藥物，並輔以會談諮商或進一步給予心理治療。此時，如果需要持續哺餵母乳者，可與您的醫師密切討論用藥成分及劑量。

◎積極接受診療．避免病症加重

如果發生嚴重產後精神病(postpartum psychosis)時，產後媽媽除了會出現情緒激動不穩定、哭泣、個性行為改變之外，甚至會出現妄想或幻覺現象，有些還會出現誤認嬰兒已死亡或被掉包等幻覺，根據國外統計產後精神病約有5%的自殺率及4%的殺嬰率，必須接受積極治療，以免造成不幸。

Getting to know postpartum depression

• How to deal with postpartum blues or depression?

Self adjust. Seek assistance and support.

Postpartum blues often occurs within 3 to 4 days after childbirth. The symptoms are especially evident on day 5, but often disappear after 2 weeks. Most cases may recover with the care and support of family and friends. Therefore, we suggest that when new mothers take care of the babies, try to get some rest when the babies asleep and do not be over exhausted or sleep deprived. Taking care of the baby after birth is an energy consuming task. Family members should try to share the chores around the house as much as possible. Meanwhile, a reminder for the mothers to try to lower the standards in terms of cleanliness around the house a little. If possible, mothers should take some time out each day to take a walk and give themselves a break. Express feelings to the family and friends when needed and seek their help. If possible, share the experience and thoughts with other mothers who just gave birth as well. This would also be helpful.

Seeking medical and mental health resources

If postpartum blues cannot be improved after childbirth, or if the condition lasts for over 2 weeks, seek help immediately. You may visit the obstetrics and gynecology,family medicine, pediatrics or psychiatric departments in hospitals, or you may contact the mental health center (see attached table) in the department of health of various cities and counties for mental health resources and services. As to the treatment for postpartum depression, early detection and early treatment will increase the healing rate. Please do not panic if you have postpartum depression. Doctors would usually prescribe anti-depressants supplemented with counseling or psychiatric treatment. Mothers who are breastfeeding should discuss the medication and dosage.

Actively receive treatment to keep the illness from getting worse.

When serious cases of postpartum psychosis occur, mothers would be extremely emotional, cry, showing personality and behavioral changes and even hallucinations. Some mothers would think that their babies died or are substituted by others. According the statistics from other countries, about 5% of mothers with postpartum psychosis would commit suicide and 4% of killing their own babies. They must actively seek treatments to avoid such tragedy.

認識產後憂鬱症

◎結語

透過上述產後憂鬱症的介紹，能讓孕期、產後媽媽及家人們辨識產後媽媽是否處於高風險狀態，進而予以尋求家人支持與醫療照護。此外，大部分的產後媽媽都會有輕微產後憂鬱現象，而這些不舒服的症狀，可在家人及朋友的關懷與支持下可以很快的獲得緩解，所以不要羞於表達自己的情感，一旦出現症狀加重或久久不能改善時，應立即協同家人尋找醫療的幫助。

產後憂鬱症如果能夠及早發現，及早治療，其預後是良好的，不要擔心自己會受到家人或朋友的歧視，很多人都願意幫助您度過難關的。

◎給家屬的一段話

產後憂鬱或產後憂鬱症可能常被忽視或不自覺，因此常無法得到家人或親友即時的支持及抒發。我們希望透過產後憂鬱症介紹，讓家屬們了解，經由一些簡單的對談聊天，給予傾聽、陪伴及支持。是能讓產後媽媽們自在的談敘個人想法及感受，並讓其情緒獲得抒發。同時，產後媽媽在照顧新生兒時，需耗費相當的體力，也常致睡眠不足，因此，所有的家人應該去分擔照顧新生兒及家庭勞務，減輕產後媽媽的身體負擔；平時多關心產後媽媽，如果發現有產後憂鬱的現象且長時間無法緩解，甚至加重時，應立即尋求醫療協助。

心理衛生資源

一、衛生福利部安心專線0800788995(請幫幫　救救我)：提供24小時免費心理諮詢服務。

二、各縣市社區心理衛生中心：提供心理衛生宣導、教育訓練、諮詢、轉介、轉銜服務、資源網絡聯結、自殺防治、物質濫用防治及其他心理衛生等事項。

三、倘若您有哺餵母乳困擾時，可以打免付費諮詢專線：0800-870870，尋求協助。

Getting to know postpartum depression

- Conclusion

The above overview of postpartum depression is to allow women who are still pregnant or already gave birth as well as their families to be able to distinguish the whether the mother is in high risk for postpartum depression so that they can seek medical help and family support. In addition, most mothers experience milk depression after birth. These discomfort may be alleviated quickly with care and support from family and friends. So do not be shy about expressing your own feelings. Once the symptoms occur or if they have not improved over time, seek medical help immediately with your family.

When detected and treated early, postpartum depression is very curable. Do not worry about being discriminated by friends or family. Many of them will be willing to help you get through this.

- A few words for the family members

Postpartum depression is often ignored or undetected by the patient, and therefore patients are unable to receive support or relief from family and friends in time. We hope that this overview on postpartum depression will let the family members understand that simply by communicating, listening, companionship and support which allows mothers to talk about their personal feelings and thoughts after giving birth, they can gain relief of their emotions. Meanwhile, it is an exhausting task for mothers to take care of the newborns and they are often sleep deprived. All family members should try to share the chores and the responsibility of taking care of the baby to lessen the mother's burden. Pay attention and care for the mother. If there are signs of postpartum depression and the conditions persist or even worsen, seek medical help immediately.

Mental health resources

1. Ministry of Health and Welfare Helpline – 0800788995: Free 24 hours counseling.
2. Community mental health centers at the cities and counties: Provide mental health promotion, educational training, counseling, referral and transition services, resource networking, suicide prevention and substantive abuse prevention and other mental health services.
3. If you have questions concerning breastfeeding, you may call the toll-free hotline: 0800-870870 for assistance.

準媽媽健康操

每日宜適當運動，並注意運動相關安全事項。產前運動可以減少陣痛時的疼痛，減少產時情緒及全身肌肉的緊張、增加產道肌肉的強韌性，以便順利生產。但有些準媽媽的情況可能不適合產前運動，最好請醫護人員評估及指導。

美國婦產科學會(ACOG)建議準媽媽運動時心跳應低於每分鐘140下，身體溫度應低於38℃，所以不宜從事劇烈運動。

運動時，需注意：

- 做前先排空膀胱。
- 應穿寬鬆之衣服，並解開帶扣。
- 最好在硬板上做。
- 最好在就寢前和早餐前做。

●常見的產前運動種類：

腿部運動：(早期開始做)

目的：增加骨盆附近肌肉及會陰部彈性。

作法：手扶椅背(需注意椅子穩固)，左腿固定，右腳呈360度的轉動，做畢後還原，再換腿繼續做。

腳部運動：(早期開始做)

目的：雙腿抬高運動

1. 促進下肢靜脈血之回流。
2. 伸展脊椎及臀部肌肉張力。

作法：平躺仰臥，雙腿垂直抬高，足部抵住牆，可維持3-5分鐘，每天反覆數次。

腹部深呼吸：(懷孕末期)

目的：幫助放鬆肌肉，減少宮縮產生腹部的壓力。

使用時間：有宮縮產生時。

作法：集中注意力，慢慢將氣深吸入至腹腔，使腹部凸出。盡量緩慢吐氣至全部呼出後感覺肌肉的放鬆。

速度依宮縮劇烈程度調整，每分鐘6-9次，每次練習一分鐘。做時緩慢吐氣及完全吐氣，可預防頭暈現象。

Exercise for the expectant mother

Exercise properly everyday and do them carefully. Prenatal exercises can reduce labor pains, emotions during delivery and muscle tension of the whole body and will increase the strength of birth canal muscles to promote the labor process. But circumstances of some expectant mothers are not suitable for prenatal exercises. It is better to have yourself evaluated and guided by the medical staff.

American Congress for Obstetricians and Gynecologists (ACOG) recommends that mother's heartbeat during exercise should be lower than 140 times per minute and the temperature should be lower than 38℃. Therefore, it is better not to engage in strenuous exercise.

- When exercising, please pay attention to the following:
  - Empty the bladder in advance.
  - Wear loose clothing and unbutton and unbuckle anything tight.
  - It is better to exercise on hard surface.
  - It is better to exercise before going to bed or breakfast.

- **Common types of prenatal exercise:**

Leg exercises (start from the early period)

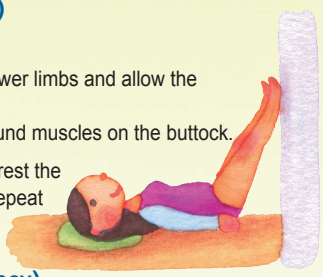
Purpose
- To increase the flexibility of the perineum and muscles around the pelvis.
  Hands on the back of a chair.

Instructions
- Left leg stays and right leg moves in a circular (360 degree) motion.
  Finish the movement and switch legs.

Feet exercise (start in the early part of the day)

Purpose
- leg lift
  1. To improve the intravenous circulation in the lower limbs and allow the blood to flow back.
  2. Stretch the spine and increase the tension around muscles on the buttock.

Instructions
- Lay flat with both feet raised perpendicularly and rest the feet on the wall. Maintain for 3 to 5 minutes and repeat several times daily.



Abdominal breathing (toward the end of pregnancy)

Purpose
- To help relax the muscles and reduce pressure to the abdomen created by uterine contraction.

When to do it
- When uterine contraction occurs.

Instructions
- Concentrate and slowly inhale all the way to the abdomen so that the belly looks inflated. Try to exhale as slowly as possible until all the air is pushed out and the muscle feels relaxed.
  The speed is adjusted according to the intensity of the uterine contraction. About 6 to 9 times a minute and practice for 1 minute each time. Exhale slowly and completely to prevent dizziness.

準媽媽健康操

盤腳坐式：(三個月後)

目的：1. 鍛鍊腹股溝之肌肉及關節處韌帶之張力。
2. 防止懷孕末期，由於膨大的子宮壓力所產生的痙攣或抽筋

作法：平坐於床墊上，兩小腿平行交接，一前一後，兩膝遠遠分開。每天一次，每次由五分增至三十分鐘。

腰部運動：(六個月後)

目的：減少腰部之酸痛，幫助生產時腹壓增強及會陰部之彈性，以利生產。

作法：手扶椅背(需注意椅子穩固)，慢慢吸氣，同時手臂用力，使身體的重力集中於椅背，腳尖立起，使身體抬高，腰部挺直，然後慢慢吐氣，手臂放鬆、腳還原。

胸式呼吸(懷孕末期)

目的：同腹部深呼吸。

使用時間：於第一產程腹部深呼吸仍無法放鬆時執行。

作法：1. 集中注意力輕吸氣直到胸部完全充盈。
2. 吐氣至全部呼出吐盡，並感肌肉放鬆。
3. 呼吸速度依宮縮劇烈程度調整為6-9次/分鐘以上，每次練習一分鐘。
4. 呼吸時注意盡量放慢，並至最後盡量吐盡，可預防頭暈。

Exercise for the expectant mother

Cross-legged (after 3 months)

Purpose
- 1. Train the muscles in the groin and the tension of joint ligaments.
  2. Prevent spasms or cramps caused by pressures from the enlarged uterus toward the end of the pregnancy.

Instructions
- Sit on the mattress with both calves of the leg parallel to each other, one in front of the other, and both knees far apart from each other.

Waist exercise (after 6 months)

Purpose
- To reduce soreness around the waist and help strengthen abdominal pressure and elasticity in the perineum during labor to help with childbirth.

Instructions
- Hands on the back of a chair (pay attention to the stability of chairs). Inhale slowly while pushing through the arms so that the body's center of gravity would be concentrated on the back of the chair. Tiptoe to lift the body higher. Back straight and slowly exhale. Relax the arms and lower the feet.

Chest breathing (the end of pregnancy)

Purpose
- Same as belly breathing.

When to do it
- For relaxation if belly breathing cannot accomplish make you relaxed during the first part of labor.

Instructions
- 1. Focus the attention and inhale lightly until the chest is fully inflated.
  2. Exhale completely until all the air is out and the muscle relaxes.
  3. Adjust the speed of breathing according to the intensity of the contraction to over 6 to 9 times per minute. Practice for 1 minute each time.
  4. Try to breathe slowly and exhale completely. This exercise can prevent dizziness.

婦女健康的守門員-子宮頸抹片檢查

子宮頸抹片檢查可以早期發現子宮頸癌，經治療而延長存活期，如在癌前病變時發現，可經由治療而阻斷後續發展為癌症。各位準媽媽們，請於產後惡露排乾淨時，記得至各健保特約醫院或診所接受子宮頸抹片檢查。

1. 誰需要做子宮頸抹片檢查？

大部分的子宮頸癌是經由性行為感染人類乳突病毒所引起，凡曾有過性經驗的婦女，都可能罹患子宮頸癌，特別是30歲以上，故建議30歲以上婦女每三年做一次子宮頸抹片檢查。另，依資料顯示，每篩檢70位婦女，就可以找到一位癌前病變或癌症個案。

2. 子宮頸抹片檢查怎麼做？

子宮頸抹片檢查過程簡單，大多不會感到疼痛，採檢過程係將擴陰器置入陰道，擴張陰道，再以小木棒或小刷子在子宮頸上，輕輕刮取子宮頸少量剝落的細胞，塗抹於玻片上，經過染色後，透過顯微鏡檢查是否有可疑性的癌前病變及癌細胞存在。

3. 子宮頸抹片檢查前要注意什麼？

不要沖洗陰道、避免盆浴、勿放置塞劑、前一夜不要有性行為、避開月經期間。

4. 當子宮頸抹片異常時怎麼辦？

子宮頸抹片異常並不代表已經患有癌症，必須請醫師做進一步陰道鏡檢查及切片，來確認是否為子宮頸癌。

＊提醒您，任何一項篩檢都會有偽陰性個案發生，所以即使抹片檢查結果正常，仍應每三年做抹片檢查，且如有任何異狀時，均應儘速就醫。

5. 接種(HPV)疫苗後，還需要定期做子宮頸抹片檢查嗎？

例行的子宮頸抹片檢查仍是必要的，因為仍有3-4成子宮頸癌是HPV疫苗無法預防的其他HPV型別所造成。

Gatekeeper for women's health – pap smear

A pap smear can help detect cervical cancer early. When detected during pre-cancerous lesion stage, its processing towards cancer can be stopped after treatment.After giving birth, mothers should remember to get a pap smear at a hospital or clinic after the lochia is completely discharged.

1. Who needs a pap smear?

Cervical cancer is mostly caused by human papillomavirus (HPV) infection through sexual behavior. All women who have had sex may be affected by cervical cancer, especially those who are over 30 years old. Therefore, women over 30 should get a pap smear once every three years.According to reports, among every 70 women screened, atleast one case processing towards cancer or suffering from cancer can be found

2. How is a pap smear done?

The procedure for a pap smear is simple. Most women would not feel any pain. When taking the pap smear, a speculum is used to open the vaginal canal and to allow the collection of cells from the outer opening of the cervix of the uterus and the endocervix with a small wooden stick or brush. The cells are dyed and examined under a microscope to look for abnormalities precancerous lesion or cancerous cells.

3. What to pay attention to before getting a pap smear?

Do not douche, try not to take baths, do not use suppository, do not have sex the night before, and do not do the pap smear during the menstrual cycle.

4. What should I do when the result of the pap smear is abnormal?

An abnormal pap smear result does not mean you have cervical cancer. The doctor needs to further exam it with colposcopy and tissue slice to confirm whether it is cervical cancer.

* A reminder that a false-negative result may occur in any test. Even if your pap smear result is normal,a pap smear still needs to be performed every three years, if there are any abnormality, see a doctor immediately.

5. Is there a need of routine Pap test after HPV vaccination?

Regular pap smears are still necessary because 30% to 40% of cervical cancer are not preventable by HPV vaccines and are caused by other types of HPV.

新生兒篩檢

新生兒篩檢的目的為何？有哪些好處？如何接受新生兒篩檢及得知新生兒篩檢結果？

新生兒篩檢是「新生兒先天性代謝異常疾病篩檢」的簡稱，早期發現症狀不明顯的先天性代謝異常疾病，提供適當的確診、治療或預防措施；使得患病的孩子能夠正常發育，不致造成身心障礙與家庭的遺憾。

我的寶寶如何接受新生兒篩檢？

在您的寶寶出生後滿48小時，接生的醫療院所（助產所）會採取寶寶少許的腳跟血液，並寄交國民健康署新生兒篩檢合約實驗室進行相關檢驗。

如何得知新生兒篩檢結果？

篩檢結果約於採檢後1週，即可透過新生兒篩檢中心網站查詢篩檢結果。在尚未知道篩檢結果之前，請不要讓寶寶接觸萘丸（俗稱臭丸；樟腦丸），也不可任意服用藥物；如有健康上的問題，請務必詢問您的小兒科或家庭醫學科醫師。

新生兒篩檢可以發現哪些疾病？

由於醫療科技的進步，遺傳檢測技術已被臨床廣泛運用。但是，並非所有疾病，都適合在新生兒期進行篩檢或能偵測出來。目前經國民健康署認定之篩檢項目，係依優生保健措施減免或補助費用辦法訂定，包括：苯酮尿症、先天性甲狀腺低能症、高胱胺酸尿症、半乳糖血症、葡萄糖六磷酸鹽去氫酶缺乏症、先天性腎上腺增生症、楓糖漿尿病、中鏈醯輔酶A去氫酶缺乏症、戊二酸血症第一型、異戊酸血症、及甲基丙二酸血症等共11項；係基於新生兒最佳利益考量而建議，每個新生兒均應接受篩檢服務。至於目前已提供而尚未納入衛生福利部認定的新生兒篩檢項目，因考量須釐清其臨床效力、或有無確診後續發展及有效的治療方法等，均需採先趨性研究進一步探究；亦應經過家長知情同意，並獲得父母簽署之書面同意書，方可進行篩檢。

政府提供新生兒篩檢之檢驗費用減免

國民健康署認定11項新生兒篩檢減免費用，一般新生兒每案減免新臺幣200元；但列案低收入戶、優生保健措施醫療資源不足地區之醫療機構（助產所）出生者，每案減免新臺幣550元，政府全額補助，民眾無須負擔檢驗費用（民眾仍須自付採檢醫院行政費用或相關材料費，視各醫院收費額度而定）。

Newborn screening

What is the purpose of newborn screening? What are the advantages? How can we avail of newborn screening and how do I get to know the results of newborn screening?

Newborn screening is short for "screening of genetic metabolic disorders for newborn babies". The screening uses filter paper. Working with the newborn baby's highly sensitive biochemical index, the screening can quickly identify babies with high risks, thus detect genetic disorders with no apparent symptoms yet and provide adequate diagnosis, treatment or preventive measures. This will ensure that the children with such diseases can grow normally and not develop any mental or physical disabilities that will leave the family with regret.

How can my baby have newborn screening?

48 hours after your baby is born, the medical facility will provide health education for the parents and take little blood sample from the baby's heel. The sample will be forwarded to the laboratory contracted by the Bureau of Health Promotion to conduct the newborn screening.

How do I get to know the results of newborn screening?

In general, the screening results will be available on the website of the Chinese Foundation of Health after a week. Before getting the screening results, do not expose the babies to naphthalene balls (moth balls) and do not take any medications. If there are any questions concerning the baby's health, please be sure to consult the pediatrician or family physician.

What diseases can be identified through newborn screening?

With medical advances, genetic testing techniques have been widely used clinically. However, not all diseases can be detected during the newborn screening. As for the newborn screenings that are not yet included by the Department of Health, their clinical effects, subsequent development and effective treatment are yet to be further studied. However, the baby may receive these screenings with the parents' consent with written authorization. At present, the Department of Health has determined the following 11 screenings: Phenylketonuria, Congenital Hypothyroidism, Homocystinuria, Galactosemia, Glucose-6-phosphate dehydrogenase deficiency (G-6-PD), Congenital Adrenal Hyperplasia, Maple Syrup Urine Disease (MSUD), Medium-chain Acy-coenzyme Dehydrogenase A Deficiency (MCAD), Glutaric Aciduria I, Isovaleic acidemia (IVA), and Methylmalonic acedemia (MMA). These are determined with the baby's best interests in mind and every newborn baby should receive the screening. As for the newborn screenings that are not yet included by the Department of Health, their clinical effects, subsequent development and effective treatment are yet to be further studied. However, the baby may receive these screenings with the parents' consent and with a written authorization.

Waiver or deduction on the cost of newborn screening provided by the government

The Department of Health has determined 11 newborn screenings and these may receive deductions. Most newborns may receive NT200 deduction for each case. For newborn babies born to low income households, indigenous households, households on the outlying islands or visiting medical facilities in remote areas, the testing cost for each case is NT550, which will be covered fully by the government. These people do not have to pay for the testing fee. (However, they still have to pay for the administrative and material costs incurred at the hospital).

寶寶健康的第一道防線

給準父母貼心的小叮嚀

在尚未知道新生兒篩檢結果之前，請不要讓寶寶、衣物或用品接觸萘丸(俗稱臭丸；樟腦丸)或其氣味，以避免溶血性貧血之可能發生。也請提醒接生醫院將寶寶的篩檢結果，記錄於「兒童健康手冊」內，以提供寶寶就醫參考；篩檢結果在正常範圍的寶寶，並不代表健康狀況沒有問題，仍須按時接受兒童預防保健服務，保障寶寶的健康權益喔！

嬰兒搖晃症候群首先在1972年提出，是指因劇烈搖晃嬰兒，導致嬰兒頭骨內的腦組織在短時間內快速晃動，造成腦部表面的血管破裂，引發硬腦膜下血腫或蜘蛛膜下腔出血，並常伴隨有視網膜出血及腦水腫；大部分發生在兩歲以下兒童，尤其是小於六個月的嬰兒。嬰兒搖晃症候群，常是因為照顧者不耐嬰幼兒哭鬧不停且無法安撫而動怒，故用力搖動嬰兒企圖阻止哭鬧，但因搖動過於劇烈而導致腦部傷害；一般的輕微晃動並不會導致嬰兒搖晃症候群。因此即使沒有明顯外傷，嬰兒搖晃症候群仍被視為一種兒童虐待的行為，歸類為虐待性頭部傷害的一種。

發生嬰兒搖晃症候群時可能出現的症狀包括：嗜睡、急躁不安、抽筋、意識受損、嘔吐、食慾不振及呼吸異常等，一旦發現應盡速就醫，由醫護人員給予適當的治療；由於致命率很高，且容易有發展遲緩、癲癇、腦性麻痺等長期後遺症，因此預防嬰兒搖晃症候群的發生十分重要，照顧者須注意，無論如何都不可以用力搖晃寶寶、甩耳光或將寶寶拋到床上，也盡量不要抱著寶寶用力旋轉。抱著孩子或與孩子玩耍時一定要保護頭頸部，尤其是六個月以下的嬰兒要給予頭頸部適當的支持。此外，所有的寶寶的照顧者都需要了解搖晃嬰幼兒的危險性，並學習如何安撫哭鬧嬰幼兒的技巧，以免因情緒失控時做出不利嬰兒的錯誤舉動。

The first line of defense for the baby's health

Reminders for the expectant parents

Before getting the screening result, do not let babies be exposed to naphthalene balls (moth balls) or to their smell to avoid hemolytic anemia. We would also like to remind the hospital where the baby is born to record the screening results in the Children's Health Booklet as a reference when the baby is checked by doctors. Screening results within the normal range do not mean that the baby is completely healthy. The baby should still receive preventative care as scheduled to protect their health!

Shaken baby syndrome, first proposed in 1972, refers to the rapid shaking of the brain tissue inside the baby's skull in a short time caused by shaking it violently, which leads to the rupture of blood vessels in the brain surface, causing subarachnoid hematoma or subdural hemorrhage that are often accompanied by retinal hemorrhage and brain edema; Most of the cases occur in children under two years old, especially in infants less than six months old. The shaken baby syndrome is often caused by angry caregivers who are impatient with the baby's continuous crying and fail to comfort him and make him stop. Caregivers thus shake the baby violently to try to make him stop crying. Shaking too hard, however, may lead to brain damage. Generally, mild shaking does not cause shaken baby syndrome. Therefore, even if there is no obvious trauma, shaken baby syndrome is still considered as an act of child abuse and is classified as an abusive head injury.

Symptoms of shaken baby syndrome include: drowsiness, agitation, cramps, impaired consciousness, vomiting, loss of appetite and respiratory abnormalities. Babies suffering from this syndrome should be taken to a doctor immediately and should receive timely treatment. Due to a high fatality rate and the fact that patients are likely to have developmental delay, epilepsy, cerebral palsy and other long-term sequelae, prevention of shaken baby syndrome is very important. Caregivers should be instructed that in no case should the baby be shaken violently, throw the baby in the face or throw him to the bed. You should also try not to hold the baby firmly and go round and round. When you are holding the baby or playing with him, please protect his neck. Especially for those who are under six months old, their necks need extra support. Besides, all baby caregivers need to understand the dangers of shaking infants violently and learn the skills of how to comfort crying babies to avoid making the wrong move when feeling out of control.

預防嬰幼兒感染百日咳

百日咳是一種急性呼吸道傳染性疾病，係透過飛沫或近距離接觸而感染。

小於6個月的寶寶是感染百日咳的高危險群，主要的感染源為親密照顧的媽媽及其他照顧者。新生兒一旦感染會產生咳嗽、嘔吐、呼吸困難等症狀，嚴重者造成休克，併發肺炎、腦病變甚至導致死亡。

預防嬰幼兒感染百日咳「不論過去的破傷風、減量白喉混合疫苗（Td）或減量破傷風白喉非細胞性百日咳混合疫苗（Tdap）接種史，每次懷孕應接種1劑Tdap疫苗，可在任何孕程接種(自費)。但為使母親抗體傳遞給嬰兒的接種效益最大化，建議於懷孕第28-36週接種；若懷孕時未接種，則應於生產後立即接種。另，會照顧寶寶的其他家屬親人，也建議同時接種，除保護新生兒，也保護自己。」

Prevent pertussis infection in children

Pertussis is an acute respiratory disease that is infectious. It spreads through droplets or close contact.

Babies under 6 months old are the high-risk group for pertussis. The main source of infection is from the mother or other caretakers. Once the newborn baby catches pertussis, the baby will show symptoms such as coughing, vomiting and difficulty in breathing. Severe cases may cause shock, pneumonia, brain disease or even death.

Prevent pertussis infection in children. [A tetanus diphtheria acellular pertussis mixed vaccine (Tdap) should be administered at anytime during gestation (at their own expense)regardless of inoculation history of tetanus vaccine, reduction diphtheria mixed vaccine (Td) or Tdap. To maximize the vaccination efficacy by transferring maternal antibodies to the baby, it is recommended to get inoculated during gestational week 28 to 36. For those who did not receive vaccines during pregnancy, they should be inoculated soon after delivery. Besides, those who may be involved in neonatal care should be inoculated as well which will protect the baby and the caretaker].

新生兒卡介苗接種資訊

預防重於治療，接種卡介苗可避免幼童發生結核性腦膜炎及粟粒性結核病，研究顯示，未接種卡介苗的幼童較接種卡介苗者罹患結核性腦膜炎增加了47倍的風險(我國未接種卡介苗之幼童結核性腦膜炎發生率約為百萬分之152.5)，此類疾病若未及早診治會造成腦積水、脊髓障礙、腦血管病變、腦梗塞等不可逆病變，最後導致終身殘疾(無法行走及自理生活、長期臥床、智商受損、發展遲緩)的後遺症，且其伴隨著高致死率(約20%-40%)。嬰幼兒的抵抗力弱，如受到結核菌的感染，可能發生急性結核病（如結核性腦膜炎或粟粒性結核病）而危及生命，因此，對於沒有接種卡介苗禁忌症的嬰幼兒，宜於出生24小時後及早接種，至遲為出生滿1個月時，併B型肝炎疫苗第二劑一起施打。

我國目前尚屬結核病中度負擔之國家，且結核菌之傳播途徑為空氣傳染，任何人都有受感染的機會。依照我國目前出生率及國內結核病發生資料推估，倘國內停止施打疫苗，則每年將新增約30例之幼兒結核性腦膜炎病例。而目前鄰近國家包括南韓、泰國、越南，甚至結核病發生率較我國低的日本、新加坡等，也都實施全面性新生兒接種卡介苗，尚未有選擇性接種的情形。

卡介苗為一減毒活菌疫苗，當大規模接種時，確實會有少數的小孩因某些尚未可確定的因素，產生副作用，而目前確也無法以簡單的方式篩選出可能發生副作用的小孩。部分兒童在接種後，可能發生局部膿瘍、淋巴結炎等較常見但不嚴重的不良反應，極少數幼童可能發生較嚴重的副作用，如：骨炎、骨髓炎等。經過醫療照顧後，幼童多半能恢復正常生活。

在接種前，請父母確認父母雙方家人沒有疑似先天性免疫缺失之家族史（如幼年因不明原因感染而死亡）。另對於後天免疫不全病毒(HIV)感染的母親所生之新生兒，請諮詢感染科醫師後，始得接種。

自2007年起，我國開始主動監測卡介苗不良反應，而近幾年之發生數已可掌握且穩定，除了芬蘭、瑞典及加拿大之外，其他國家尚未建立該項目之監測系統。監測資料亦顯示，我國卡介苗接種後造成骨炎、骨髓炎發生比率約百萬分之55，尚在世界衛生組織估計的範圍內。

國際間亦非常重視卡介苗相關問題，並已花費相當長的時間及資源積極開發新的疫苗以取代卡介苗，倘有所成，我國亦會主動進行疫苗之調整，以減輕不良反應之風險。在此之前，疑似因接種卡介苗受傷害者，得透過接種地之縣市衛生局的說明與協助，申請預防接種受害救濟。

Informations for BCG vaccination of newborns

Prevention is more important than treatment. BCG vaccination can prevent the occurrence of tuberculous meningitis and miliary tuberculosis in children. Studies have shown that the risk of tuberculous meningitis in children without BCG vaccination was 47 times higher than those who have received BCG vaccination (in Taiwan, the incidence of tuberculous meningitis in children without BCG vaccination is approximately 152.5 ppm). These diseases, if not diagnosed and treated early, can cause hydrocephalus, spinal cord disorders, cerebro-vascular disease, cerebral infarction and other irreversible lesions, leading to complications of permanent disability (patients are unable to walk and take care of themselves and become bedridden, suffer from IQ impairment, developmental delay). Its fatality rate is high (about 20% to 40%). Infants, with weak resistances, when infected by mycobacterium tuberculosis, may suffer from acute tuberculosis (such as tuberculous meningitis or miliary tuberculosis) and that can be life-threatening. Therefore, infants without contra-indications of BCG vaccination should be inoculated with BCG vaccine within 24 hours after birth as soon as possible. They should receive the vaccination at 1 month after birth at the latest along with the second dose of hepatits B vaccine.

Taiwan is still with a moderate burden of tuberculosis. Since tuberculosis is transmitted through the air, any one has the chance to get infected. In accordance with Taiwan's current birth rate and the incidence of tuberculosis, if Taiwan stops applying its vaccination, there will be an increase of about 30 new cases of children affected with tuberculous meningitis every year. Currently, the neighboring countries including South Korea, Thailand, Vietnam and even Japan and Singapore have an occurrence rate of tuberculosis that is lower than us, they also have implemented comprehensive neonatal BCG vaccination. Yet, there has not been a selective vaccination.

BCG is a live attenuated vaccine. When a massive vaccination is conducted, side effects will occur in a small number of children due to certain unknown factors. At present, there is not a simple way to screen out children who may suffer from side effects. After vaccination, localized abscess, lymph nodes and other common but less serious adverse reactions may occur in some children. A handful of young children may suffer from more serious side effects, such as osteitis, osteomyelitis and so on. After medical care, most children can resume their normal lives.

Before inoculation, please confirm that families of both parents are free of a history of a congenital immune deficiency (such as deaths due to unknown reasons of infections in childhood). For babies born to mothers affected with HIV, please consult a doctor in the infectious department before vaccination.

Since 2007, Taiwan has started to monitor adverse reactions to BCG. In recent years, cases of adverse reactions have been controlled and stabilized. Except for Finland, Sweden and Canada, other countries have not established such monitoring systems. According to the monitor, incidence of osteitis and osteomyelitis after inoculating with BCG in Taiwan is about 55/million which is in the range estimated by the World Health Organization.

BCG-related issues have aroused international attention. Efforts have been made in developing new vaccines to replace BCG for a long time. Progress has also been achieved. Taiwan has actively adjusted vaccines to decrease the risks of adverse reactions. Before the monitoring, suspected BCG victims had to report to the city or county health bureau in the inoculation department about the situation and ask for support and apply for relief of preventive inoculation victims.

新生兒卡介苗接種資訊

接種卡介苗後之1至2週內，注射部位會呈現一個小紅結節，之後逐漸變大，微有痛癢但不發燒。4至6週後會變成膿瘍或潰爛，不必擦藥或包紮，只要保持清潔及乾燥，如果有膿流出可用無菌紗布或棉花拭淨，應避免擠壓。平均2至3個月會自動癒合結痂，留下一個淡紅色小疤痕，經過一段時間後會變成膚色。

5歲以下幼童如果出現局部膿瘍/腫脹等疑似卡介苗不良反應時，宜提醒醫師將卡介苗接種因素納入評估；或洽地方衛生局(所)協助轉介醫院小兒科診治(或請小兒科醫師進行會診)，以便進一步釐清病因，經過適當處置後，絕大多數均可康復，不會留下長期傷害。

卡介苗建議於出生24小時後及早接種，目前新生兒篩檢項目中自費進行篩檢之其中一項為嚴重複合型免疫缺乏症(SCID)，它是一種罕見先天遺傳疾病，據統計資料顯示每年10萬人口之發生率約為1.4例。而此類新生兒若接種卡介苗，則有感染卡介苗內之結核菌的疑慮，因此，已知罹患嚴重複合型免疫缺乏症的新生兒，不應接種卡介苗。

家長於權衡疫苗的效益和風險後，可以選擇於未知結果報告下，於出院前即接種卡介苗。倘未於住院期間完成卡介苗接種，則可於篩檢後，依報告結果進行後續作為：

一、報告異常者，不應接種卡介苗，且應指示至轉介醫院做進一步治療；

二、報告正常且未於住院期間完成卡介苗接種者，至遲應於出生滿1個月接種B型肝炎疫苗第二劑時，同時完全接種卡介苗。

惟延後接種卡介苗，可能會有感染機率升高之危險，未接種卡介苗者如果感染結核菌，會有47倍的風險得到結核性腦膜炎，所以於該段延後接種期間內，應避免讓新生兒接觸可能的結核病患者(如避免咳嗽中的親友來訪或照顧寶寶等。)

如果您需要其他卡介苗相關訊息，歡迎至衛生福利部疾病管制署全球資訊網http://www.cdc.gov.tw之傳染病介紹/結核病主題網查閱。

Informations for BCG vaccination of newborns

One or two weeks after BCG inoculation, a little red nodule is found in the injection area which would grow gradually. You may feel mild pains and itchiness without having a fever. After 4 to 6 weeks, the lesion progresses to an abscess or ulceration. You do not need to treat it with medicine or bind it up. You just need to keep it clean and dry. When there is pus running out of the wound, you can clean it with a sterile gauze or cotton. Squeezing should be avoided. It will generally heal on its own into a scab after 2 to 3 months, leaving a small light red scar. After a while, it will turn to the skin color.

When suspected BCG adverse reactions take place in children under 5 years old including local abscess/ swelling, it is proper to inform the doctors to include BCG inoculation into their evaluation or go to the pediatric department of a referral hospital authorized by the local health bureau (institution) for treatment (or ask a pediatrician for consultation) to further confirm the cause. Most cases can be cured after proper treatment without long-term damage.

Babies should be inoculated with BCG vaccine within 24 hours after birth as soon as possible. At present, one of the neonatal screening items at one's own expense is the severe combined immuno-deficiency (SCID) which is a rare congenital genetic disease with an incidence of about 14 cases per million every year according to statistical data. This kind of infants are at risk of being infected by mycobacterium tuberculosis in the BCG vaccine. Therefore, newborns who suffer from SCID should not receive the BCG vaccination.

After weighing the benefits and risks of the vaccine, parents can choose to let their babies receive BCG vaccination before discharge from the hospital without knowing the results. For children who failed to complete the BCG vaccination during hospitalization, they can conduct further vaccination after the screening in accordance with the test results:

1. Those who have abnormal results should not receive the BCG vaccination and should be referred to a hospital for further treatment in accordance with instructions;
2. When test results are normal and children still failed to complete the BCG vaccination during hospitalization, they should be inoculated with the BCG vaccine together with the second dose of hepatitis B vaccination when they turn 1 month old.

A delay in BCG vaccination may increase the chance of getting infected. The risk of tuberculous meningitis in children without BCG vaccination was 47 times higher than those who have received BCG vaccination. Thus, parents should avoid newborns coming in contact with patients affected with tuberculosis during the delay (for example, relatives suffering a cough should be prevented from visiting or taking care of the baby).

If you need more information about BCG, please visit the global information website of the Centers for Disease Control , Ministry of Health and Welfare (http://www.cdc.gov.tw/ Introduction of communicable diseases) for queries under the subject of tuberculosis.

最貼心的哺育方式

母乳是最適合嬰兒的食品，它含有多種好處，可以增進兒童的智力發展，降低腹瀉及肺炎的感染率，減少過敏發生及嚴重度，它不需花費，乾淨而方便。哺育母乳可使媽媽的子宮早日恢復至正常大小，也可更快的恢復到孕前體重、減少乳癌、卵巢癌的發生率等，增強女性自信能力，並促進和寶寶間親密關係。

從懷孕開始就要有哺餵母乳的心理準備，一旦感覺到胎動之後，就應開始進行乳房及乳頭的保養工作。

母乳哺育Q&A

◎準媽媽要何時準備母乳哺育？哺育要多久？

準媽媽從懷孕開始，就可以對於母乳哺育及相關的嬰幼兒營養有所認識，在懷孕二個月後便可以開始計畫收集哺乳相關資料。世界衛生組織建議寶寶生下的頭六月可以純餵母乳，不必餵食水和其他任何食物，六個月後開始添加適當的副食品，並持續哺乳到兩歲或兩歲以上。

◎媽媽什麼時候會有奶水？

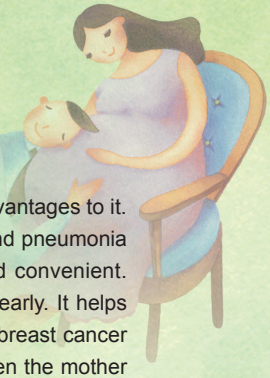
媽媽懷孕20週左右，乳腺會開始製造-初乳。懷孕過程順利時，每個媽媽產後就有奶水，生產後第1、2天分泌的初乳，量不多但是濃稠而且營養。

◎剛出生的寶寶胃容量有多大？

一天大的新生兒胃容量只有5cc(像龍眼大小)、第4至5天約25cc(像荔枝大小)，7天大的時候也不過50cc左右(像桃子大小)。足月健康新生兒的胃容量不大，所以需求量也不大，正好配合初乳量。只要15公克的初乳就可以滿足1至2天的營養。

◎媽媽產後及早和寶寶肌膚接觸有什麼好處？

產後儘快讓母子有肌膚直接接觸，讓寶寶感受媽媽的溫暖並嘗試尋找媽媽的乳頭。一方面享受親情，一方面刺激泌乳激素，讓奶水及早開始分泌。



The best way to nurture the baby

Breast milk is the most appropriate food for babies. There are many advantages to it. It helps with children's mental development, reduce the risks of diarrhea and pneumonia and reduce the occurrence of allergy or its severity. It is free, clean and convenient. Breastfeeding can also help the mother's uterus return to its original size early. It helps the mother to go back to her pre-pregnancy weight, reduce the chance of breast cancer and ovarian cancer, improve her confidence and increase the bond between the mother and the child.

The expectant mother should start preparing mentally for breastfeeding since the beginning of pregnancy. Once the fetal movement starts, the mother should start take care of the breasts and nipples for breastfeeding.

Q&A on breastfeeding

- When should the expectant mother prepare for breastfeeding? How long will the breastfeeding take?

  Expectant mothers should get to know about breastfeeding and infant nutrition soon after getting pregnant. Starting from the second month of pregnancy, the mother can plan on collecting information on breastfeeding.

  The WHO recommends that the mother can feed the baby with breast milk exclusively for the first 6 months. There is no need to feed the baby water or any other food. After 6 months, the mother can add other types of food while keeping to breastfeeding until the baby is 2 years old or even older.

- When does the mother start lactating?

  When the mother is about 20 weeks pregnant, the mammary gland would start producing colostrums. If the pregnancy goes smoothly, every mother should start lactating after giving birth. The colostrums from the first 2 days after labor is small in quantity bit thick and nutritious.

- How big is a newborn's stomach content?

  The stomach content of the newborn baby who is one day old is only 5 c.c. (marble size). At 4 to 5 days old, the size increases to about 25 c.c. (the size of a ping pong ball). At 7 days old, the stomach holds merely 50 c.c. (peach size). At 1 month old, the baby's stomach is still small, which is perfect for the amount of colostrum that mothers can produce. About 15 grams of colostrum can meet a baby's nutrition needs for 1 to 2 days.

- What are the advantages of early skin contact between the mother and the child after childbirth?

  After birth, let the mother and child have direct skin contact right away. Let the baby feel mother's warmth and try to start looking for mother's nipples. The will encourage mother-child bonding while stimulating prolactin and let the mother start lactating early.

最貼心的哺育方式

◎媽媽產後住院期間和寶寶同室有什麼好處？

讓寶寶與媽媽親子同室，便於隨時應寶寶需求哺餵，同時也減少待在嬰兒室發生集體院內感染的風險，提供媽媽與醫護人員共同觀察寶寶的機會，以及早發現寶寶的問題。

◎如何促進奶水分泌？

1. 分娩後儘早哺餵母乳。
2. 新生兒出生後即刻吸吮母乳，並經常的餵奶，不另添加牛奶，不以奶瓶、奶嘴及安撫奶嘴干擾寶寶的學習。
3. 勤於餵奶-寶寶餓了就可餵奶，餵得愈多，奶量會愈多。
4. 除餵母乳外，避免給寶寶配方奶及其他飲料與奶嘴，否則寶寶可能不易有餓的感覺而減少吃奶的頻率，奶量自然會減少。
5. 當寶寶不在身邊時，可用手或擠奶器將奶水擠出，並將奶水冰存起來留給寶寶吃。
6. 正確的吸吮方式及餵奶姿勢。
7. 肚子餓就吃，口渴就喝。
8. 充足的睡眠及愉悅的心情。

◎奶脹的預防與處理？

1. 多讓寶寶吸吮。
2. 按摩乳暈擠出一些奶水，使乳暈柔軟後再讓嬰兒吸吮，若有硬塊，則熱敷後再讓嬰兒吸。
3. 有時讓嬰兒變換姿勢吸奶。
4. 媽媽穿戴合適的胸罩。

◎預防乳腺炎

乳房內之奶水流出不良形成乳房腫脹，或是輸乳管阻塞後，會發展成乳腺炎。預防乳腺炎的方法：

1. 哺乳時要讓寶寶正確含住乳房，依寶寶的需求哺乳(夜間也要哺乳)，並時常改變哺乳姿勢；
2. 避免4小時以上未哺乳；
3. 避免經常使用安撫奶嘴，以免嬰兒吸吮乳房的時間較少；
4. 哺乳時避免手指用力壓到乳暈或乳房，而阻塞奶水的流出；
5. 避免太緊的胸罩或是其他壓到乳房造成的壓力。

The best way to nurture the baby

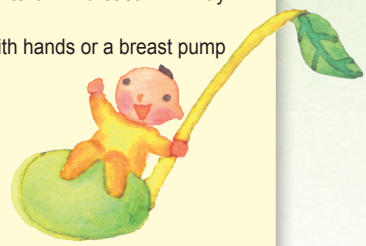
Q&A

- What are the advantages of letting the mother and the baby stay in the same room during their hospital stay?

Let the baby sleep in the same room with the mother after birth so that the baby can be breastfed when he/she is hungry. This will also reduce the risk of hospital-acquired infection, give the mother and medical staff a chance to observe the baby and detect any problems with the baby early.

- How to increase the secretion of milk?

1. Try to breastfeed as soon as possible after giving birth.
2. Let the newborn baby suck on breast milk immediately after birth and breastfeed often. Do not add additional milk, do not use bottles and bottle nipples or pacifiers which may interfere how the baby learns to suck breast milk.
3. Breastfeed often. Feed whenever the baby is hungry. The more mothers breastfeed, the more milk there will be.
4. In addition to breast milk, try not to use baby formula, other beverages and pacifiers. Otherwise the baby may not feel hungry and his/her desire to drink breast milk may decrease. The mother's lactation will decrease as well.
5. When the baby is not around, mothers can try to pump milk with hands or a breast pump to save it and refrigerate it for the baby for later.
6. Correct ways of suction and breastfeeding positions.
7. Eat when you feel hungry and drink when you feel thirsty.
8. Get enough sleep and keep a pleasant mood.



- How to prevent and deal with breast engorgement?

1. Let the baby suck more often.
2. Massage the areola to promote lactation. Wait till the areola is soft to let the baby suck on the nipple. If the area is still hard, try pressing warm towels on it and then let the baby suck the milk.
3. Let the baby change positions from time to time.
4. Mothers should wear bras that are appropriate.

- Prevent breast inflammation

Blocked milk ducks which prevent the flow of breast milk would cause breast engorgement or eventually mastitis. Ways of preventing mastitis include:

1. Let the baby hold the nipple in the mouth correctly, feed the baby according to his/her need (feeding during the night as well), and change positions often;
2. Try not to wait for over 4 hours between feeding;
3. Try not to give the baby pacifiers often. This may decrease the time that the baby suck on the nipple;
4. Try not to press on the areola or the breast with fingers when breastfeeding. This might block the flow of breast milk;
5. Try not to wear bras that are too tight or create other pressures that would press on the breasts.

最貼心的哺育方式

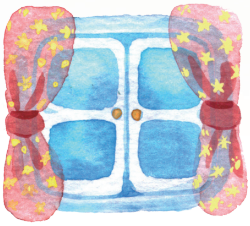
◎我如何知道寶寶獲得足夠的奶水？

1. 寶寶飢餓暗示：頻繁的吸吮動作、吐舌頭、舔嘴唇、吸手指，頭轉來轉去或蠕動等主動尋找乳頭的動作。
2. 寶寶飽食暗示：吃飽後很滿足入睡，全身放鬆減少吸吮，推開或遠離乳房。獲得奶水的足夠表現：觀察寶寶的大小便次數及體重變化。

◎如何正確哺餵母乳？

注意事項

1. 餵食前應先洗淨雙手。
2. 舒適姿勢:可採取不同姿勢，媽媽須要心情愉快，有益於奶水排出。
3. 媽媽與寶寶必須緊密相貼：抱寶寶的姿勢，無論抱在哪一邊，寶寶的腹部與媽媽的腹部應相貼，頭與雙肩朝向乳房，上嘴唇對著乳頭，頭部不被扭轉或彎曲，頭與身體成一直線。
4. 寶寶正確含住乳房：寶寶口中含入乳暈及下面組織兩大部分，嘴張得很大，下嘴唇外翻，下巴有接觸到乳房，慢而深地吸吮，可以看見寶寶有吞嚥的動作。
5. 哺乳時媽媽手的正確姿勢：以C型握法，大拇指在上，其他手指在下支撐乳房，不要碰到乳暈。



The best way to nurture the baby

- How do I know whether the baby has enough milk?

1. Signs that the baby is hungry:
   Frequent sucking, sticking tongue out, licking the lip, sucking fingers.
   The head turns back and forth toward the breast. The baby shows apparent reflex of looking for the breast.
2. Signs that the baby is full:
   After getting full, the baby would fall asleep with content. The entire body is relaxed and the suction movement decreases. The baby might push away or turn away from the breast.
   Signs that the baby is getting enough milk: Observe the frequency of the baby's urination and bowel movements as well as weight change.

- How to breastfeed correctly?
- Notifications

1. Wash hands before breastfeeding.
2. Take a comfortable position: Try a few different positions. It is easier to lactate if the mother is in a joyous mood.
3. The mother and the baby should keep close contact: Regardless of which side the mother holds the baby, the baby's abdomen should press closely to the mother's abdomen. The head and both shoulders should face the mother's breasts. The upper lip should face the nipple. Keep the baby's head straight, not twisted or turn. The head should be straight with the body.
4. The baby should hold the nipple in the mouth correctly: The baby's mouth holds the areola and the tissues under it. The mouth is open widely and the lower lip turns outward in contact with the breast. The baby would suck slowly and deeply. You can also see the baby swallow.
5. Correct hand position for mothers during breastfeeding:
   With fingers forming a "C" shape, the thumb on the top and the rest on the bottom as a support for the breast. Do not touch the areola.

最貼心的哺育方式

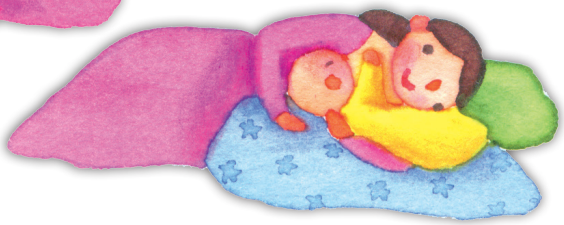
舒適哺餵姿勢如圖示：

◎坐姿(搖籃式)

◎斜倚

◎坐姿(橄欖球式)

◎側躺



The best way to nurture the baby

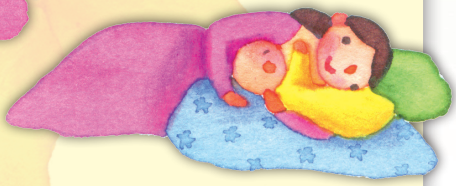
- The following are a few comfortable breastfeeding positions:

- Sitting (Cradle posture)

- Reclining

- Sitting (Football posture)

- Lying sideways



最貼心的哺育方式

職業婦女也可輕鬆哺餵母乳喔！

職業婦女在坐月子期間哺餵母乳的方法與一般婦女無異。回到工作崗位後，必須把寶寶託給別人時，只要事先將母乳擠出收集冷藏或冷凍，交由家人或保母回溫餵寶寶，返家再繼續親自哺餵母乳。

而且依性別工作平等法及勞動基準法規定：「子女未滿一歲須受僱者親自哺乳者，除規定之休息時間外，雇主應每日另給哺乳時間二次，每次以三十分鐘為度，前項哺乳時間，視為工作時間。」

◎職場哺乳的小撇步：

穿著適合哺(集)乳的衣服；選擇適當的集奶法(可用手擠法或電動吸奶器)，如果不太會用手擠奶，那就找個適合於自己的擠奶器，既可兼顧擠奶又可挪出雙手做事，一點也不耽擱工作，而且隱密性也相當足夠。如果你的工作時間不是很規律，那最好自己能固定時間來擠奶。

◎母乳之儲存及回溫：

1. 擠出來的奶水可放於25度以下的室溫中四至六小時，放於冰箱冷藏室(0-4度)可保存五至八天，若冷凍庫則可存放三個月。
2. 奶水解凍，先用冷水沖涼或置於冰箱冷藏室內，餵食時予以溫熱達室溫，勿用微波爐溫奶或直接在火上加熱，以免破壞營養成分。
3. 母奶經過冰凍便分層而不均勻，需輕輕搖晃，使脂肪混合均勻，並放在裝溫熱水的容器下，邊轉動邊溫熱，讓奶水均勻受熱，以不超過六十度的熱水為佳。
4. 解凍後再加熱之奶水可放室溫四小時，但不能再冷凍，故每次解凍量不宜太多。
5. 解凍加熱後餵剩下的奶水要丟棄，不可再冰藏使用。
6. 母乳和其他奶品一樣容易滋生細菌，所以使用過的奶瓶、奶嘴、吸奶器，都需經煮沸消毒，並保持清潔，選擇適當的集奶法。

The best way to nurture the baby

Career women can also breastfeed with ease!

For career women, breastfeeding during the month-long rest after childbirth is no different from other women. Once you have to return to work and leave your baby to the daycare, just pump the breast milk out. Refrigerate it or freeze it, give it to your family or the nanny to feed the baby later on. Once you return home, you can breastfeed yourself again.

According to thw "Act of Gender Equality in Employment and Labor Standards Act", where a female worker is required to breastfeed her baby of less than one year of age, the employer shall permit her to do so twice a day, each for thirty minutes in addition to the break period. The breastfeeding time referred to in the preceding paragraph shall be deemed as working time.

• A few tips about breastfeeding at the workplace:

Wear clothes that are appropriate for breastfeeding and pumping milk. Choose appropriate methods to pump milk (manual or with an electric breast pump). If you are not familiar with pumping milk by hand, then find a breast pump that's appropriate for you so that you could pump milk with your hands free to work on something else. It does not take time away from work while covering privacy. If you do not have a regular work schedule, it would be better to find a regular schedule to pump the milk.

• Storage and reheating of breast milk:

1. The pumped milk can be stored in room temperature under 25°C for 4 to 6 hours, in the refrigerator (0 to 4°C) for 5 to 8 days or in the freezer for 3 months.
2. To defrost the milk, use running cold water or place the milk in the refrigerator. Prior to feeding, heat the milk up to room temperature. Do not use microwave or heat it on the gas stove directly to prevent the loss of nutrients.
3. After freezing, the breast milk would have stratification. Shake it lightly so that the fat content is evenly distributed. Fill it in containers that are appropriate for warm and hot water. Warm it up while rotating the container at the same time to allow the milk to be evenly heated. It is the best to use hot water that is no higher than 60°C.
4. Milk that is defrosted and heated can be stored at room temperature for 4 hours. However, it cannot be frozen again. Therefore, only defrost as much as is needed each time.
5. The remaining milk that is defrosted and heated should be disposed. Do not put it back to the freezer for future use.
6. Breast milk, like other milk products, is prone to bacterial growth. Therefore, bottles, pacifiers and breast pumps all need to be sterilized and kept clean. Choose appropriate methods to pump breast milk.

最貼心的哺育方式

母乳哺育支持系統相關資源

◎選擇母嬰親善醫療院所(參閱204, 206, 208, 210頁)

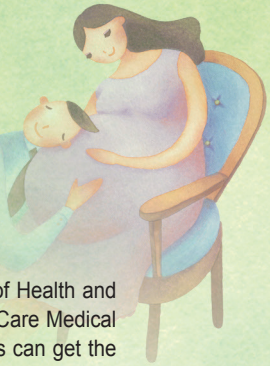
衛生福利部國民健康署為了推廣母乳哺育，實施母嬰親善醫療院所認證，提供支持的哺乳環境。準媽媽可從母嬰親善醫療院所提供的服務，接受到下列幾點的相關訊息：

(1)產後早期與嬰兒直接肌膚接觸的意義及重要性。
(2)依嬰兒需要餵食的意義及重要性。
(3)使用奶瓶餵食或奶嘴對母乳哺餵的不良影響。
(4)親子同室的意義及重要性。
(5)孕婦到醫院檢查時向醫療人員索取有關哺餵母乳的相關資料，事先和醫師、護理人員溝通，討論自己對哺乳的問題。

◎免付費諮詢專線：0800-870870

◎網路資源

單位名稱	網址或電話
衛生福利部國民健康署 孕產婦關懷網站	http://mammy.hpa.gov.tw
中華民國寶貝花園母乳推廣協會	http://www.babysgarden.org
臺灣母乳協會	http://www.breastfeeding.org.tw



The best way to nurture the baby

Relevant resources of breastfeeding support systems

• Medical facilities for maternal and child care, P.205,207,209,211

In order to promote breastfeeding Health Promotion Administration, Ministry of Health and Welfare, Executive Yuan implemented the certification of Maternal and Child Care Medical Facilities to provide supportive breastfeeding environment. Expectant mothers can get the following information from the Material and Child Care Medical Facilities:

(1) The importance and significance of skin contact with the baby shortly after childbirth.
(2) The importance and significance of feeding the baby according to his/her needs.
(3) The negative effects on breastfeeding by feeding with bottles or using pacifiers.
(4) The importance and significance for mother to sleep in the same room with the child.
(5) When the expectant mother visits the hospital and ask for information on breastfeeding from the medical staff, communicate with the doctor and nurses in advance to discuss personal issues on breastfeeding.

• Toll-free hotline:0800-870870
• Online resources

Organization	Website or phone number
Health Promotion Administration, Ministry of Health and Welfare Maternal care website	http://mammy.hpa.gov.tw
Baby's Garden Breastfeeding Promotion Association	http://www.babysgarden.org.tw
Breastfeeding Association of Taiwan	http://www.breastfeeding.org.tw

最貼心的哺育方式

◎母乳庫資源

早產兒之母親可能因奶水分泌不足，而無法哺育母乳，故於此過渡時期，須利用捐贈母乳庫之母乳，待母親奶水分泌足夠時，即可改以母親親自哺餵之方式為之。對於早產兒，喝母乳相對於喝配方奶，能夠有效降低早產兒之壞死性腸炎。

衛生福利部國民健康署鼓勵目前正在哺乳，而且奶水充足的婦女可發揮愛心，將過剩的母乳捐贈到母乳庫！母乳庫將進行檢驗、消毒等安全處理後，依醫師處方簽提供給早產兒、過敏、特殊需要之病童等。捐乳專線如下：

＊臺北市立聯合醫院和平婦幼院區

母乳庫捐乳專線：02-23581349或 02-23916471分機2051
(服務時間：上午8點至12點，下午1點至5點)
(若忙線中或無人接聽，請稍後再撥)

＊衛生福利部臺中醫院母乳庫衛星站

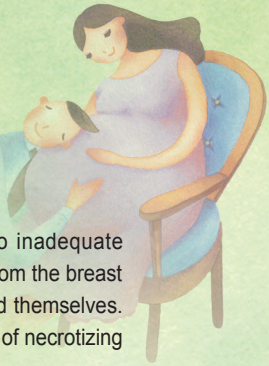
母乳庫捐乳專線：04-22294411分機2579
(服務時間：上午8點至12點，下午1點半至5點半)
(若忙線中或無人接聽，請稍後再撥)

◎「母乳一指通」APP哺乳資訊隨身帶著走！

為提供友善的哺乳環境，讓媽媽們哺乳更便利，衛生福利部國民健康署製作「母乳一指通」APP，功能有「地圖搜尋」可以快速地搜尋到臨近的「母嬰親善醫療院所」或「公共哺集乳室」，且可一指接通諮詢電話，提供媽媽母乳聚會相關資訊。

IOS系統(QRcode)　Pad　Phone

Android系統(QRcode)　Pad　Phone

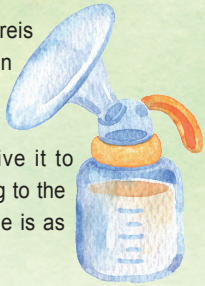


The best way to nurture the baby

• Breastfeeding resource bank

Mothers of premature babies may not be able to breastfeed due to inadequate lactation. During the transition period, mothers can utilize the donated milk from the breast milk bank. Once the mothers can produce enough milk, they can breastfeed themselves. To premature babies, drinking breast milk can more effectively lower the risk of necrotizing enterocolitis comparing to drinking baby formula.

Health Promotion Administration, Ministry of Health and Welfareis actively encouraging breastfeeding. Women with sufficient lactation can show their love and donate the excess breast milk to the breast milk bank!



The breast milk bank will test and sterilize the milk and give it to premature babies or babies with allergy and special needs according to the doctor's prescription. Information on the breast milk donation hotline is as follows:

- Taipei City Hospital Fuyou Branch

  Breast milk donation hotline: 02-23581349 or 02-23916471, ext. 2051
  (Hours: 8:00am to 12:00pm and 1pm to 5pm)
  (if the line is busy or there is no answer, please redial later)

- Satellite Station for Breast milk donation at Taichung Hospital

  Ministry of Health and Welfare Breast milk donation
  hotline: 04 – 22294411, ext. 2579
  (Hours: 8am to 12:00pm and 1:30 pm to 5:30pm)
  (if the line is busy or there is no answer, please redial later)

- The APP of "Breastfeeding Know How" will provide information about breastfeeding and can be carried with you!

To supply a friendly breastfeeding environment and to make it more convenient for expectant mothers to breastfeed, the APP "Breastfeeding Know How" produced by the Health Promotion Administration, Ministry of Health and Welfare includes a "map searching" function which enables a rapid search for "mother and child friendly hospitals" or "public breastfeeding rooms" nearby. It also receives counseling calls within one touch and information about breastfeeding parties.

IOS system (QR code)
Pad Phone

Android system (QR code)
Pad Phone

迎接寶寶的準備

一、 嬰兒用品準備

類別	項目	確認	類別	項目	確認
母乳	哺乳衣		衣	護手套1-2雙	
	哺乳胸罩			帽子	
	溢乳墊		住	嬰兒床	
	母乳收集袋			棉被	
配方奶（純餵母乳者此項不用準備）	大奶瓶6支			蚊帳	
	小奶瓶2支			音樂鈴	
	奶瓶奶嘴10個		行	嬰兒推車	
	奶瓶刷2支			安全座椅	
	消毒鍋		沐浴	浴盆1個	
	外出奶粉攜帶盒			小手巾2-3條	
	嬰兒配方奶粉			大浴巾2-3條	
衣	內衣4-6件			嬰兒香皂	
	長袍或和服4-6件			嬰兒洗髮精	
	包巾			嬰兒油或凡士林	
	圍兜4-5條			棉花棒	
	襪子1-2雙			嬰兒專用指甲剪	
	尿布				

1. 準備之物品與數量應視季節和家庭狀況而定。
2. 準備嬰兒立即需要物品，以後視嬰兒成長情形增添。
3. 衣服易穿脫且耐洗，質料以棉質吸汗者為佳。
4. 在尚未知道新生兒篩檢結果之前，請不要讓嬰兒衣物或用品接觸萘丸(俗稱臭丸；樟腦丸)或其氣味，以避免急性溶血性貧血之可能發生。(有關新生兒篩檢詳細資料，請參閱兒童健康手冊)
5. 嬰幼兒乘車時，需使用平躺式汽車安全座椅，且置於後座面向後方。

Preparation for the baby

1 Supplies for the baby

Category	Item	Confirmation
Breast milk	Nursing wear	
	Nursing bra	
	Nursing pad	
	Breast milk bags	
Baby formula (Not required for breastfeeding exclusively).	6 large baby bottles	
	2 small baby bottles	
	10 bottle nipples	
	2 bottle brushes	
	Sterilizer	
	Baby formula carrier	
	Baby formula	
Clothes	4 to 6 pieces of underwear	
	4 to 6 robes	
	Receiving blanket	
	4 to 5 bibs	
	1 to 2 pairs of socks	
	Diapers	
Category	Item	Confirmation
Clothes	1 to 2 pairs of baby gloves	
	Cap	
Living	Baby bed	
	Quilt	
	Mosquito tent	
	Baby music toys	
Transportation	Baby stroller	
	Car seat	
Bath	1 bathtub	
	2 to 3 hand towels	
	2 to 3 large towels	
	Baby soap	
	Baby shampoo	
	Baby oil or Vaseline	
	Cotton swabs	
	Baby nail clipper	

1. The items to be prepared and the amount are dependent upon the season and the family.
2. Prepare items that the baby needs right away. Add to it later as the baby grows.
3. Clothes should be easily to put on and take off and durable. The material should be cotton and absorbent.
4. Before getting the screening result, do not let babies be exposed to naphthalene balls (moth balls) or their smell to avoid acute hemolytic anemia. (For details concerning newborn screening, please refer to Children's Health booklet).
5. When the baby is taking a car, you should use a flat safety seat and put it at the back facing backwards.

迎接寶寶的準備

二、產婦住院用品

類別		項目	確認	類別		項目	確認
掛號		健保卡		媽媽用品	盥洗用具	毛巾	
		孕婦身分證				臉盆	
		掛號證				牙刷、牙膏	
		孕婦健康手冊				肥皂	
媽媽用品	換洗衣物	梳子				衛生紙	
		拖鞋				產墊	
		內衣			餐具	杯子	
		產婦衣物				餐具	
		紙褲				冷熱水瓶	
寶寶用品		出院當日所穿衣服及包巾					

＊家長應讓每位嬰兒自出生之後固定看一位醫師，作整體兒童健康之照顧，不要經常換醫師。

早期新生兒聽力篩檢：

先天性聽力損失發生率，比起其他出生時篩檢的先天性疾病高很多，應及早發現矯治，才不會造成一生的遺憾；守護寶寶的聽力健康，請您的寶寶接受新生兒聽力篩檢。

101年起3月15日起，政府全面補助新生兒聽力篩檢，請把握時程(本國籍出生3個月內之新生兒，可接受一次篩檢補助)，至醫療院所(公告於國民健康署網站http://www.hpa.gov.tw)接受篩檢

Preparation for the baby

❷ Supplies for the expectant mother's hospital stay

Category	Item	Confirmation
Registration	IC card for National Health Insurance	
	ID card of the expectant mother	
	Registration card	
	Maternal Health Booklet	
Mother's supplies	Comb	
	Slippers	
	Underwear	
Change of clothes	Maternity clothes	
	Disposable underwear	
Baby's supplies	The clothes and receiving blanket for the day of leaving the hospital	
Mother's supplies	Item	Confirmation
Toiletries	Towels	
	Washbasin	
	Toothbrush and toothpaste	
	Soap	
	Toilet paper	
	Maternal puerperal pad	
Eating utensils	Drinking glasses	
	Eating utensils	
	Thermos	

＊ Parents should take the baby to the same doctor after birth to take care of the baby's overall health and not switch doctors often.

Hearing screening for the newborns:

- The occurrence of congenital hearing loss is higher than other congenital diseases that are screened. Early detection and treatment can prevent lifelong regret. To protect your baby's hearing, please take your baby to the newborn hearing screening.
- Since March 15, 2012, the government has started subsidizing all newborn hearing screening. Please do so within the specified time frame (Newborns younger than 3 months born in Taiwan,the subsidy will be given once). Visit the medical facilities (listed on the website of Health Promotion Administration, http://www.hpa.gov.tw) where the screening is conducted to be screened.

寶寶的誕生

當懷孕進入中期時，準父母就可以開始依您的懷孕及身體狀況跟醫師或助產師討論生產計畫，包括生產方式、生產地點等，例如：醫院、診所及助產所或是由執業助產師(士)至家中為您接生。

認識多元生產模式

現行提供生產服務，包括產科醫療院所由婦產科醫師執行的產檢、接生及相關照護方式外，亦可透過執業的助產師(士)提供相關服務。準父母在選擇何處生產、如何生產時，除了依個別需要評估及規劃不同的生產環境與照護服務外，建議準父母可依孕婦懷孕及健康狀況，與醫師或助產師(士)討論，營造多元選擇的生產環境及權利，讓每個孕婦安心懷孕、安全生產！

健保特約醫事服務機構資訊，可至衛生福利部中央健康保險署查詢(網址：http://www.nhi.gov.tw，路徑：首頁/醫事機構/網路申辦及查詢/特約醫事機構基本資料網路查詢服務，於查詢條件「3.區域別」選取「所在地縣市、區域」及「8.預防保健」選取「孕婦產檢」再按開始查詢，即可產出名冊)。

助產所資訊請至衛生福利部網頁查詢（網址：http://www.mohw.gov.tw，路徑：首頁/常用查詢/醫事機構查詢及醫事人員查詢/醫事機構查詢/機構類別請選「助產機構」，機構名稱請輸入「助產」再開始搜尋，即可查詢到各縣市之助產所），另健保特約開業助產所資訊亦可至衛生福利部中央健康保險署查詢(網址：http://www.nhi.gov.tw，路徑：首頁/醫事機構/網路申辦及查詢/特約醫事機構基本資料網路查詢服務，於查詢條件「5.特約類別」選取「助產所」再按開始查詢即可產出助產所名冊)。

認識生產方式

能夠在以產婦為中心的生產照護環境，適當地使用助產資源與科技，支持產婦的需求，讓產婦充分發揮自己的能力進行生產，生產就不會只是疼痛的回憶，而是珍貴且感動的過程。

生產大致分為陰道生產及剖腹產兩種；大多數的媽媽可以經由陰道自然生產。然而有些孕婦會因為醫療上的理由，需要進行剖腹產。

The birth of a baby

Toward the second trimester, expectant parents may start planning with the doctor or the midwife about the labor, based on the expectant mother's pregnancy and health conditions. The subjects to be discussed may include where and how to give birth. The location for giving birth may include the hospital, the midwife or a registered midwife may help the mother give birth at her own home.

Getting to know multiple birth models

The current care and services available for childbirth include prenatal check-ups, childbirth and related care provided by the obstetrics hospitals. In addition, registered midwives can also provide these services. When the expectant parents try to decide where and how to give birth, case by case evaluation is needed to plan for different environments and care services required for the childbirth. It is recommended that the expectant parents evaluate the mother's conditions and discuss with the doctor or midwife to give her the right environment to choose from the multiple options. Let every pregnant woman go through the pregnancy without worries and go through the labor safely!

Information about insurance specialized medical service institutions can be inquired at the National Health Insurance Administration, Ministry of Health and Welfare (Website: http://www.nhi.gov.tw, route: homepage/medical institutions/online application and inquiry/online inquiry service of basic information of specialized medical institutions, select "city, county and region" in "3. regions" and select "prenatal check-ups" in "8. prevention and health care" before inquiry, you will find the list).

Information about midwifery institutions can be inquired at the website of the Ministry of Health and Welfare (Website: http://www.mohw.gov.tw, route: homepage/common inquiry/medical institutions and medical staffs/medical institutions/please choose "midwifery institutions" in the type of institutions, type in "midwifery" in the name of institution before inquiry, and you will find midwifery institutions in different cities and counties). Besides, information about insurance specialized midwifery institutions can be inquired at the National Health Insurance Administration, Ministry of Health and Welfare (Website: http://www.nhi.gov.tw, route: homepage/medical institutions/online application and inquiry/online inquiry service of basic information of specialized medical institutions, select "midwifery institutions" in "5. specialized type" before inquiry, you will find the list).

Getting to know about birth methods

Choose a place for delivery and care that is centered for pregnant women with the appropriate application of midwifery resources and technology to support demands of the pregnant women while giving them full confidence of their own abilities, which will help in making the delivery a cherished and moving procedure rather than a miserable one.

There are two birth methods including vaginal delivery and C-section. Most pregnant women may give birth naturally. While some might need the C-section due to medical reasons.

寶寶的誕生

經陰道自然生產

大多數的產婦可經由陰道順利成功生產，自然生產的好處包括傷口較不會疼痛且恢復快、可以及早下床活動，產後立即擁抱新生兒並且即刻做肌膚接觸及親餵母乳，提高哺餵母乳的成功率，盡早建立親子關係。新生兒在自然生產時經過產道的擠壓及摩擦，可刺激促進呼吸道內羊水的排除與吸收，使寶寶肺部順利展開而擁有良好的換氣功能，對外在壓力適應度較佳，發生呼吸窘迫合併症的機會較低。另外，也有研究指出，自然生產的寶寶免疫系統的活性較高，腸道障壁的保護也較好。一般而言，在臺灣醫療院所內，大部分以躺臥在產檯的姿勢生產，配合醫護人員的指導下在宮縮時用力將胎兒娩出。

有少數的產婦，可能發生外陰部血腫或肛門直腸裂傷，必須進行修補。也有少部分因醫療上理由，需利用產鉗或真空吸引協助生產，導致短暫性的胎兒頭皮血腫。極少部分可能發生胎兒肩難產導致新生兒鎖骨骨折或臂神經叢損傷。當然也可能因產程進展不正常或胎兒窘迫，需行緊急剖腹生產。

生產過程中可能會有產前灌腸、剃除陰毛、禁食、點滴液體補充、人工破水及非藥物性的減痛措施等，建議準爸媽可與您的醫師、助產師(士)，充分討論、諮詢以了解生產過程。此外，在生產進展的狀況，是可能有非如預期的變化，建議仍以醫師、助產師(士)之專業判斷處置，協助您擁有安全的生產經驗。

器械輔助經陰道自然生產

當產婦因用力不對或產婦患有心臟疾患無法用力過強，導致胎頭無法順利下降，使第二產程過久、產婦體力耗竭而過度疲憊，或胎兒窘迫需立即生產等原因，便有可能考慮使用器械輔助經生產，包括真空吸引、產鉗生產。

一、真空吸引輔助經陰道自然生產：利用一個杯狀吸盤接附在胎頭，吸盤銜接一條長型管子，接在高壓真空機，當機器啟動時會造成真空負壓吸力，再藉此牽引力幫助胎頭順利娩出。

二、產鉗輔助經陰道自然生產：產鉗由兩個扁平有彎曲度的鐵片構成，使用時會將其分別伸入產道置放於胎頭兩側，合起來時前端剛好將胎兒的頭部固定住，再由產科醫師握住後面手把，藉由旋轉及拉扯的力量將胎頭娩出。

The birth of a baby

Preparation for the response to contractions

Most pregnant women can successfully perform a vaginal natural delivery. The advantages of natural birth include quicker recovery, thewound is less painful, there is no visible scar and the mother may move around a few hours after childbirth. The mother may hold the baby and nurse the baby right after childbirth, thus establishing the parent-child relationship early.After experiencing the squeezing and rubbing while passing through the birth canal, the baby will react better to the outside pressure and there will be fewer chances of complications of respiratory distress. Besides, researches have pointed out that babies born via a natural delivery have a more active immune system and a better protected intestinal wall. Generally speaking, most pregnant women give birth to their babies lying in delivery beds in the hospitals of Taiwan. They will push to deliver their babies with uterine contractions under the guidance of medical staff.

Genital hematoma or anorectum lacerations may take place in some cases which must be repaired. There are a few pregnant women whose delivery is assisted with obstetric forceps or vacuum extraction for medical reasons that lead to transient scalp hematoma in babies. Neonatal clavicular fracture or arm plexus injury caused by fetal shoulder dystocia may occur in a few cases. Of course, there might be circumstances that call for emergency C-section caused by an abnormal labor process or fetal distress.

During the delivery process, there might be prenatal enema, shaving pubes, fasting, intravenous dripping supplement, artificial rupture, non-medication pain relieving and other procedures. It is suggested that expectant parents could discuss and consult with doctors and midwives to know more about the whole labor procedure. Besides, unexpected situations might happen during the delivery process which should be treated according to doctors' and midwives' professional judgment. They will assist your delivery.

Vaginal natural delivery assisted with instruments

When the pregnant woman fails to push correctly or those who cannot push due to their cardiac disease, in such cases the head of the baby cannot descend smoothly, making the second stage of labor last too long and leaving the moms exhausted. Under these circumstances or when fetal distress takes place and there is a need for immediate delivery, labor assisted with instrument might be considered, including vacuum extraction and forceps.

1. Vacuum extraction assisted vaginal natural labor: Use a goblet sucker and attach it to the baby's head. The sucker links a long tube joined to a high pressure vacuum machine. When the machine starts, the delivery of the baby will be successful with the vacuum's negative pressure.
2. Forceps assisted vaginal natural labor: Forceps consist of two flat and flexible iron plates which will be placed on either side of the head of the baby in the birth path. The two plates can fix the head when put together. The obstetrician will hold the handle and deliver the baby with a rotary force and pull

寶寶的誕生

剖腹生產

剖腹生產是一種開腹手術，對母體及胎兒仍有潛在的風險。例如：出血較多、傷口較痛、恢復較慢、有腹部傷疤；有時也會合併麻醉過敏、腸沾黏、泌尿道感染；再次懷孕時發生子宮破裂，或是因為前置胎盤合併植入性胎盤的機會較高；新生兒也有較高比例出現呼吸窘迫等肺部合併症。故懷孕婦女除了有產科醫療上之適應症，例如：產程進展遲滯、產前大量出血、胎兒窘迫、胎位不正、巨嬰、前胎剖腹產、前置胎盤、阻礙性生產、催生失敗…等，必須進行剖腹生產外，原則上都鼓勵由陰道自然生產。此外，相關研究發現，小於37週非醫療考量選擇性分娩的新生兒，其發生呼吸困難、心臟問題和癲癇等併發症的機率是足39週出生新生兒的2倍。

另外，若經過一次剖腹產後，當再次懷孕時，是否可以嘗試陰道生產呢？一般認定適合施行「剖腹後改由陰道分娩方式」之條件，包括：前胎剖腹產的子宮切口為下段切開剖腹、適當骨盆結構、有意願準備嘗試「剖腹後之陰道分娩方式」、無其他必須採剖腹生產的適應症；同時必須在具備可立即實施緊急剖腹生產且有能力急救新生兒的一定規模醫療機構生產才行。

倘若您尚未了解「剖腹後之陰道分娩方式」或待產及生產之有關事項，請詢問您的醫療照顧者（醫師、助產師(士)及護理師(士)），充分討論以了解最合適之生產方式。

生產是一門複雜的學問，每一種生產方式都有其優缺點，擁有一個順利安全的分娩，不僅需要醫護人員的專業，也需要您在產前的了解，及相互討論與關鍵時刻的決定，選擇最合適的生產方式。

The birth of a baby

C-section

C-section is a laparotomy with embedded risks for the mother and the baby. It causes more bleeding, the wound is more painful, the recovery takes longer and the scar is more visible. Complications such as anesthesia allergy and intestinal adhesion may occur. The likelihood of placenta previa, placenta accreta and uterine rupture is higher for future pregnancies. For the newborn, there is also a higher chance of lung complications such as respiratory distress and temporary central nervous system depression. Therefore, unless pregnant women have indications of prolonged labor, prenatal hemorrhage, fetal distress, baby malposition, macrosomia, previous C-section history, placenta previa, obstructive delivery and failed labor induction, a C-section must not be chosen. Most women can give birth naturally. Furthermore, relevant studies found out that the incidences of complications such as dyspnea, cardiac conditions and epilepsy in babies born with less than 37 weeks of gestation and delivered without a medical reason are twice those of babies born after only 39 weeks of pregnancy.

Also, is it ok to try vaginal birth (natural birth) after having C-section for the previous birth? The generally approved conditions for vaginal birth after C-section (VBAC) are: lower horizontal incision for the uterus and abdomen, proper pelvis structure, willingness to try VBAC, no other conditions that require the C-section. Meanwhile, the delivery can only be conducted in hospitals with the capabilities to perform an emergency C-section and neonatal first aid treatment.

If you need to know more about VBAC, the labor and childbirth methods, please ask your medical care provider (doctors, midwives and nurses) and fully discuss the best childbirth options.

Delivery is complicated. Every delivery method has its advantages and disadvantages. Having a smooth and safe delivery requires not only professional medical staff, but also your prenatal know how. The most proper delivery method is decided by your discussion.

生產徵兆

接近生產期之前，會出現下列幾種徵象：

1. 輕鬆感：

預產期前幾週，胎兒頭部會下降到骨盆腔，孕婦會有輕鬆感，通常食慾較好，呼吸較順暢。

2. 落紅或現血：

子宮口漸開，子宮頸的黏液混合少許血液，從陰道口排出。

3. 陣痛或腰痠：

因子宮收縮而造成的，會有下列特性：

- 開始時為不規則疼痛，漸漸的轉變為規則，疼痛隨著時間漸漸加長。
- 疼痛的部位在整個腹部及背部，尤其是尾骶骨處有痠痛感。
- 陣痛時子宮變得很硬，不痛時就變軟。
- 不會因按摩或走動而減輕疼痛。

4. 破水(由陰道流出多量液體)：

保護胎兒的羊膜破裂，羊水自陰道流出，此時不管是否規則陣痛，皆應減少走動，儘快到醫院。

何時該到產房待產？

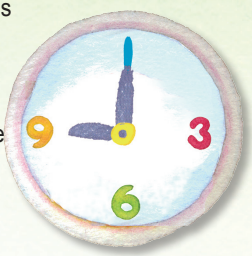
若有下列任一生產的徵兆，應儘速直接到產房：

1. 規則的陣痛：
   第一胎約7-8分鐘陣痛一次，第二胎產婦規則陣痛即可待產。
2. 落紅並伴隨規則的陣痛。
3. 破水。

Signs of labor

As the expected date approaches, the following conditions may occur:

1. A relaxed feeling:
   Within a few weeks of the expected date of birth, the baby's head would lower toward the pelvis and the mother would feel relaxed with better appetite and smoother breathing.
2. Bleeding:
   The cervix starts to widen. Cervical mucus that is mixed with blood would start to discharge from the vagina.
3. Contractions or sore back:
   The following characteristics will occur if it is caused by uterus contraction:
   - The initial contractions are irregular. The contractions gradually become regular and the pain prolongs as time goes on.
   - The areas of pain are the entire abdomen and back, especially the sacrum.
   - The uterus hardens during contraction and softens when the contraction ends.
   - The pain does not subside with massage or walking.



4. The water breaks
   (large amount of fluid starts to flow out of the vaginal area):
   The membrane that protects the fetus is broken and the water will flow out through the vaginal area. Regardless of whether there are regular contractions, try not to walk around and go to a hospital as soon as possible.

When should I go to the delivery room?

Go to the delivery room immediately if any of the following symptoms occur:

1. Regular contractions:
   Once every 7 to 8 minutes if it is the first child. If it is the second child, when the regular contraction starts, the expectant mother can get ready for labor.
2. When bleeding occurs with regular contraction.
3. When the water breaks.

生產陣痛

產前教育-幫助準備與因應生產陣痛

懷孕、生產是一個正常的生理過程，子宮收縮引發陣痛或腰酸的感覺，陣痛使子宮頸變軟及擴張，因此，生產的陣痛是一種生理的正常變化，代表胎兒即將離開子宮來到外面的世界。疼痛可能帶來不舒服，有些人對這種陣痛因為不瞭解而十分害怕；事實上，陣痛是健康的表徵，表示子宮頸在發揮應有的功能：擴張。把疼痛想成生產時的溝通者，在心理上改變想法可以增加自己的信心，讓身體自己作主，放開身體，肌肉才會比較放鬆，這樣才能比較容易把胎兒推出來。

因為子宮頸是要慢慢張開，胎兒也逐漸迴轉下降離開子宮，產程的長短受到胎次、生產間隔、心理狀態、胎兒的胎方位與姿勢、準媽媽的骨盆形狀與大小及子宮收縮等因素影響。因此，待產的過程需要一段時間，一般第一胎約需要12-18小時，第二胎約需要8-10小時，需要有耐心的等待。由於近年來準媽媽的營養狀態好，運動機會少，而且胎兒常常比較大，所以產程會出現比預期延長的情況，準父母要更加有耐性。準父母最好在生產前幾個月就開始接受產前教育，瞭解生產的變化過程，自然舒緩疼痛的方式和各種鎮痛藥劑。到子宮開始收縮才開始學習疼痛管理技巧，效果經常不彰。

以下就是緩和生產不適感的基本知識與方法：

1. 維持自己在最佳身心狀態：注意營養、保持良好的體能、維持愉快情緒。
2. 產前就先面對恐懼：瞭解自己的害怕、吸收與生產相關的資訊、多跟不怕生產的親友相處、避免回想可怕的經驗及為自己所作的決定負責。
3. 產前做充分準備：充分瞭解待產和生產的過程、學會各種放鬆技巧、備好自己喜歡的音樂、做出自己可以放心的正確決定、溝通與選擇能符合自己生產期望的陪伴者，與陪伴者一起學會正確的撫觸與按摩。
4. 生產時的因應：相信自己是有能力生產的、接受正常生產就是需要一段時間、放鬆身體，盡量讓生產陣痛自然的開始、使用各種不同自然舒緩疼痛的方式、待產過程中自由活動或選擇舒服的姿勢、有持續性的支持與陪伴者、第二產程非平躺而是要順著身體的感覺自發性的用力。

孕婦面對產痛時，絕大部分是可以經由醫師、助產師(士)及護理師(士)的協助，以非藥物的疼痛減輕方法（例如：保持環境安靜、燈光柔和、有意義者的陪伴與支持、鼓勵待產期間走動、按摩舒緩、使用溫水浴、選擇待產與生產的姿勢等），透過語言及肢體協助，增進安心與信心來減輕疼痛，成功達到陰道生產的目標;少部分仍無法承受產痛的孕婦，可經由醫師利用減痛分娩，來減輕疼痛。

Labor pains

Prenatal education helps to prepare and respond to contractions during labor

The pregnancy and labor are parts of the natural biological process. Uterine contractions would bring pain or make the back sore. The contractions make the uterus soft and expand. Therefore, they are also a normal biological change signaling that the baby is about to leave the uterus and arrive in the outside world. The pain brings discomfort and may cause fear to those who are not familiar with the contractions. In fact, the contraction is an indicator of health. It means that the cervix is fulfilling its duties, which is to dilate.Think of the pain as the communicator during labor. By changing the thought process/mentality, the expectant mother may give herself more confidence. Let the body do its work and let go off the body so that the muscle will relax and the baby can be pushed out more easily.

The cervix dilates gradually and the baby turns gradually out of the uterus. The length of the labor process depends on the number of births the mother has given, the time separation from the previous birth, the emotional condition, the fetal position, the size and shape of the pelvis and uterine contractions. Therefore, the labor may take a while. Typically, it takes 12 to 18 hours of labor for the first child and approximately 8 to 10 hours for the second. Patience is required. In recent years, expectant mothers have better nutrition status and they tend to exercise less often. Besides, their babies are relatively large. Thus, delivery will be prolonged which will require the expectant parents to be more patient. The expectant parents should start receiving prenatal education a few months before the due date in order to understand the changes during labor, ways of relieving pain naturally and the different types of analgesics. It won't be as effective to learn about pain management techniques after the contraction starts.

The following are the basic knowledge and ways of relieving the pains and discomforts during labor.

1. Keep yourself at the optimum condition: Pay attention to nutrition, keep the body fit and maintain a pleasant mood.
2. Face the fears before childbirth: Understand the fear within and get to know the information related to childbirth. Spend more time with families and friends who are not afraid of the labor process, avoid recalling fearful experiences and be responsible for one's own decision.
3. Be fully prepared before the labor: Fully understand the pre-delivery and labor process. The expectant mother should learn various techniques to help her relax; prepare her favorite music and make the right decisions that will put her at ease. She should also choose and communicate with a companion during labor that meets her expectations and learn with the companion about the proper ways to massage and touch the body.
4. Responses during labor: The expectant mother should believe that she is capable of giving birth and accept that it takes a while to go through the process. Try to relax the body and let the contractions start naturally. The expectant mother may use various approaches to ease the pain and move freely before going into labor or choose positions that make her comfortable. There should be a consistent supporter or companion. During the second part of the labor process, the expectant mother should not lie flat, but feel the body and push voluntarily.

When facing labor pains, most of them could be relieved by non-medication methods with help from doctors, midwives and nurses (such as keeping the environment quiet and the lights soft, companionship and support from meaningful ones, encouragement of walking before delivery, relaxation by massage, bathing with warm water, choosing delivery positions, etc.). Assisting through speech and body language can enhance a sense of security and confidence to relieve the pains and make vaginal labor smoother. For those who still cannot bear the pain, a labor analgesia may be performed by the doctors to alleviate pains.

給準爸爸的話

在婦女懷孕期、準備生產，甚至進產房生產到產後，這一連串的重要過程，不單僅是準媽媽個人的責任。為了讓準媽媽有個快樂、健康的懷孕期，準爸爸及家人的支持與陪伴扮演著非常重要角色！

從懷胎開始，準媽媽的身心就逐漸開始產生變化，且隨著孕期週數的增加，其身心的負擔也隨之增長。因此，這時候非常需要準爸爸的關懷與照顧。建議準爸爸及家人透過關懷及實際行動(如：傾聽，分享準媽媽的快樂與憂慮、陪準媽媽去醫院做產檢、一同參加產前教育課程及產前運動…)除了可以支持準媽媽孕期的辛苦外，亦可了解胎兒的生長發育情況、促進夫妻感情及建立親子關係的良好基礎。

在懷孕後期至準備生產期間，建議準爸爸及家人一同找好做產檢及生產的醫院；學習拉梅茲分娩呼吸法、認識生產預兆、了解生產過程；與醫師、準媽媽討論及決定生產方式。另外，可以多分擔準媽媽的家事、協助照顧家中其他小孩，讓準媽媽能充分的休息。若醫師許可，建議準爸爸陪伴準媽媽散步，作產前運動；若懷孕後期因身體不適、情緒不穩定、或因擔心身材變形而不開心時，應協助解除不適並多予支持。

準媽媽生產時的疼痛和不舒服是無法言喻的，孤軍奮鬥的無助感更令準媽媽無法提起勇氣，生產的勇氣與迎接新生命的美好感受是增強日後照顧新生兒及育兒自信心的來源，所謂的「為母則強」，其中絕對需要準爸爸來共同參與，況且生產時有了準爸爸的陪伴，更能讓準媽媽有「被愛」、「正向能量」的感受。準爸爸雖然在生產當下不是直接面臨生產的痛苦，但是在未來仍是要扮演為人父的責任，生產時一同奮鬥的滿足感與參與感，能讓準爸爸開始覺察自己成為父親的角色與該盡的責任，這樣的心理調適與角色轉換對於婚姻家庭的關係都有正向的幫助。

Words for the expectant father

Pregnancy is a significant stage in life. It is not just the expectant mother's responsibility to prepare for labor and go to the delivery room. To help give the mother a happy and healthy pregnancy, the support and companionship from the father and other family members are crucial!

From the beginning of pregnancy, the mother starts to experience physical and psychological changes. As the pregnancy progresses, the physical and psychological burdens also increase. Therefore, she is in need of the help and care from the expectant father. We suggest that the expectant father and other family members support the mother with care and actions (such as listening, sharing the mother's joy and worries, accompanying the mother to prenatal examination at the hospital, going to prenatal educational courses and doing prenatal exercises). This will not only help support the mother endure the hardships during pregnancy, but also help the father understand the baby's growth and development, improve the couple's relationship and create the bond between the parents and the child.

Toward the final stages of pregnancy and while preparing for labor, it is recommended that the expectant father and the family members look for a hospital for prenatal examination and to deliver the baby. Learn the Lamaze breathing technique, get to know the signs of labor and understand the childbirth process. Discuss with the doctor and the mother about delivery methods. In addition, share the chores with the expectant mother, help take care of other children in the family to allow the mother to be fully rested. With the doctor's permission, the father can take the mother out for a walk and do prenatal exercises. If the mother becomes emotional because of discomforts toward the final stage or worry about losing her figure, give her support and help deal with the discomforts.

The pains and discomforts a mother has to endure during the labor process are beyond imagination and cannot be described. If she feels alone and helpless during this process, she is likely to lose the courage to take on the labor process and enjoy the joyous sensation when greeting the new life and these are absolutely essential for giving the mother confidence in taking care of the newborn and in child rearing. To give the mother courage, the expectant father's participation is required. His companionship during the labor process gives the mother positive energy and the feeling of being loved. Although the expectant father cannot feel the pain during labor, however, as a father to be bestowed upon with great responsibilities, the involvement will give him the sense of satisfaction and make him aware of his role as a father and his duties. Mental adjustment and role play like this have positive impact toward marriage and family relationships.

產後健康管理

生產之後，有哪些照護事項是媽媽要特別注意的呢？

一、陰道生產什麼時候可以下床、可以出院？

A 正常分娩後約6小時即可下床用餐和排尿(第一次下床需家人陪伴)，但仍以休息為佳，若順利約3天左右即可出院。

二、生產之後，怎麼保持會陰部的清潔？

A 產後應該用衛生棉遮護會陰部以吸收排出的惡露，並隨時更換。並且在每次排便後，用溫開水或消毒水由前往後沖洗會陰部。

三、要如何保持全身清潔？

A 滿月前宜採淋浴，不可使用盆浴，以防細菌進入子宮引起發炎。洗髮後迅速吹乾即可。

四、生產後怎麼吃？

A 應均衡攝取各類食物。產後常口渴，可多飲開水、牛奶及熱粥等易消化食物。

五、生產後，什麼時候可以開始有性生活？

A 惡露乾淨、子宮完全恢復才可行性生活，通常約在產後滿月左右，否則易感染或出血。

六、生產後為什麼要運動？

A 產後選擇合適運動可增加腹肌收縮，促進子宮收縮，保持美好身材。

Postnatal Health Management

After giving birth, what should the mother pay particular attention to?

Q&A

Q 1. When could women giving vaginal birth get out of bed and be discharged?

A Normally, mothers can get off the bed, eat and urinate (with the help of a family member for the first time) 6 hours after childbirth. However, take as much rest as possible. If everything goes smoothly, mothers can leave the hospital after about 3 days.

Q 2. How to keep the vaginal area clean after giving birth?

A Use a pad to protect the vaginal area and to absorb the lochia. Replace it whenever necessary. After urinating, use warm water or disinfectant to rinse the vaginal area.

Q 3. How to keep my body clean?

A Before reaching the first month after giving birth, take showers only and do not take baths to prevent bacterial infection in the uterus. Washing your hair is ok as long as you blow dry it quickly.

Q 4. What to eat after giving birth?

A Choose a balanced diet. Women are often thirsty after giving birth. Drink more water, milk or eat food that is easily digested, such as porridge.

Q 5. When can I start having sex after giving birth?

A Do not start having sex until the lochia is discharged completed and the uterus has restored its original state, which is usually around 1 month after giving birth. Otherwise, infection or bleeding is likely to occur.

Q 6. Why is postnatal exercise necessary?

A Choose exercises that can help the abdominal muscles contract to help the uterus contract as well to restore your figure.

避孕方法簡介

滿月後不管有無哺餵母乳，月經來潮之前均可能會懷孕，故不能等月經來潮之後才開始避孕，可先使用保險套避孕。

避孕方式可因個人體質、需求及時間的不同而有不同的選擇，建議與相關醫療人員諮詢後，採取對本身適合的避孕方式。

常用的避孕方式有下列幾種：

●子宮內避孕器：

係利用銅T、銅7、母體樂等裝置，干擾受精卵著床，而達到避孕的目的。可於產後滿六星期後裝置，避孕效果可達95%以上。

●口服避孕藥：

係利用賀爾蒙控制排卵週期，而達到避孕的目的。須經醫生診斷並開立處方後再服用，按規定正確服用時，避孕效果可達99%以上。但罹患心臟病、糖尿病及正在哺餵母乳的婦女不宜使用。

●保險套：

由阻止精子與卵子的結合，而達到避孕的目的。正確使用時，效果可達87%以上，並可以避免感染性病及愛滋病。

●輸精(卵)管結紮手術：

以阻斷精子與卵子的結合途徑，而達到避孕的目的。適用於不再生育者，效果幾乎可達100%。

珍愛媽媽，就是給寶寶最好的禮物。

An overview on contraceptive methods

Regardless of whether the mother is breastfeeding after the baby is one month old, she can get pregnant anytime before the menstrual cycle starts. Therefore, do not wait until the menstrual cycle starts to use birth control. Consider using a condom first.

Contraceptive methods may vary due to an individual's physical fitness, different needs and time. It is recommended to choose the suitable contraceptive method after consulting with the relevant medical personnel.

The followings are the common birth control methods:

- Intrauterine device (IUD):

With devices such as copper IUDs and Multiload to keep the eggs from being fertilized. Such device may be installed 6 weeks after giving birth and the success rate is above 95%.

- Oral contraceptives:

This type of contraceptive methods pills control the ovulation cycle with hormones to achieve the goal of contraceptive. It requires a doctor's prescription and has to be taken by following exact instructions. The success rate could be higher than 99%. However, women with heart disease, diabetes or who are breastfeeding should not take it.

- Condoms

Condoms serves as a barrier between the sperm and the egg to achieve the goal of contraceptive methods. When using correctly, the success rate could be as high as 87% and condoms can also prevent sexually transmitted diseases and AIDS.

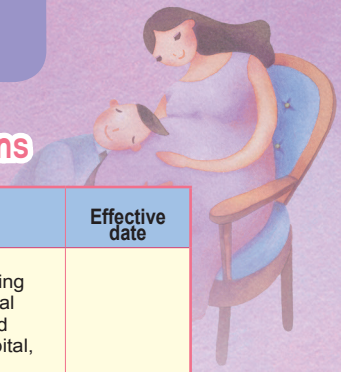
- Vasectomy or tubectomy

These two procedures block the path from which the sperm and egg meet to achieve contraceptive methods. They are appropriate for people who no longer wish to have more children. The success rate is almost 100%.

The love for mothers is the best gift for babies.

母嬰親善醫療院所

縣市別	總院所數	院所數	院所名稱	效期
臺北市	21	15	基督復臨安息日會醫療財團法人臺安醫院、臺北市立聯合醫院陽明院區、國泰醫療財團法人國泰綜合醫院、國立臺灣大學醫學院附設醫院、協和婦女醫院、財團法人臺灣基督長老教會馬偕紀念社會事業基金會馬偕紀念醫院、臺北市立聯合醫院(和平婦幼院區)、中山醫療社團法人中山醫院、三軍總醫院附設民眾診療服務處、臺北市立萬芳醫院-委託財團法人臺北醫學大學辦理、臺北榮民總醫院、臺北醫學大學附設醫院、長庚醫療財團法人臺北長庚紀念醫院、三軍總醫院松山分院附設民眾診療服務處、臺北市立聯合醫院中興院區	107年底
		2	博仁綜合醫院、中國醫藥大學附設醫院臺北分院	106年底
		4	臺北市立聯合醫院仁愛院區、新光醫療財團法人新光吳火獅紀念醫院、振興醫療財團法人振興醫院、財團法人康寧醫院	109年底
新北市	22	14	儷生婦產科診所、蕙生醫院、遠華婦幼診所、辰祐婦產科診所、良品婦幼聯合診所、醫療財團法人徐元智先生醫藥基金會亞東紀念醫院、菡生婦產科診所、佛教慈濟醫療財團法人臺北慈濟醫院、曜生婦產科診所、天給婦產科診所、衛生福利部臺北醫院、榜生婦產科診所、劉遠祺婦產科診所、麥婦產科診所	107年底
		2	御生婦幼診所、遠興婦產科診所	106年底
		6	國泰醫療財團法人汐止國泰綜合醫院、財團法人天主教耕莘醫院、財團法人天主教耕莘醫院永和分院、行天宮醫療志業醫療財團法人恩主公醫院、樂寶兒婦幼診所、財團法人基督長老教會馬偕紀念醫院淡水分院	109年底
基隆市	3	2	衛生福利部基隆醫院、王立文婦產科診所	107年底
		1	長庚醫療財團法人基隆長庚紀念醫院	109年底

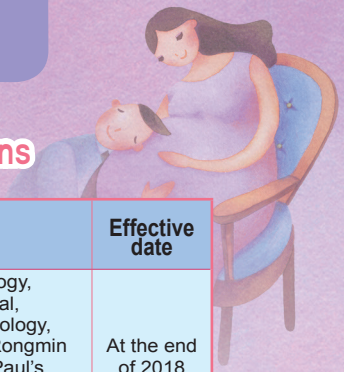


Baby Friendly Medical Institutions

Counties and Cities	Total number of hospitals	Number of hospitals	Name of hospital	Effective date
Taipei City	21	15	Taipei Chang Gung Memorial Hospital of the C.G.M.F., Taipei City Hospital Yangming Branch, Cathay General Hospital, National Taiwan University Hospital, Concorde and women's hospital, Taiwan Adventist Hospital, Mackay Memorial Hospital, Taipei City Hospital (Heping Fuyou Branch), Chung Shan Hospital, Tri-Service General Hospital Civilian Administration Service, Wan Fang Hospital in conjunction with Taipei Medical University Hospital, Taipei Rongmin Hospital, Taipei Medical University Hospital, Taipei Chang Gung Memorial Hospital of the C.G.M.F., Tri-Service General Hospital Songshan Branch Civilian Administration Service, and Taipei City Hospital Zhongxing Branch.	At the end of 2018
		2	POJEN General Hospital, Chinese Medical University Hospital, Taipei branch	At the end of 2017
		4	Taipei City Hospital Renai Branch, Shin Kong Wu Ho-Su Memorial Hospital, Cheng Hsin General Hospital, and Kang-Ning General Hospital.	At the end of 2020
New Taipei City	22	14	Yuan-Hsin Obstetrics and Gynecology, Huisheng Hospital, Yuan-Hua Obstetrics and Gynecology Clinic, Chant-You Obstetrics and Gynecology, Liangpin General Hospital, Far Eastern Memorial Hospital, Han-Hsin Obstetrics and Gynecology, Buddhism Taipei Ciji Hospital, Yao-Hsin Obstetrics and Gynecology, Tian-Gei Obstetrics and Gynecology, Ministry of Health and Welfare Taipei Hospital, Bobson Obs-Gyn Clinic, Liu Yuan Chi Obstetrics and Gynecology, and Mai Obstetrics and Gynecology	At the end of 2018
		2	Yu Sheng Obstetrics and Gynecology, Yuan-Hsin Obstetrics and Gynecology	At the end of 2017
		6	Sijhih Cathay General Hospital, Cardinal Tien Hospital Youghe Branch, Cardinal Tien Hospital, En Chu Kong Hospital, Loving Care Maternity and Children's Health Center, Mackay Memorial Hospital Tamsui Branch	At the end of 2020
Keelung City	3	2	the Ministry of Health and Welfare Keelung Hospital, Wang Liwen Obstetrics and Gynecology Clinic	At the end of 2018
		1	Keelung Chang Gung Memorial Hospital of the C.G.M.F.	At the end of 2020

母嬰親善醫療院所

縣市別	總院所數	院所數	院所名稱	效期
桃園市	12	9	吳鳳昕婦產科診所、宏其醫療社團法人宏其婦幼醫院、周龍生婦產科診所、宋俊宏婦幼醫院、臺北榮民總醫院桃園分院、沙爾德聖保祿修女會醫療財團法人聖保祿醫院、天成醫院、怡仁綜合醫院、長庚醫療財團法人林口長庚紀念醫院	107年底
		2	陳昌平婦產科診所、福太醫院	106年底
		1	秉坤婦幼醫院	109年底
新竹市	4	3	江婦產科診所、財團法人馬偕紀念醫院新竹分院、國軍新竹地區醫院附設民眾診療服務處	107年底
		1	國立臺灣大學醫學院附設醫院新竹分院	109年底
新竹縣	2	2	東元綜合醫院、臺北榮民總醫院新竹分院	107年底
苗栗縣	2	1	財團法人為恭紀念醫院	107年底
		1	周博治婦產科診所	109年底
臺中市	17	12	光田醫療社團法人光田綜合醫院（大甲院區）、國軍臺中總醫院附設民眾診療服務處、中國醫藥大學附設醫院、澄清綜合醫院、臺中榮民總醫院、衛生福利部臺中醫院、中山醫學大學附設醫院、童綜合醫療社團法人童綜合醫院、佛教慈濟醫療財團法人臺中慈濟醫院、莊婦產科診所、衛生福利部豐原醫院、優生婦產科聯合診所	107年底
		3	新惠生醫院、呂維國婦產科診所、林聖凱婦幼診所	106年底
		2	仁愛醫療財團法人大里仁愛醫院、光田醫療社團法人光田綜合醫院（沙鹿院區）	109年底
彰化縣	4	4	秀傳醫療社團法人秀傳紀念醫院、彰化基督教醫療財團法人二林基督教醫院、秀傳醫療財團法人彰濱秀傳紀念醫院、彰化基督教醫療財團法人彰化基督教醫院	107年底

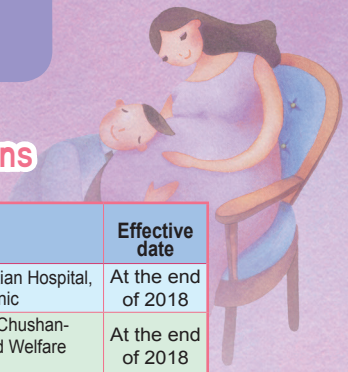


Baby Friendly Medical Institutions

Counties and Cities	Total number of hospitals	Number of hospitals	Name of hospital	Effective date
Taoyuan City	12	9	Wu Feng Shin Obstetrics and Gynecology, Hungchi Women and Children's Hospital, Chou-LungHsen Obstetrics and Gynecology, Sung Jiunn-Hung Maternity Hospital, Rongmin General Hospital Taoyuan Branch, St Paul's Hospital, Ten-Chen Medical Group, Yi-Ren General Hospital, Chang Gung Memorial Hospital at Linkou	At the end of 2018
		2	Cheung Changping Obstetrics and Gynecology, Fu-Tai Hospital	At the end of 2017
		1	Bin Kun Women and Children's Hospital	At the end of 2020
Hsinchu City	4	3	Jiang Obstetrics and Gynecology Clinic, Mackay Memorial Hospital, Hsinchu Branch, Hsin Chu Armed Force Hospital	At the end of 2018
		1	National Taiwan University Hospital Hsinchu Branch	At the end of 2020
Hsinchu County	2	2	Ton Yen General Hospital, Taipei Veterans General Hospital, Hsinchu Branch	At the end of 2018
Miaoli County	2	1	Wei Gong Memorial Hospital	At the end of 2018
		1	Chou Po-Chin OB/GYN Clinic	At the end of 2020
Taichung City	17	12	Huang Tien General Hospital, Taichung Armed Forces General Hospital, China University Hospital, Cheng Ching Hospital, Taichung Veterans General Hospital, the Ministry of Health and Welfare Taichung Hospital, Chung Shan University Hospital, Tungs' Taichung Metroharbor Hospital, Taichung Tzu Chi Hospital, Chuang Obstetrics and Gynecology, the Ministry of Health and Welfare Li-Yuan Hospital, You Sheng Obstetrics and Gynecology	At the end of 2018
		3	Riverfront Women's Hospital, Dr. Lu Obstetrics, Gynecology and Pediatrics, Lin Shin Hospital	At the end of 2017
		2	Jen-Ai Hospital Dali Branch, Kuang Tien General Hospital Shahlu Branch	At the end of 2020
Changhua County	4	4	Show Chwan Memorial Hospital, Changhua Christian Hospital Erhlin Branch, Chang Bing Show Chwan Memorial Hospital, Changhua Christian Hospital	At the end of 2018

母嬰親善醫療院所

縣市別	總院所數	院所數	院所名稱	效期
嘉義市	3	3	戴德森醫療財團法人嘉義基督教醫院、天主教中華聖母修女會醫療財團法人天主教聖馬爾定醫院、信合美診所	107年底
南投縣	4	3	佑民醫院、竹山秀傳醫院、衛生福利部南投醫院	107年底
		1	新泰宜婦幼醫院	109年底
臺南市	15	10	郭綜合醫院、詠馨婦產科診所、國立成功大學醫學院附設醫院、奇美醫療財團法人奇美醫院、臺南市立安南醫院-委託中國醫藥大學興建經營、臺灣基督長老教會新樓醫療財團法人臺南新樓醫院、臺南市立醫院、奇美醫療財團法人柳營奇美醫院、臺灣基督長老教會新樓醫療財團法人麻豆新樓醫院、佑生婦產科診所	107年底
		3	林錦義婦產科診所、鄭婦產科診所、陳澤彥婦產科醫院	106年底
		2	蘇文彬婦產科診所、康乃心婦產科診所	105年底
雲林縣	2	1	國立臺灣大學醫學院附設醫院雲林分院	107年底
		1	財團法人天主教若瑟醫院	109年底
高雄市	21	17	德謙醫院、四季臺安醫院、樂生婦幼醫院、高雄市立小港醫院（委託財團法人私立高雄醫學大學經營）、高雄榮民總醫院、馨蕙馨醫院、國軍高雄總醫院左營分院附設民眾診療服務處、健新醫院、正薪醫院、吳昆哲婦產小兒科醫院、阮綜合醫療社團法人阮綜合醫院、長庚醫療財團法人高雄長庚紀念醫院、高雄市立聯合醫院、生安婦產小兒科醫院、邱正義婦產科診所、優生婦產科醫院、義大醫療財團法人義大醫院	107年底
		1	容婦產科診所	106年底
		3	財團法人天主教聖功醫院、財團法人私立高雄醫學大學附設中和紀念醫院、小港安生婦產科診所	109年底



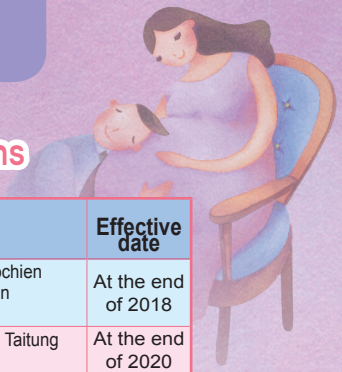
Baby Friendly Medical Institutions

Counties and Cities	Total number of hospitals	Number of hospitals	Name of hospital	Effective date
Chiayi City	3	3	Ditmanson Medical Foundation Chiayi Christian Hospital, St. Martin De Porres Hospital, Xin Hemei Clinic	At the end of 2018
Nantou County	4	3	Yumin Medical Corporation Yumin Hospital, Chushan-Xiuchuan Hospital, the Ministry of Health and Welfare Nantou Hospital	At the end of 2018
		1	Hsin Tai Yi Women and Children's Hospital	At the end of 2020
Tainan City	15	10	Huo General Hospital, Yu Sheng Obstetrics and Gynecology, National Cheng Kung University Hospital, Chi Mei Medical Center, Tainan City Annan Hospital-Sponsored by Chinese Medical School, Madou Sin-Lau Hospital, Tainan Municipal Hospital, Chi Mei Medical Center Liouying Branch, Madou Sin-Lau Hospital, Yu Sheng Obstetrics and Gynecology	At the end of 2018
		3	Lin-Jinyi Obstetrics and Gynecology, Zheng Obstetrics and Gynecology, Cheung Zemin Obstetrics and Gynecology Hospital	At the end of 2017
		2	Su Obs & Gyn Clinic, Kang Nai Shin Obstetrics and Gynecology Clinic	At the end of 2016
Yunlin County	2	1	National Taiwan University Hospital Yun-Lin Branch	At the end of 2018
		1	St. Joseph's Hospital	At the end of 2020
Kaohsiung City	21	17	De-Qian Hospital, Season Taian Hospital, Le-Hsen Women's and Children's Hospital, Kaohsiung Municipal Hsiao Kang Hospital (Sponsored by Kaohsiung Medical School), Kaohsiung Rongmin General Hospital, Shin Huei Shin Hospital, Kaohsiung General Hospital Zuoying Branch Public Treatment Service Center, Chien Shin Hospital, True Generation Hospital, Wu Pediatrics Hospital, Ruanjing General Hospital, KaoHsiung Chang Gung Memorial Hospital of the C.G.M.F., Kaohsiung Municipal United Hospital, San-An Hospital, Chiu Obstetrics and Gynecology, Eugenics Obstetrics and Gynecology Hospital, E-Da Hospital	At the end of 2018
		1	Long OBS & GYN Clinic	At the end of 2017
		3	Department of Health, Executive Yuan, R.O.C., St. Joseph Hospital, Kaohsiung Medical University Chung-Ho Memorial Hospital, Hsiao Kang An Shen Obstetrics and Gynecology	At the end of 2020

母嬰親善醫療院所

縣市別	總院所數	院所數	院所名稱	效期
屏東縣	4	4	安和醫療社團法人安和醫院、寶建醫療社團法人寶建醫院、屏基醫療財團法人屏東基督教醫院、輔英科技大學附設醫院	107年底
臺東縣	2	2	馬偕紀念醫院臺東分院、財團法人臺東基督教醫院	109年底
花蓮縣	2	2	佛教慈濟醫療財團法人花蓮慈濟醫院、臺灣基督教門諾會醫療財團法人門諾醫院	107年底
宜蘭縣	3	2	國立陽明大學附設醫院、財團法人天主教靈醫會羅東聖母醫院	107年底
		1	財團法人羅許基金會羅東博愛醫院	109年底
連江縣	1	1	連江縣立醫院	107年底
澎湖縣	1	1	三軍總醫院澎湖分院附設民眾診療服務處	107年底

註：最新通過「母嬰親善醫療院所」名單，可至國民健康署http://www.hpa.gov.tw/查詢。



Baby Friendly Medical Institutions

Counties and Cities	Total number of hospitals	Number of hospitals	Name of hospital	Effective date
Pingtung County	4	4	Ann-Her Women & Children's Hospital, Paochien Hospital, Pingtung Christian Hospital, Fooyin University Hospital	At the end of 2018
Taitung County	2	2	Mackay Memorial Hospital, Taitung Branch, Taitung Christian Hospital	At the end of 2020
Hualien County	2	2	Buddhist Tzu Chi General Hospital, Mennonite Christian Hospital	At the end of 2018
Yilan County	3	2	National Yang-Ming University Hospital, St. Mary's Hospital Luodong	At the end of 2018
		1	Lo-Hsu Foundation, Inc., Lotung Poh-Ai Hospital	At the end of 2020
Lienchang Country	1	1	Lienchiang County Hospital	At the end of 2018
Penghu County	1	1	Tri-Service General Hospital Penghu Branch Civilian Administration Service	At the end of 2018

Note:

For the most recently approved list of medical facilities for maternal and child care, refer to the website of the Health Promotion Administration: http://www.hpa.gov.tw

社區心理衛生中心

縣市	電話	地址
臺北市	02-33936779#11	臺北市中正區金山南路一段5號
新北市	02-22572623	新北市板橋區英士路192-1號
臺中市	04-25155148	臺中市豐原區瑞安街143號
臺南市	06-3352982(林森) 06-6377232(東興)	臺南市東區林森路一段418號 臺南市新營區東興路163號
高雄市	07-3874649~50	高雄市三民區大順二路468號8樓-2
宜蘭縣	03-9367885	宜蘭縣宜蘭市女中路二段287號
基隆市	02-24300193~5	基隆市安樂區安樂路二段164號5樓
桃園市	03-3325880	桃園市桃園區縣府路55號
新竹縣	03-6567138	新竹縣竹北市光明七街1號
新竹市	03-5234647	新竹市集賢路3號
苗栗縣	037-332565 037-332621	苗栗縣苗栗市國福路6號
南投縣	049-2205885	南投縣南投市復興路6號
彰化縣	04-7127839	彰化縣彰化市中山路二段162號2樓
雲林縣	05-5370885	雲林縣斗六市府文路34號
嘉義縣	05-3621150	嘉義縣太保市祥和二路東段3號
嘉義市	05-2328177	嘉義市德明路1號
屏東縣	08-7370123	屏東縣屏東市自由路272號
臺東縣	089-336575	臺東縣臺東市博愛路336號
花蓮縣	03-8351885	花蓮縣花蓮市林森路391號
澎湖縣	06-9269051	澎湖縣馬公市中正路115號
金門縣	082-337885	金門縣金湖鎮中正路1-1號2樓
連江縣	083-626643	連江縣南竿鄉復興村216號

Community Mental Health Center

Counties and Cities	Phone	Address
Taipei City	02-33936779#11	No.5, Sec. 1, Jinshan S. Rd., Zhongzheng Dist., Taipei City
New Taipei City	02-22572623	No.192-1, Yingshi Rd, Banciao District, New Taipei City
Taichung City	04-25155148	No.143, Rui'an St., Fengyuan Dist., Taichung City
Tainan City	06-3352982 (Linsen) 06-6377232(Dongxing)	No.418, Sec. 1, Linsen Rd., East District, Tainan City No.163, Dongxing Rd., Xinying Dist., Tainan City
Kaohsiung City	07-3874649~50	8F.-2, No.468, Dashun 2nd Rd., Sanmin Dist., Kaohsiung City
Yilan County	03-9367885	No.287, Sec. 2, Nuzhong Rd., Yilan City, Yilan County
Keelung City	02-24300193~5	5F., No.164, Sec. 2, Anle Rd., Anle Dist., Keelung City
Taoyuan City	03-3325880	No.55, Xianfu Rd., Taoyuan District, Taoyuan City
Hsinchu County	03-6567138	No.1, Guangming 7th St., Jhubei City, Hsinchu County
Hsinchu City	03-5234647	No.3, Jixian St., Hsinchu City
Miaoli County	037-332565 037-332621	No.6, Guofu Rd., Miaoli City
Nantou County	049-2205885	No.6, Fusing Rd., Nantou City, Nantou County
Changhua City	04-7127839	2nd Floor, No.162, Sec. 2, Jhongshan Rd., Changhua City, Changhua County
Yunlin County	05-5370885	No.34, Fuwen Rd., Douliu City, Yunlin County
Chiayi County	05-3621150	No.3, E. Sec., Sianghe 2nd Rd., Taibao City, Chiayi County
Chiayi City	05-2328177	No.1, Deming Rd., Chiayi City
Pingtung County	08-7370123	No.272, Zihyou Rd., Pingtung City, Pingtung County
Taitung County	089-336575	No.336, Bo'ai Rd., Taitung City, Taitung County
Hualien County	03-8351885	No. 391, Linsen Rd., Hualien City, Hualien County
Penghu County	06-9269051	No.,115, Zhongzheng Rd., Magong City, Penghu County
Kinmen County	082-337885	2nd floor, No.1-1, Zhongzheng Rd., Jinhu Town, Kinmen County
Lienchiang County	083-626643	No.216, Fusing Village, Nangan Township, Lienchiang County

高危險妊娠

隨著懷孕週數增加，孕婦的身體會因為胎兒成長而增加許多額外的工作，例如孕婦的心臟負擔在懷孕後期快速的增加、胎兒所有的新陳代謝必須經由母體的腎臟排出、胎兒生長所需的營養也必須由母體提供等。孕婦的身體會很努力的去適應這些懷孕的變化，但是如果孕婦原本就有某些疾病，如先天性心臟病、慢性腎臟病等，就可能會因為懷孕而導致臨床症狀加重。另外，孕婦也會因懷孕而出現如妊娠糖尿病、妊娠高血壓等疾病，這些都屬母體因素的高危險妊娠。

一般而言，大多數懷孕的胎兒都是正常的，但是也有少數的胎兒患有先天性疾病或有未足月早產之徵象，這是屬胎兒因素的高危險妊娠。

當醫師告知您有上述情形時，表示本次懷孕可能是高危險妊娠，需要經由完整的產前檢查，來早期預防懷孕過程可能發生之併發症，並建議在人力及設備較完善的醫療院所生產，如此，母親及嬰兒的安全較可獲得保障。

下列名單是經過衛生福利部「醫院緊急醫療能力分級評定基準」分級之「高危險妊娠孕產婦及新生兒照顧品質中度級、重度級急救責任醫院」，當您在懷孕過程中出現任何緊急狀況時，這些責任醫院可提供您較完善的緊急醫療照護服務，準爸媽可依您的妊娠情況，選擇就近的責任醫院接受檢查及生產。

High-risk pregnancy

As the pregnancy progresses, the woman's body would gain many additional burdens because of the baby's growth. For example, a pregnant woman's heart will be heavily burdened toward the final stages of pregnancy. The fetus' metabolism depends on the mother's kidney. The nutrition that the baby needs is also provided through the mother's body. The mother's body would try to adjust to changes brought by pregnancy quickly. However, if the mother has preexisting conditions, such as congenital heart disease and chronic kidney disease, the conditions may become more severe because of the pregnancy. In addition, pregnant women may also suffer gestational diabetes and pregnancy-induced hypertension.

Generally, most fetuses are normal. However, some are born with congenital disease or born prematurely. This is called high risk pregnancy due to fetal factors.

When the doctor inform you of the above conditions, it means that you might have high risk pregnancy and need a comprehensive prenatal examination to prevent any possible complications during pregnancy. It is recommended that you choose to give birth at a hospital or clinic with adequate staff and facility so that there is more guarantee for both the mother and child.

The following is a list of "Quality hospitals for emergency care of medium and severe high risk pregnancy maternity and newborn" classified by Ministry of Health and Welfare according to the hospital's emergency care ability. When emergency occurs during any stage of the pregnancy, these hospitals can give you more comprehensive emergency medical care. Expectant parents can choose a hospital near you for prenatal examination or to give birth at according to your conditions.

高危險妊娠

高危險妊娠孕產婦及新生兒照顧品質中度級、重度級急救責任醫院名單

地區	縣市	中度級	重度級	有效期限
臺北地區	基隆市		長庚醫療財團法人基隆長庚紀念醫院	107/12/31
	宜蘭縣		財團法人羅許基金會羅東博愛醫院	106/12/31
	宜蘭縣	國立陽明大學附設醫院		107/12/31
	臺北市		國泰醫療財團法人國泰綜合醫院	106/12/31
	臺北市		財團法人臺灣基督長老教會馬偕紀念社會事業基金會馬偕紀念醫院	106/12/31
	臺北市		臺北市立萬芳醫院-委託財團法人私立臺北醫學大學辦理	106/12/31
	臺北市		三軍總醫院附設民眾診療服務處	109/12/31
	臺北市		臺北榮民總醫院	109/12/31
	臺北市		國立臺灣大學醫學院附設醫院	109/12/31
	臺北市		新光醫療財團法人新光吳火獅紀念醫院	109/12/31
	臺北市	基督復臨安息日會醫療財團法人臺安醫院		106/12/31
	臺北市	臺北醫學大學附設醫院		105/12/31
	臺北市	長庚醫療財團法人臺北長庚紀念醫院		111/12/31
	新北市		衛生福利部雙和醫院(委託臺北醫學大學興建經營)	106/12/31
	新北市		醫療財團法人徐元智先生醫藥基金會亞東紀念醫院	109/12/31
	新北市		財團法人佛教慈濟綜合醫院臺北分院	109/12/31
	新北市	財團法人天主教耕莘醫院		106/12/31
	新北市	國泰醫療財團法人汐止國泰綜合醫院		106/12/31
	新北市	財團法人基督長老教會馬偕紀念醫院淡水分院		109/12/31
	新北市	財團法人天主教耕莘醫院永和分院		107/12/31
	金門縣	衛生福利部金門醫院		109/12/31
北部地區	桃園市		長庚醫療財團法人林口長庚紀念醫院	109/12/31
	新竹市	國立臺灣大學醫學院附設醫院新竹分院		107/12/31
	新竹市	財團法人馬偕紀念醫院新竹分院		107/12/31
	新竹縣		東元綜合醫院	107/12/31

High risk pregnancy

Quality hospitals for emergency care of medium and severe high risk pregnancy maternity and newborn

Region	Counties and Cities	Medium	Severe	Effective date
Taipei District	Keelung City		Keelung Chang Gung Memorial Hospital of the C.G.M.F.	12/31/2018
	Yilan County		Lo-Hsu Foundation, Inc., Lotung Poh-Ai Hospital	12/31/2017
	Yilan County	National Yang-Ming University Hospital		12/31/2018
	Taipei City		Cathay General Hospital	12/31/2017
	Taipei City		Mackay Memorial Hospital	12/31/2017
	Taipei City		Taipei Municipal Wanfang Hospital - Managed by Taipei Medical University	12/31/2017
	Taipei City		Tri-Service General Hospital Civilian Administration Division	12/31/2020
	Taipei City		Taipei Rongmin General Hospital	12/31/2020
	Taipei City		National Taiwan University Hospital	12/31/2020
	Taipei City		Shin Kong Wu Ho-Su Memorial Hospital	12/31/2020
	Taipei City	Cardinal Taian Hospital		12/31/2017
	Taipei City	Taipei Medical University Hospital		12/31/2022
	Taipei City	Chang Gung Memorial Hospital at Taipei		12/31/2017
	New Taipei City		Taipei Medical University Shuang Ho Hospital - Constructed and Managed by Taipei Medical University	12/31/2017
	New Taipei City		Far Eastern Memorial Hospital	12/31/2020
	New Taipei City		Tzu Chi Medical Mission Taipei Branch	12/31/2020
	New Taipei City	Cardinal Tien Hospital		12/31/2017
	New Taipei City	Sijhih Cathay General Hospital		12/31/2017
	New Taipei City	Mackay Memorial Hospital Tanshui Branch		12/31/2020
	New Taipei City	Cardinal Tien Hospital Yonghe Branch		12/31/2018
	Kinmen County	The Ministry of Health and Welfare Kinmen Hospital		12/31/2020
Central Districts	Taoyuan City		Linkou Chang Gung Memorial Hospital	12/31/2020
	Hsinchu City	National Taiwan University Hospital Hsinchu Branch		12/31/2018
	Hsinchu City	Mackay Memorial Hospital Hsinchu Branch		12/31/2018
	Hsinchu County		TungYuan General Hospital	12/31/2018

高危險妊娠

地區	縣市	中度級	重度級	有效期限
中部地區	臺中市		財團法人私立中山醫學大學附設醫院	106/12/31
	臺中市		臺中榮民總醫院	106/12/31
	臺中市		中國醫藥大學附設醫院	106/12/31
	臺中市		童綜合醫療社團法人童綜合醫院	107/12/31
	臺中市		光田醫療社團法人光田醫院（沙鹿總院）	107/12/31
	臺中市		光田醫療社團法人光田醫院（大甲院區）	107/12/31
	臺中市	財團法人佛教慈濟綜合醫院臺中分院		106/12/31
	臺中市	澄清綜合醫院中港分院		107/12/31
	彰化縣		財團法人彰化基督教醫院	106/12/31
	彰化縣		秀傳醫療社團法人秀傳紀念醫院	108/12/31
	彰化縣	秀傳醫療財團法人彰濱秀傳紀念醫院		107/12/31
南部地區	雲林縣		國立臺灣大學醫學院附設醫院雲林分院	106/12/31
	雲林縣	財團法人天主教若瑟醫院		107/12/31
	嘉義市		戴德森醫療財團法人嘉義基督教醫院	107/12/31
	嘉義市	財團法人天主教聖馬爾定醫院		107/12/31
	嘉義縣		長庚醫療財團法人嘉義長庚紀念醫院	111/12/31
	嘉義縣		財團法人佛教慈濟綜合醫院大林分院	107/12/31
	臺南市		奇美醫療財團法人奇美醫院	106/12/31
	臺南市		國立成功大學醫學院附設醫院	106/12/31
	臺南市	郭綜合醫院		108/12/31
高屏地區	高雄市		財團法人私立高雄醫學大學附設中和紀念醫院	106/12/31
	高雄市		義大醫療財團法人義大醫院	106/12/31
	高雄市		高雄榮民總醫院	106/12/31
	高雄市		長庚醫療財團法人高雄長庚紀念醫院	106/12/31
	屏東縣		安泰醫療社團法人安泰醫院	106/12/31
	澎湖縣	三軍總醫院澎湖分院附設民眾診療服務處		106/12/31
東部地區	花蓮縣		財團法人佛教慈濟綜合醫院	106/12/31
	臺東縣	馬偕紀念醫院臺東分院		107/12/31

註：最新通過「急救責任醫院」分區名單，可至衛生福利部醫事司http://www.mohw.gov.tw/cht/DOMA/查詢。

High risk pregnancy

Region	Counties and Cities	Medium	Severe	Effective date
Central region	Taichung City		Chung Shan University Hospital	12/31/2017
	Taichung City		Taichung Rongmin General Hospital	12/31/2017
	Taichung City		China Medical University Hospital	12/31/2017
	Taichung City		Children's General Hospital	12/31/2018
	Taichung City		Huang Tien General Hospital at Shalu	12/31/2018
	Taichung City		Huang Tien General Hospital at Dajia	12/31/2018
	Taichung City	Tzu Chi Medical MissionTaichung Branch		12/31/2017
	Taichung City	Cheng Ching Hospital Chunggang Branch		12/31/2018
	Changhua County		Changhua Christian Hospital	12/31/2017
	Changhua County		Show Chwan Memorial Hospital	12/31/2018
	Changhua County	Chang Bing Show Chwan Memorial Hospital		12/31/2018
Southern region	Yunlin County		National Taiwan University Hospital Yunlin Branch	12/31/2017
	Yunlin County	St. Joseph's Hospital		12/31/2018
	Chiayi City		Ditmanson Medical Foundation Chiayi Christian Hospital	12/31/2018
	Chiayi City	St. Martin De Porres Hospital		12/31/2018
	Chiayi County		Chiayi Chang Gung Memorial Hospital of the C.G.M.F.	12/31/2022
	Chiayi County		Tzu Chi Medical Mission Dalin Branch	12/31/2018
	Tainan City		Chi Mei Medical Center	12/31/2017
	Tainan City		National Cheng Kung University Hospital	12/31/2017
	Tainan City	Huo General Hospital		12/31/2019
Kaoping region	Kaohsiung City		Chung-Ho Memorial Hospital	12/31/2017
	Kaohsiung City		E-Da Hospital	12/31/2017
	Kaohsiung City		Kaohsiung Veterans General Hospital	12/31/2017
	Kaohsiung City		Kaohsiung Chang Gung Memorial Hospital of the C.G.M.F.	12/31/2017
	Pingtung County		Antai Medical Care Corporation Antai Tien-Shang Hospital	12/31/2017
	Penghu County	Tri-Service General Hospital Penghu Branch Civilian Administration Service		12/31/2017
Eastern Districts	Hualien County		Tzu Chi Medical Mission	12/31/2017
	Taitung County	Mackay Memorial Hospital, Taitung Branch		12/31/2018

Note: For the most recently approved list of quality hospitals for emergency care, refer to the website of the Health Promotion Administration: http://www.mohw.gov.tw/cht/DOMA

保母托育

保母托育管理與托育費用補助

政府為鼓勵國人生育，自97年4月起補助家庭部分托育費用，以減輕家庭負擔，且為妥善照顧幼童，請選擇合法登記之居家托育服務人員或合格立案之托嬰中心，提供兒童及家長最安全、適合的托育與照顧服務。

如果您或您的朋友需要專業托育人員服務、托育費用補助問題、或有意參加托育人員訓練課程或有照顧幼兒問題之諮詢，可逕向衛生福利部社會及家庭署托育人員(保母)登記管理資訊網(http://cwisweb.sfaa.gov.tw)及衛生福利部社會及家庭署網站(http://www..sfaa.gov.tw)查詢，或就所在縣市政府社會局(處)洽詢。

縣市別	社會局(處)電話	縣市別	社會局(處)電話
臺北市政府	(02)27208889 轉1624-1625	雲林縣政府	(05)5522575
新北市政府	(02)29603456 轉3678-3681	嘉義縣政府	(05)3620900轉2606
臺中市政府	(04)22289111轉37516	屏東縣政府	(08)7320415轉5321
臺南市政府	(06)2991111轉5903 (06)6322231轉6545-6546	臺東縣政府	(089)341373轉262
高雄市政府	(07)3368333 轉2495-2498	花蓮縣政府	(038)228995
宜蘭縣政府	(03)9328822轉454	澎湖縣政府	(06)9274400轉395
桃園市政府	(03)3322101轉6322	基隆市政府	(02)24201122 轉2203-2205
新竹縣政府	(03)5518101轉3253	新竹市政府	(03)5216121轉558
苗栗縣政府	(037)559643	嘉義市政府	(05)2288420
彰化縣政府	(04)7240249	金門縣政府	(082)318823轉62570
南投縣政府	(049)2247970	連江縣政府	(0836)25022轉309

Daycare

Management of Nursing and Daycare Services and Subsidy

To encourage childbearing, the government has started to subsidize part of the child care costs since April 2008 to lessen the burden on families and to take care of the young children properly. Please choose legally registered nursery service personnel or qualified nursery centers for the most secure and appropriate nursery and childcare service.

If you or your friends need a professional nursery service, have questions about subsidies for daycare, or if you are interested in taking the nursing training or have questions about child care, you may refer to the Nursery Personnel (babysitter) Registration, (http://cwisweb.sfaa.gov.tw) Management and Information Network under Social and Family Affairs Adminstration, Ministry of Health and Welfare the Ministry of Health and Welfare and the website of Social and Family Affairs Adminstration, Ministry of Health and Welfare the Ministry of Health and Welfare at http://www.sfaa.gov.tw/. You may also contact the Department of Social Welfare in each county and city.

Counties and Cities	Phone numbers for Bureau of Social Affairs	Counties and Cities	Phone numbers for Bureau of Social Affairs
Taipei City Government	(02)27208889, ext. 1624-1625	Yunlin County Government	(05)5522575
New Taipei City Government	(02)29603456, ext. 3678-3681	Chiayi County Government	(05)3620900, ext. 2606
Taichung City Government	(04)22289111, ext. 37516	Pingtung County Government	(087320415, ext. 5321
Tainan City Government	(06)291111 ext. 5903 (06)6322231, ext. 6545-6546	Taitung County Government	(089)341373, ext 262
Kaohsiung City Government	(07)3368333, ext. 2495-2498	Hualien County Government	(038)228995
Yilan County Government	(03)9328822, ext. 454	Penghu County Government	(06)9274400, ext. 395
Taoyuan City Government	(03)3322101, ext. 6322	Kee lung City Government	(02)24201122, ext. 2203-2205
Hsinchu County Government	(03)5518101, ext. 3253	Hsinchu City Government	(03)5216121, ext. 558
Miaoli County Government	(037)559643	Chiayi City Government	(05)2288420
Changhua County Government	(04)7240249	Kinmen County Government	(082)318823, ext. 62570
Nantou County Government	(049)2247970	Lienchiang County Government	(0836)25022, ext. 309

立案產後護理之家

慎選立案產後護理之家，保障母嬰健康

目前提供產婦產後照顧機構分為產後護理機構及坊間所稱之「坐月子中心」兩類，前者依護理人員法向衛生主管機關申請並核准立案之產後護理機構，提供護理服務；後者為提供膳食及住宿，不得執行護理服務。目前衛生福利部已採取多項有效措施，保障產婦及嬰兒安全及權益，包括99年9月公告「產後護理機構及坐月子中心定型化契約應記載不得記載事項」及「產後護理機構及坐月子中心定型化契約範本」，民眾可至衛生福利部網站查詢(http://www.mohw.gov.tw，路徑：首頁/本部簡介/本部單位及所屬機關/護理及健康照護司/業務資訊/產後護理機構管理)，另有關產後護理機構立案資訊亦可至衛生福利部網站查詢(http://www.mohw.gov.tw，路徑：首頁/醫事機構查詢及醫事人員查詢/醫事機構查詢/機構類別請選「護理機構」，機構名稱請輸入「產後」再開始搜尋，即可查詢到全國產後護理機構)。

為提升產後護理機構照護品質，確保產婦及嬰兒安全，衛生福利部於102年度針對產後護理機構辦理首次評鑑，評鑑結果已公告於衛生福利部網站(http://www.mohw.gov.tw，路徑：首頁/本部簡介/本部單位及所屬機關/護理及健康照護司/產後護理機構評鑑專區)，歡迎民眾瀏覽查詢。衛生福利部呼籲準媽媽們及產婦，為了保障您與寶寶的健康，建議選擇產後護理機構時不要只看機構豪華光鮮的裝潢，最重要的是要選擇安全、專業、有品質且是評鑑合格的機構接受產後照護及服務。

Registered postnatal care center

Choose postnatal care facility carefully to ensure the health of the mother and child.

At present, there are two types of institutions providing postnatal care, namely postnatal care organizations and anecdotal "postnatal care centers". Both of these institutions are required to apply to health authorities for approval and authorization before providing postnatal care according to the Nurses Act. Those "postnatal care centers" can provide meals and accommodation but may not perform care. At present, the Ministry of Health and Welfare has adopted multiple effective measures to safeguard the safety and rights and interests of pregnant women and infants, including publishing the "Recordable and Non-recordable Items on Contracts for Postnatal Care Facilities" and "Standard Form Contract for Postnatal Care Facilities" in Sept 2010. You can visit the website of the Ministry of Health and Welfare to find out (http://www.mohw.gov.tw, route: Home/ Division profile/Division institutions and subordinate agencies / Nursing and health care division/Business News/Postnatal care facility management), for information about authorized postnatal care institutions, please visit the website of the Ministry of Health and Welfare (http://www.mohw.gov.tw, route: Home/Medical institutions and medical personnel query/Medical institutions query/institution category please choose "care institutions", please enter "postnatal" in the name column before searching and you will know about all about postnatal care institutions in Taiwan).

To enhance the quality of care in postnatal care institutions and to ensure the safety of pregnant women and infants, the Ministry of Health and Welfare has evaluated postnatal care institutions for the first time in 2013. Results of the evaluation have been published on the website of the Ministry of Health and Welfare (http://www.mohw.gov.tw, route: Home/ Division profile/Division institutions and subordinate agencies /Nursing and health care division/Postnatal care institutions Evaluation Area). Welcome to visit and inquire. Ministry of Health and Welfare calls on all expectant mothers and pregnant women to choose postnatal care institutions carefully for their babies' as well as their own health. They should choose a safe, professional, high-quality postnatal institution which has passed the evaluation rather than one with luxury decorations.

疑似家庭暴力情事之處理

1. 請於知悉家暴案件等情事後，於24小時內電話通報113保護專線，或連結關懷e起來保護資訊系統網頁 (網址http://ecare.mohw.gov.tw/進行線上通報，或請醫院之相關工作人員填妥通報表(可由醫院之社會服務室相關部門提供)，逕傳真至各縣市政府家庭暴力及性侵害防治中心，辦理通報事宜，俾提供被害人妥適服務。
2. 依家庭暴力防治法第50條規定，醫事人員有通報義務。未依規定通報者，依同法第62條第1項規定，由直轄市、縣(市)主管機關處新臺幣六千元以上三萬元以下罰鍰。但醫事人員為避免被害人身體緊急危難而違反者，不罰。
3. 醫事人員執行醫療義務時，如發現有依法所應強制通報之家暴案件，若當事人表達不願意被通報，可於通報表上註明當事人無意願通報，以提醒各直轄市、縣(市)政府家庭暴力及性侵害防治中心後續處理之技巧。如發現親密關係暴力案件，為儘早辨識高危機個案，應施予臺灣親密關係暴力危險評估表(TIPVDA)，並於次月10日前至衛生福利部家庭暴力資料庫系統完成填報。

How to deal with suspected domestic violence

1. When becoming aware of cases of domestic violence, please call 113 within 24 hours or report online to the caring information system of e-Care (website http://ecare.mohw.gov.tw/). You can also ask related staff at the hospital to fill out the report (may be provided by the social affairs department at the hospital). Fax it to the Domestic Violence and Sexual Assault Prevention Center in each county and city in order to provide the victims with proper service.

2. In accordance with Article 502 of the "Domestic Violence Prevention Act", medical staff is obligated to report any possible case of domestic violence. According to Paragraph 1, Article 62 of the Act, Any violation shall be sentenced to a fine at an amount not less than six thousand New Taiwan Dollars and not greater than thirty thousand New Taiwan Dollars by municipality or city/county government. However, any medical personnel shall be exempted from this Article as a result of avoiding any immediate hazard to the physical condition of the victim.

3. Medical staff who have identified cases of domestic violence should report such cases by law. If the victim is unwilling to report such case, make a note of such statement on the report form as a reminder for the Domestic Violence and Sexual Assault Prevention Center in each county and city on how to deal with this case. When identifying cases of intimate relationship violence, for the early identification of high-risk cases, please fill in the Taiwan close relations violence risk evaluation chart (TIPVDA) and report it to the database system of domestic violence in the Ministry of Health and Welfare before the tenth day of the next month.

相關資源訊息

單位名稱	提供服務	聯絡方式
衛生福利部國民健康署健康九九網站	衛生教育訊息	(02)2351-9047 http://health99.hpa.gov.tw/
衛生福利部國民健康署健遺傳疾病諮詢服務窗口	提供正確與多元的遺傳疾病相關知識訊息	http://gene.hpa.gov.tw/
臺灣癲癇醫學會	提供癲癇婦女妊娠資料登錄、衛教諮詢、個案管理，讓醫護人員知道如何協助您	02-2876-2890 http://www.epilepsy.org.tw
財團法人臺灣早產兒基金會	提供方案讓早產兒獲得適當的醫療，提升早產兒醫療照護品質，並從事早產的防治與教育宣導服務	0800-00-3595 02-2511-1608 http://www.pbf.org.tw
臺灣早產防治學會	推動早產防治	02-2523-7490
財團法人罕見疾病基金會	提供罕見疾病的資訊與協助	02-25210717-8 http://www.tfrd.org.tw
臺灣海洋性貧血協會	為全國海洋性貧血患者及其家庭提供積極正確的醫療照護資訊與協助	02-2389-1250 http://www.thala.org.tw/
中華民國心臟病兒童基金會	協助患有心臟病兒童得到適當的醫療照顧	02-2331-9494 http://www.ccft.org.tw
財團法人羅慧夫顱顏基金會	協助先天性的頭顱及顏面的發育不良者如唇顎裂、小耳症及其它顱顏畸形患者	0800-012378 02-27190408 http://www.nncf.org
財團法人中華民國唐氏症基金會	結合唐氏症者家長、監護及關心唐氏症者人士團體及學者專家，促進教養經驗之溝通或護理保健之諮詢	02-2278-9888 http://www.rocdown-syndrome.org.tw
社團法人臺灣關懷地中海型貧血協會	提供病友就業輔導、醫療協助、社會教育等服務	04-2529-8232 https://www.facebook.com/groups/119062884788125/
中華民國發展遲緩兒童早期療育協會	協助各類發展遲緩兒童及其家庭，進行早期療育工作	03-8239335 http://www.caeip.org.tw
財團法人中華民國發展遲緩兒童基金會	協助推動建立發展遲緩兒童早期療育及諮詢服務等工作	02-2753-0855 http://www.fcdd.org.tw
家庭教育網站及諮詢專線	親職教養、親子關係、夫妻關係、姻親關係、婚前交往、親密關係、家庭資源與管理、家庭生活調適等	412-8185(手機撥打請加02) http://moe.familyedu.moe.gov.tw
衛生福利部社會救助及社工司	社會福利諮詢	1957 http://1957.mohw.gov.tw/
勞動部	促進受僱者工作與生活平衡，鼓勵生育並建構友善懷孕受僱者及其配偶之工作職場	02-8995-6866 http://www.mol.gov.tw/(勞動部)、http://eeweb.mol.gov.tw/(就業平等網)
國稅局、地方稅務局	綜合所得稅幼兒學前特別扣除額服務	0800-000-321(國稅局)、0800-086-969(地方稅務局) http://www.ntbca.gov.tw/etwmain
全國未成年懷孕諮詢專線	提供青少女懷孕者、一般青少年等電話諮詢及轉介服務	0800-25-7085 http://www.257085.org.tw/index.php

Related resources and information

Organization	Services provided	Contact
Health 99 Education Resource, Health Promotion Administration, Ministry of Health and Welfare,	Health Education and Information	(02)2351-9047 http://health99.hpa.gov.tw/
Web Services for Genetic Disease, Health Promotion Administration, Ministry of Health and Welfare	Provide accurate and diverse information on genetic diseases	http://gene.hpa.gov.tw/
Taiwan Epilepsy Society	Record information on the pregnancy of women with epilepsy, consultation on health education and case management to let the medical staff know how to take care of you	02-2876-2890 http://www.epilepsy.org.tw
Premature Baby Foundation of Taiwan	Provide proposals for premature babies to receive adequate medical care, improve the quality of medical care for premature babies and promote the prevention of and education on premature birth	0800-00-3595 02-2511-1608 http://www.pbf.org.tw
Taiwan Association of Premature Birth Prevention	Promote the prevention of premature births	02-2523-7490
Taiwan Foundation for Rare Disorders Foundation	Provide information on and assistance for rare diseases	02-25210717-8 http://www.tfrd.org.tw
Taiwan Thalassemia Association	Provide active and accurate information and assistance on medical care for patients of thalassemia and their families	02-2389-1250 http://www.thala.org.tw/
Cardiac Children's Foundation Taiwan	Help children with cardiac diseases to receive proper medical care	02-2331-9494 http://www.ccft.org.tw
Noordhoff Craniofacial Foundation	Assist patients with congenital craniofacial dysplasia such as cleft lip and palate, microtia and other craniofacial deformities	0800-012378 02-27190408 http://www.nncf.org
Republic of China Down's Syndrome Foundation	Integrate the parents of Down's syndrome patients, those who supervise and care for Down's syndrome patients as well as experts and scholars to promote communication and share educational experiences and consultations on nursing and care	02-2278-9888 http://www.rocdown-syndrome.org.tw
Taiwan Thalassemia Care Association	Provide patients with services such as employment coaching, medical assistance and social education	04-2529-8232 https://www.facebook.com/groups/119062884788125/
Chinese Association of Early Intervention Professionals for Children with Developmental Delays	Assist children with various types of developmental delays and their families with early treatment	03-8239335 http://www.caeip.org.tw
Foundation for Children with Developmental Delays	Assist in the promotion and establishment of early treatments for children with development delays and consultation services	02-2753-0855 http://www.fcdd.org.tw
Family education websites and consulting hotlines	Child education, parent-child relationship, couple relationship, affinity, intimacy, domestic resources and management, family life adjustment, etc.	412-8185(Please add 02 if by cell phones) http://moe.familyedu.moe.gov.tw
Department of Social Assistance and Social Workers, Ministry of Health and Welfare	Social welfare counseling	1957 http://1957.mohw.gov.tw/
Ministry of Labor	Promote the balance between work and life of employees, encourage child birth and build a friendly workplace for pregnant employees and their spouses	02-8995-6866 http://www.mol.gov.tw/(Ministry of Labor), http://eeweb.mol.gov.tw/(employment equality website)
Internal revenue service, Local taxation office	Special service on the reduction of comprehensive income tax of pre-school children	0800-000-321_(Internal revenue service), 0800-086-969_(Local taxation office) http://www.ntbca.gov.tw/etwmain
Taiwan teenage pregnancy advisory hotline	Provide teenagers and pregnant teenagers with telephone counseling and referral services	0800-25-7085 http://www.257085.org.tw/index.php

聯絡地址及電話

各縣市衛生局聯絡地址及聯絡電話

各縣市衛生局	地址、網址	電話	預防接種專線
基隆市衛生局	20147 基隆市信義區信二路266號 http://www.klchb.gov.tw	02-24230181	02-2427-6154
臺北市政府衛生局	11008臺北市信義區市府路1號 http://www.health.gov.tw	02-27208889	02-23754341
新北市政府衛生局	22006新北市板橋區英士路192-1號 http://www.health.ntpc.gov.tw	02-22577155	02-22588923
桃園市政府衛生局	33053桃園市桃園區縣府路55號 http://www.tychb.gov.tw	03-3340935	03-3363270 03-3382157
新竹縣政府衛生局	30210新竹縣竹北市光明七街1號 http://www.hcshb.gov.tw/	03-5518160	03-5511287
新竹市衛生局	30041新竹市東區中央路241號10-12樓 http://dep.hcchb.gov.tw	03-5355191	03-5355130
苗栗縣政府衛生局	36043苗栗縣後龍鎮大庄里21鄰光華路373號 http://www.mlshb.gov.tw	037-558080	037-558100
臺中市政府衛生局	42053臺中市豐原區中興路136號 http://www.health.taichung.gov.tw	04-25265394	04-25270780
彰化縣衛生局	50049彰化縣彰化市中山路二段162號 http://www.chshb.gov.tw	04-7115141	04-7115141#103 04-7115141#104
南投縣政府衛生局	54062南投縣南投市復興路6號 http://www.ntshb.gov.tw	049-2222473	049-2220904 049-2230607
雲林縣衛生局	64054雲林縣斗六市府文路34號 http://www.ylshb.gov.tw	05-5373488	05-534-5811
嘉義縣衛生局	61249嘉義縣太保市祥和二路東段3號 http://www.cyshb.gov.tw	05-3620600	05-362-0607 05-3620600#205

Address and Phone Number

Address and phone number for the Health Bureau in each county and city

Counties and Cities	Address	Phone	Preventive vaccination hotline
Keelung City Health Bureau	No.266, Sin 2nd Rd., Keelung City, 20147 http://www.klchb.gov.tw	02-24230181	02-2427-6154
Department of Health, Taipei City Goverment	No. 1, Shifu Rd., Xinyi Dist., Taipei City, 11008 http://www.health.gov.tw	02-27208889	02-23754341
Public Health Department, New Taipei City Goverment	No.192-1, Yingshi Rd, Banciao District, New Taipei City, 22006 http://www.health.ntpc.gov.tw	02-22577155	02-22588923
Department of Public Health, Taoyuan	No.55, Xianfu Rd., Taoyuan District, Taoyuan City, 33053 http://www.tychb. gov.tw	03-3340935	03-3363270 03-3382157
Public Health Bureau of Hsin-Chu County Government	No.1, Guangming 7th St., Zhubei City, Hsinchu County, 30210 http://www.hcshb.gov.tw/	03-5518160	03-5511287
Hsinchu City Health Bureau	Floor 10-12, No.241, Zhongyang Rd., East District, Hsinchu City, 30041 http://dep.hcchb.gov.tw	03-5355191	03-5355130
Public Health Bureau of Miaoli County Goverment	No. 373, Guanghua Rd., No. 21 Lane Dazhuangli, Ho Lung Town, Miaoli County, 36043 http://www.mlshb.gov.tw	037-558080	037-558100
Health Bureau of Taichung City Government	No.136, Zhongxing Rd., Fengyuan Dist., Taichung City, 42053 http://www.health.taichung.gov.tw	04-25265394	04-25270780
Changhua County Public Health Bureau	No.162, Sec. 2, Jhongshan Rd., Changhua City, Changhua County, 50049 http://www.chshb.gov.tw	04-7115141	04-7115141#103 04-7115141#104
Health Bureau, Nantou County Goverment	No.6, Fusing Rd., Nantou City, Nantou County, 54062 http://www.ntshb.gov.tw	049-2222473	049-2220904 049-2230607
Public Health Bureau, Yunlin County	No.34, Fuwen Rd., Douliu City, Yunlin County, 64054 http://www.ylshb.gov.tw	05-5373488	05-534-5811
Chiayi County Health Bureau	No.3, E. Sec., Sianghe 2nd Rd., Taibao City, Chiayi County, 61249 http://www.cyshb.gov.tw	05-3620600	05-362-0607 05-3620600#205

聯絡地址及電話

各縣市衛生局聯絡地址及聯絡電話

各縣市衛生局	地址、網址	電話	預防接種專線
嘉義市政府衛生局	60097嘉義市西區德明路1號	05-2338066	05-2341150
	http://www.cichb.gov.tw		
臺南市政府衛生局	73064臺南市新營區東興路163號（東興辦公室）	06-6357716	06-6333080
	70151臺南市東區林森路一段418號（林森辦公室）		06-2679751#372
	http://health.tainan.gov.tw/tnhealth		
高雄市政府衛生局	80276高雄市苓雅區凱旋二路132之1號	07-7134000	07-7134000#1377
	http://khd.kcg.gov.tw		07-7230513
屏東縣政府衛生局	90054屏東縣屏東市自由路272號	08-7370002	08-738-0208
	http://www.ptshb.gov.tw		08-736-2986
宜蘭縣政府衛生局	26051 宜蘭縣宜蘭市女中路二段287號	03-9322634	03-935-7011
	http://www.ilshb.gov.tw		03-932-2634#1206
花蓮縣衛生局	97058花蓮縣花蓮市新興路200號	03-8227141	03-822-6975
	http://www.hlshb.gov.tw		
臺東縣衛生局	95043臺東縣臺東市博愛路336號	089-331171	089-331-171#214
	http://www.ttshb.gov.tw		
連江縣衛生局	20941連江縣南竿鄉復興村216號	083-622095	083-622-095#8855
	http://www.matsuhb.gov.tw		
金門縣衛生局	89148金門縣金湖鎮新市里復興路1-12號	082-330697	082-330-697#609
	http://www.kmhb.gov.tw		
澎湖縣政府衛生局	88041澎湖縣馬公市中正路115號	06-9272162	06-927-0508
	http://www.phchb.gov.tw		06-927-2162#211

Address and Phone Number

Address and phone number for the Health Bureau in each county and city

Counties and Cities	Address	Phone	Preventive vaccination hotline
Chiayi City Health Bureau	No.1, Deming Rd., West Dist., Chiayi City, 60097 http://www.cichb.gov.tw	05-2338066	05-2341150
Department of Health, Tainan City Goverment	No.163, Dongxing Rd., New Camp Dist., Tainan City, 73064 (Dongxing Office) No.418, Section 1, Linsen Rd., Eastern Dist., Tainan City, 70151 (Linsen Office) http://health.tainan.gov.tw/tnhealth	6-6357716	06-6333080 06-2679751#372
Department of Health, Kaohsiung City Goverment	No.132-1, Kaixuan 2nd Rd., Lingya Dist., Kaohsiung City, 80276 http://khd.kcg.gov.tw/	07-7134000	07-7134000#1377 07-7230513
Pingtung County Health Bureau	No.272, Zihyou Rd., Pingtung City, Pingtung County, 90054 http://www.ptshb.gov.tw	08-7370002	08-738-0208 08-736-2986
Public Health Bureau, Yilan County	No.287, Sec. 2, Nuzhong Rd., Yilan City, Yilan County, 26051 http://www.ilshb.gov.tw	03-9322634	03-935-7011 03-932-2634#1206
Hualien County Health Bureau	No.200, Sinsing Rd., Hualien County, 97058 http://www.hlshb.gov.tw	03-8227141	03-822-6975
Public Health Bureau, Taitung County	No.336, Bo'ai Rd., Taitung City, Taitung County, 95043 http://www.ttshb.gov.tw	089-331171	089-331-171#214
Lienchiang County County Health Bureau	No.216, Fusing Village, Nangan Township, Lienchiang County, 20941 http://www.matsuhb.gov.tw	083-622095	083-622-095#8855
Public Health Bureau, Kinmen County	No.1-12, Fuhsing Rd., Jinhu Town, Kinmen County, 89148 http://www.kmhb.gov.tw	082-330697	082-330-697#609
Public Health Bureau,Penghu County	No.,115, Zhongzheng Road, Magong City, Penghu County, 88041 http://www.phchb.gov.tw	06-9272162	06-927-0508 06-927-2162#211

育兒津貼、國民年金保險生育給付、農民健康保險生育給付

育兒津貼—安心在家照顧我們的寶貝

衛生福利部訂定「父母未就業家庭育兒津貼實施計畫」，補助父母至少一方在家照顧2歲以下幼兒致未能就業者，低收入戶每名兒童每月5,000元、中低收入戶每名兒童每月4,000元、綜合所得稅稅率未達20%家庭每名兒童每月2,500元。有意申請者請洽兒童戶籍所在地之鄉(鎮、市、區)公所，相關資訊可至衛生福利部社會及家庭署網站(http://www.sfaa.gov.tw/兒少福利/補助專區/父母未就業家庭育兒津貼)。

(資料來源:衛生福利部社會及家庭署)

國民年金保險生育給付

國保女性被保險人於100年7月1日至104年12月17日分娩或早產者，可按當時之月投保金額一次發給1個月生育給付(97年10月至103年12月之月投保金額為1萬7,280元，自104年1月起調整為1萬8,282元)，104年12月18日以後分娩或早產者，則一次發給2個月(3萬6,564元)，雙胞胎以上按比例增給。更多詳細內容請打國民年金專線服務電話：(02)2396-1266轉6066。或網址http://www.bli.gov.tw(國民年金保險/各項給付/生育給付)

(資料來源: 衛生福利部社會保險司)

農民健康保險生育給付

農保被保險人或其配偶分娩或早產者，可按當月投保薪資一次發給2個月生育給付(目前為2萬400元)；流產者減半給付(目前為1萬200元)。雙胞胎以上按比例增給。

更多詳細內容請打勞保局服務電話(02)2396-1266轉2330。或網址：http://www.bli.gov.tw(農民保險/農民/如何申請農保給付/農保生育給付)

(資料來源：內政部)

Childcare allowance, Maternity benefits of the National Pension and Maternity benefits of farmer's health insurance

Childcare allowance makes it possible for us to take care of our babies at home free of worries

The Ministry of Health and Welfare has established the "plan of childcare allowance for unemployed parents" to support families with at least one parent staying at home to take care of the child under 2 years of age and are unemployed, provide low-income families with NT5,000 per child per month, provide medium-to-low-income families with NT4,000 per child per month and provide families whose comprehensive income tax rate is less than 20% with NT2,500 per child per month. Interested applicants may contact the child's domicile (town, city, district) office. For relevant information, you may visit the website of the Social and Family Affairs Adminstration, Ministry of Health and Welfare (http://www.sfaa.gov.tw/Children welfare/Benefits area/Childcare allowance for families with unemployed parents).

(Source of materials: Social and Family Affairs Adminstration, Ministry of Health and Welfare)

Maternity benefits of the National Pension

The female who insured from National insurance was delivered or premature birth between July 1st,2001 to December 17th,2015, according to her monthly insured amount of the amount to deliver 1 month fertility payment (The amount of the monthly insured amount between October ,2008 in to December,2014 is NT17,280, the price increased since January,2015 to NT18,282), after December 18th,2015,can deliver 2 month fertility payment (NT36,664) ,Twins and more in proportion to increase. For more details please call the National Pension Line Tel: (02) 2396-1266 to 6066, or at http://www.bli.gov.tw/ (National Pension Insurance / Payment / Childbirth)

(Source of materials: Social Insurance Department, Ministry of Health and Welfare)

Maternity benefits of farmer's health insurance

The insureds or their spouses who gave birth or premature birth can receive two-month delivery payments in accordance with the premium of the month (NT20,400 at present); those with miscarriage will receive half of the payment (NT10,200 at present). Women who gave multiple births will receive proportionally increased premium.

For detailed information, please call the service hotline of the Labor Bureau at (02) 2396-1266 fwd. 2330, or visit the website http://www.bli.gov.tw (Farmers insurance/Farmers/How to apply for the payment of farmers insurance/delivery payment of farmers' health insurance)

(Source of materials: Ministry of Internal Affairs)

勞工保險生育給付、就業保險育嬰留職停薪津貼

勞工保險生育給付

女性在參加勞保時懷孕或生產，參加勞保年資合計滿280天(早產為181天)者，可按生產當月起前6個月平均月投保薪資一次發給2個月生育給付〈103年5月30日(不含)以前生產者仍為1個月〉，雙胞胎以上按比例增給。

更多詳細內容請打勞保局服務電話:(02)23961266轉2866。或網址http://www.bli.gov.tw (勞工保險/給付業務/生育給付)。

就業保險育嬰留職停薪津貼

就業保險年資合計滿1年以上、小孩滿3歲前、依性別工作平等法之規定，辦理育嬰留職停薪的爸媽，可按育嬰留職停薪之當月起前6個月平均月投保薪資的60%按月發給，每一子女最長合計發給6個月，爸媽同為被保險人者，得先後提出申請。更多詳細內容請打勞保局服務電話:(02)23961266轉2866。或網址http://www.bli.gov.tw (就業保險/給付業務(含育嬰津貼)/育嬰留職停薪津貼)。

註：育兒津貼與育嬰留職停薪津貼「不得」同時請領。

(資料來源：勞動部勞工保險局)

育嬰留職停薪假期

受僱者任職滿六個月後，於每一子女滿三歲前，得申請育嬰留職停薪，期間至該子女滿三歲止，但不得逾二年。同時撫育子女二人以上者，其育嬰留職停薪期間應合併計算，最長以最幼子女受撫育二年為限。更多詳細內容請打勞動部專線(02-8995-6866)。或至勞動部網址http://www.mol.gov.tw/、就業平等網http://eeweb.mol.gov.tw/查詢。

(資料來源：勞動部)

Maternity benefits of labor insurance, Parental leave allowance of employment insurance and Parental leave without pay

Maternity benefits of labor insurance

Females who are pregnant or deliver in the insurance period of the labor insurance and have been in the insurance for at least 280 days (181 days for those who gave premature births) will receive 2-months' premium according to the first 6 months' insurance value since the birth date <for those who delivered before May 30th, 2014 (exclusively) would receive 1-month premium>. Those who gave multiple births will receive proportionally increased premium.For more details, please call the service number of the Labor Bureau at (02) 23961266 and transfer to 2866, or visit the website http://www.bli.gov.tw/ (labor insurance/insurance payment service/delivery payment)

Parental leave allowance of employment insurance

According to the Employment Equality Law, for parents who have been in the insurance project for more than a year with children younger than 3 years old and have applied for parental leave without pay will receive 60% of the average premium within the first 6 months since the leave. The longest premium period is 6 months per child. If both of the parents are insurers, they should apply one after another. For more details please call the service number of the Labor Bureau at (02) 23961266 and transfer to 2866, or visit the website http://www.bli.gov.tw/ (labor insurance/insurance payment service(including parental leave allowance)/ employment insurance and parental leave allowance).

Note: employment insurance and parental leave allowance cannot be received at the same time.

(Source of materials: Bureau of Labor Insurance, Ministry of Labor)

Parental leave without pay

Employees who have worked for at least 6 months can apply for a parental leave without pay before each of their children becomes 3 years old. But it shall not be longer than 2 years.With 2 children or more, the period of vacation can be summed up with 2 years of taking care of the youngest at most. For more details please call the Ministry of Labor at (02-8995-6866), or visit the website of the Ministry of Labor at http://www.mol.gov.tw/, the Employment Equality website at http://eeweb.mol.gov.tw/.

(Source of materials: Ministry of Labor)

守護女孩，讓每個寶寶平安出生，長大

若有發現違法檢測及選擇胎兒性別的情事，請洽：
各縣市胎兒性別篩選查報窗口

機關	查報窗口
宜蘭縣政府衛生局	電話：03-9322634#2312、03-9367855 傳真：03-9360855 E-MAIL：ian@mail.e_land.gov.tw
基隆市衛生局	電話：02-24230181#166 傳真：02-24282255 E-MAIL：yumi@klchb.gov.tw
新北市政府衛生局	電話：02-22577155、1999(新北市民單一申訴專線) 傳真：02-22589064 E-MAIL：tpc24105@ntpc.gov.tw
臺北市政府衛生局	電話：1999(外縣市:02-2720-8889)#1831傳真：02-87884560 E-MAIL：http://www.gov.taipei>首頁>市政信箱
桃園市政府衛生局	電話：03-3340935#2521 傳真：03-3472411 E-MAIL：http://www.tychb.gov.tw/index.asp>首頁>熱門服務>局長信箱
新竹市衛生局	電話：03-5355191#327 傳真：03-5355516 E-MAIL：hc3200@ems.hccg.gov.tw
新竹縣政府衛生局	電話：03-5519065 傳真：03-5512743 E-MAIL：4021892@hchg.gov.tw
苗栗縣政府衛生局	電話：037-558510 傳真：037-558590 E-MAIL：http://www.mlshb.gov.tw >首頁>意見箱>局長信箱
臺中市政府衛生局	電話：04-25265394#3151 傳真：04-25279062 E-MAIL：http://www.health.taichung.gov.tw >首頁>服務信箱
彰化縣衛生局	電話：04-7115141#502 傳真：04-7121309 E-MAIL：http://www.chshb.gov.tw >首頁>民意信箱>局長信箱
南投縣政府衛生局	電話：049-2222473#253 傳真：049-2202628 E-MAIL：fifth@.mail.ntshb.gov.tw
雲林縣衛生局	電話：05-5373488#155 傳真：05-5345633 E-MAIL：ylshb@ylshb.gov.tw
嘉義縣衛生局	電話：05-3620600#275 傳真：05-3621138 E-MAIL：http://www.cyshb.gov.tw >首頁>陳情案件
嘉義市政府衛生局	電話：05-2338066#513傳真：05-2821232 E-MAIL：service@mail.cichb.gov.tw
臺南市政府衛生局	電話：06-2881493 傳真：06-2698029 E-MAIL：service@tncghb.gov.tw
高雄市政府衛生局	電話：07-7134000#6122 傳真：07-7242966 E-MAIL：http://khd.kcg.gov.tw/
屏東縣政府衛生局	電話：08-7383479、08-7370002#132 傳真：08-7372918 E-MAIL：pthsysmgr@ksmail.doh.gov.tw
臺東縣衛生局	電話：089-321144#309 傳真：089-310334 E-MAIL：vhml0036@mail.ttshb.gov.tw
花蓮縣衛生局	電話：038-227141#262 傳真：038-230169 E-MAIL：mjnancy@ms.hlshb.gov.tw
澎湖縣政府衛生局	電話：06-9272162#237 傳真：06-9266693 E-MAIL：http://www.phchb.gov.tw>首頁>服務信箱>局長信箱
金門縣衛生局	電話：082-330697#715 傳真：082-334897 E-MAIL：jmh1117@tpmail.mohw.gov.tw
連江縣衛生局	電話：083-622095#8866傳真：083-623210 E-MAIL：matsuhb@matsuhb.gov.tw
衛生福利部國民健康署	電話：0800-870870 http://www.hpa.gov.tw

Protect your baby girl! Let every child come to this world and grow up safely!

If you find violations on child gender screening, please contact:
Report window for gender screening in counties and cities

Organization	Report window
Public Health Bureau, Yilan County	Telephone:03-9322634#2312, 03-9367855 /Fax: 03-9360855 E-MAIL:ian@mail.e_land.gov.tw
Keelung City Public Health Bureau	Telephone:02-24230181#166/Fax: 02-24282255 E-MAIL:yumi@klchb.gov.tw
Public Health Department, New Taipei City Goverment	Telephone: 02-22577155, 1999(The only petition hotline for citizens in New Taipei City) Fax: 02-22589064 /E-MAIL:tpc24105@ntpc.gov.tw
Department of Health, Taipei City Goverment	Telephone: 1999(Other counties and cities: 02-2720-8889)#1831 /Fax: 02-87884560 E-MAIL:http://www.gov.taipei>Homepage>Municipal Mailbox
Department of Public Health, Taoyuan	Telephone:03-3340935#2521 /Fax: 03-3472411 E-MAIL:http://www.tychb.gov.tw/index.asp>Homepage>Popular Services>Director Mailbox
Hsinchu City Health Bureau	Telephone:03-5355191#327 /Fax: 03-5355516 E-MAIL:hc3200@ems.hccg.gov.tw
Public Health Bureau of Hsin-Chu County Government	Telephone:03-5519065 /Fax: 03-5512743 E-MAIL:4021892@hchg.gov.tw
Public Health Bureau of Miaoli County Goverment	Telephone:037-558510 /Fax: 037-558590 E-MAIL:http://www.mlshb.gov.tw >Homepage>Complaint Box>Director Mailbox
Health Bureau of Taichung City Government	Telephone:04-25265394#3151 /Fax: 04-25279062 E-MAIL:http://www.health.taichung.gov.tw >Homepage>Service Mailbox
Changhua County Public Health Bureau	Telephone:04-7115141#502 /Fax: 04-7121309 E-MAIL:http://www.chshb.gov.tw >Homepage>Public Opinion Mailbox>Director Mailbox
Health Bureau, Nantou County Goverment	Telephone:049-2222473#253 /Fax: 049-2202628 E-MAIL:fifth@.mail.ntshb.gov.tw
Public Health Bureau, Yunlin County	Telephone:05-5373488#155 /Fax: 05-5345633 E-MAIL:ylshb@ylshb.gov.tw
Chiayi County Health bureau	Telephone:05-3620600#275 /Fax: 05-3621138 E-MAIL: http://www.cyshb.gov.tw HomepageCase Statement
Chiayi City Health Bureau	Telephone:05-2338066#513 /Fax: 05-2821232 E-MAIL:service@mail.cichb.gov.tw
Department of Health, Tainan City Goverment	Telephone:06-2881493/Fax: 06-2698029 E-MAIL:service@tncghb.gov.tw
Department of Health, Kaohsiung City Goverment	Telephone:07-7134000#6122 /Fax: 07-7242966 E-MAIL:http://khd.kcg.gov.tw/
Pingtung County Health Bureau	Telephone: 08-7383479, 08-7370002#132/Fax: 08-7372918 E-MAIL:pthsysmgr@ksmail.doh.gov.tw
Public Health bureau, Taitung County	Telephone:089-321144#309 /Fax: 089-310334 E-MAIL:vhml0036@mail.ttshb.gov.tw
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Health Promotion Administration, Ministry of Health and Welfare	Telephone: 0800-870870 http://www.hpa.gov.tw

孕婦B型肝炎追蹤檢查紀錄表

姓名　　出生日期　　身分證字號

日期 / 結果 / 項目		產前檢查	產後追蹤檢查			
		年 月 日	年 月 日	年 月 日	年 月 日	年 月 日
B型肝炎表面抗原(HBsAg)(-陰性；+陽性)						
B型肝炎e抗原 (HBeAg)(-陰性；+陽性)						
肝功能檢查	AST(GOT)					
	ALT(GPT)					
肝臟超音波(建議填列有無肝硬化等資料)						
其他						
檢查院所						

1. 請產前檢查醫院針對孕婦產前檢查為B型肝炎表面抗原陽性【HBsAg(+)】個案，填列上表，並衛教產後應定期追蹤檢查。
2. 檢查項目依專業醫師評估而訂。

◎ 母親為e抗原(HBeAg)陽性者，其所生小孩於接種B型肝炎免疫球蛋白(HBIG)及3劑B型肝炎疫苗後，B型肝炎帶原機率由90%左右大幅降低，但仍可能有10%之帶原機會，故建議幼兒於出生約1歲左右進行B型肝炎表面抗原(HBsAg)及B型肝炎表面抗體(anti-HBs)檢測，以利及早發現幼兒帶原狀況及瞭解疫苗接種成效，並定期進行追蹤檢查。

◎ 孕婦B型肝炎產檢結果請同時於本表登錄，e抗原陽性之母親請攜帶本表提供臨床醫師做為幼兒B型肝炎表面抗原(HBsAg)及B型肝炎表面抗體(anti-HBs)檢測之參考資料。

◎ 母親為B型肝炎帶原，新生兒有依規定時程施打疫苗者，仍可正常餵哺母乳。

◎ B型肝炎帶原者，若其肝功能正常，原則建議每6個月至1年複檢一次，如肝功能異常，則由醫師決定其肝功能及超音波複檢時間。

◎ 目前治療B型肝炎藥物：

包括干擾素(Interferon)與抗病毒藥物兩大類；為降低肝硬化與肝癌之發生率，健保署辦理「全民健康保險加強慢性B型及C型肝炎治療計畫」，請有慢性肝炎孕婦，積極尋求健保治療；健保署亦辦理「全民健康保險B型肝炎帶原者及C型肝炎感染者醫療給付改善方案」，提供每6個月1次之追蹤管理照護，有關治療對象之藥品給付規定及特約醫院等，請參閱中央健康保險署網站http://www.nhi.gov.tw

Follow-up form for pregnant women with hepatitis B

• Name_____ • Date of birth _____ • ID No._____

Date / Results / Exam		Prenatal examination	Postnatal follow-up			
		(year)_____ (month)____ (day)_____	(year)_____ (month)____ (day)_____	(year)_____ (month)____ (day)_____	(year)_____ (month)____ (day)_____	(year)_____ (month)____ (day)_____
HBsAg for hepatitis B (- negative; + positive)						
HBeAg for hepatitis B (- negative; + positive)						
Liver Function	AST(GOT)					
	ALT(GPT)					
Liver ultrasound (It is recommended to include information on whether the patient has cirrhosis).						
Other						
Hospital						

1. For pregnant women who tested positive for HBsAg, hospitals that conduct the prenatal examination should fill out the above form, conduct health education and follow up regularly after delivery.
2. Actual tests are determined by the professional judgments of the doctors.

- The chance of children born to mothers who are tested positive for HBeAg being a Hepatitis B carrier will be reduced from 90% after receiving HBIG and 3 doses of Hepatitis B vaccines. However, that still leaves a 10% chance of becoming a carrier. Therefore, babies should be tested for HBsAg and anti-HBs around 1 year old for early detection in order to understand the effectiveness of the vaccines and whether the baby is a carrier. Regular follow-ups are necessary.
- Mothers who are HBeAg positive should bring the “Hepatitis B record and tracking form for pregnant women” and other information in the maternal health booklet to serve as a reference for the doctors when examining the children for HBsAg and anti-HBs.
- If the mother is a carrier for hepatitis B and the newborn has been receiving hepatitis B vaccines as scheduled, the mother can still breastfeed.
- If a hepatitis B carrier has normal liver function, it is suggested that the patient should follow up every 6 months to 1 year. If the liver function is abnormal, the doctor should decide the timing for follow up exam to test the liver function and for ultrasound.
- Current treatments for hepatitis B include Interferon and antivirals. In order to reduce cases of cirrhosis and liver cancer, Health Insurance Administration has been promoting “National Health Insurance Trial Treatment for Chronic Hepatitis B and C”. Pregnant women with chronic liver infections should actively seek treatment. The National Health Insurance Administration, shall also deal with the "National Health Insurance of Medical Payment Promotion Plan for Hepatitis B Carriers and Hepatitis C Infectors", and provide follow-up, management and care services once every 6 months. For information on medical coverage and contracted hospitals, please visit the website of National Health Insurance Administration at http://www.nhi.gov.tw .

孕婦免費愛滋病毒篩檢同意書

我知道愛滋病毒篩檢併同初次產檢(標準抽血檢查項目：血型、Rh因子等)實施，我已清楚了解孕婦免費愛滋病毒篩檢服務的說明(詳見頁次：P46)

本人　□拒絕　接受愛滋病毒篩檢
　　□同意　接受愛滋病毒篩檢

您的決定並不會影響您獲得產前醫療服務的權益

孕婦簽名：
身分證字號(居留證號碼)：
日期：　　年　　月　　日

請將此頁撕下交給醫護人員黏貼於病歷表上

請沿虛線剪下

Please cut along the dotted line.

Consent of free AIDS screening for pregnant women

I am aware that AIDS screening will be conducted along with the first prenatal examination (with standard blood test such as blood type and Rh factor), and I understand the information provided on free AIDS screening service for pregnant women. (For details, refer to p.38).

I ☐ refuse to accept AIDS screening

☐ agree to accept AIDS screening

Your decision will in no way affect your right to receive prenatal medical service.

Name: _____ (Signature)

ID No (ARC No.): _____

Date: _____ (year) _____ (month) _____ (day)

Please tear this page for the medical staff to attach it to the medical records.

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