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剖宫产术后对母婴早接触早吸吮的影响因素分析及对策 *

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摘要 目的:分析剖宫产术后影响母婴早接触早吸吮的因素及干预措施,为改善产妇泌乳量,提高哺乳质量提供理论基础。**方法:**选取 2010 年 2 月 ~2012 年 2 月我院进行剖宫产手术的 92 例初产妇,按照随机数字表分为对照组和干预组,对照组采用常规的护理措施,干预组在对照组的基础上实施母婴早接触早吸吮护理措施,比较两组护理后的临床疗效。**结果:**对照组产妇的开奶时间为(47.8± 7.1)h,而干预组为(35.6± 8.6)h,干预组产妇的开奶时间明显早于对照组,且干预组产妇 72h 泌乳量较对照组产妇充足,差异均有统计学意义(P<0.05)。**结论:**针对母婴早接触早吸吮的相关影响因素,采取相应的护理干预措施可以明显促进产妇的早期恢复和泌乳,提高产妇的泌乳量和母婴的早接触早吸吮,值得在临床上推广。

关键词:剖宫产术;产妇;干预措施

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Factor Analysis and Nursing Countermeasures of Maternal Cesarean Section for Premature Contact and Early Sucking*

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ABSTRACT Objective: To improve the milk yield and provide the theoretical basis of improving the nursing quality by analyzing the factors and interventions which influence the early contact and sucking on the maternal and child after hysterotomy. **Methods:** 92 pregnant women who were undergoing the hysterotomy in our hospital from February 2010 to 2012 were selected and divided into the control group and the treatment group. The patients in the control group were received the routine nursing intervention, while the patients in the treatment group were treated by the early contact and sucking besides the conventional method. Then the clinical effects were compared between two groups. **Results:** The feeding time in the control group was (47.8± 7.1) h, which was longer than that of the treatment group (35.6± 8.6)h. Furthermore, the milk yield in the treatment group is more abundant than in the control group, and the difference was statistically significant(P<0.05). **Conclusion:** According to the related influencing factors of early contact and sucking between maternal and child, we could draw a conclusion that the recovery and lactation could be improved by applying nursing intervention. The methods that increasing lactation and early contact and early sucking between maternal and child are worth being applied in clinical work.

Key words: Cesarean section; Parturient; Nursing intervention

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前言

母乳喂养是通过母亲的喂养婴儿的一种喂养方式,母婴早接触与早吸吮是母乳喂养成功的第一步。剖宫产的出现,帮助产科医学解决了诸多的难产问题,但是给母婴早接触与早吸吮造成一定的影响。随着人民生活水平的不断提高,以及其它各种原因的影响,我国产妇的剖宫产率也在逐年增加[1-3]。但剖宫产使产妇的泌乳延迟和乳量减少, 影响了母婴的早接触早吸吮,使产妇的母乳喂养比例和质量下降,而母乳喂养又是公认的最好哺乳方法[3-5]。为分析了解母婴早接触早吸吮的影响因素和提高母乳喂养质量,本研究通过选取我院行剖宫产手术的初产妇 92 例,随机将产妇分为对照组和干预组,分别进行常规护理和增加护理干预措施, 比较两组产妇护理后的临床疗效,且两组患者在年龄、孕周以及临床表现等其他一般资料比较均无统计学意义,组间具有可比性。为提高母婴的早接触早吸吮提供临床研究数据,结果报告如下。

1 资料与方法

1.1 一般资料

选取 2010 年 2 月 ~2012 年 2 月期间来我院进行剖宫产手术的初产妇 92 例,年龄 21~32 岁之间,平均年龄 26.7± 6.3 岁,孕周 37~41 周,平均孕周 39.5± 3.1 周。所有产妇无妊娠和手术并发症,新生儿体重为 2.0~4.1 Kg,平均体重 2.9± 0.6 Kg,Apgar 评分均大于 8 分。随机将患者分为对照组和干预组,两组患者在年龄、孕周以及临床表现等其他一般资料比较均无统计学意义(P>0.05),组间具有可比性。具体见表 1。

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表 1 两组产妇临床资料比较

Table 1 Comparison of maternal clinical data of postpartum women between two groups

Group	Cases	Age	Gestational weeks (weeks)	Neonatal weight (Kg)	Apgar score
Control	37	26.1± 4.3	39.6± 2.8	3.0± 0.7	9.0± 0.9
Treatment	55	26.9± 6.4	39.2± 3.1	2.9± 0.9	8.9± 1.1

1.2 方法

对所有产妇的临床资料进行回顾性分析，总结影响母婴早接触早吸吮的相关因素。同时给予对照组产妇进行常规护理，包括术前的口头宣教、术后的体位调整和母婴接触来指导和帮助产妇进行早接触早吸吮以进行母乳喂养；干预组在对照组的基础上对母婴早接触早吸吮的相关影响因素实施护理措施，包括加强母乳喂养教育、母婴接触和吸吮指导、生活饮食护理干预和心理干预。

1.3 观察指标

观察比较两组产妇的开奶时间和术后 72 h 的泌乳量。开奶时间：按世界卫生组织的标准，用手挤压乳房后有乳汁溢出，可以连续哺乳新手儿的开始时间；72 h 的泌乳量按能否满足新生儿的需求进行判定。母乳充足：泌乳量满足新生儿需求后仍有剩余；母乳中等：泌乳量基本可以满足新生儿需求；母乳不足：泌乳量无法满足新生儿需求。

1.4 统计学分析

采用 SPSS 14.0 统计软件包，对各组数据的统计结果进行统计学分析。计量资料采用均数± 标准差($\bar{x}$± s)来表示，组间比较使用配对 t 检验，计数资料用卡方检验，以 P<0.05 为差异有统计学意义。

2 结果

2.1 两组产妇开奶时间比较

对照组产妇的开奶时间为 47.8± 7.1h，而干预组为 35.6± 8.6 h。两组产妇的对比研究表明，干预组产妇的开奶时间明显早于对照组，差异有统计学意义(P<0.05)。具体结果见表 2。

表 2 两组产妇开奶时间比较

Table 2 The comparison of lactation time of postpartum women in two groups

Group	Cases	0~24h	25~48h	49~72h	The average time (h)
Intervention	55	48(87.3)*	5(9.1)*	2(3.6)*	35.6± 8.6*
The control	37	24(64.9)	9(24.3)	4(10.8)	47.8± 7.1
t		2.871	2.596	2.368	2.413
P		0.012	0.027	0.042	0.039

Note:*Compared with the control group, P<0.05.

2.2 两组产妇 72h 泌乳量比较

由表 3 结果可知，两组产妇 72 泌乳量的比较发现，与对照组比较，干预组 72h 泌乳量充足程度（80%）明显高于对照组，且差异具有统计学意义(P<0.05)；泌乳量中等的产妇，两组差异无统计学意义(P>0.05)；而泌乳量不足对照组明显低于干预组，差异有统计学意义(P<0.05)。具体结果见表 3。

表 3 两组产妇 72h 泌乳量比较

Table 3 The comparison of 72h maternal lactation quantity of postpartum women in two groups

Group	Cases	Sufficient	Medium	Less than
Intervention	55	44(80.0) *	7(12.7)	4(7.3) *
The control	37	22(59.5)	5(13.5)	10(27.0)
t		2.773	1.024	2.399
P		0.019	0.109	0.040

Note:*Compared with the control group, P<0.05.

2.3 两组产妇奶胀和婴儿吸吮时间比较

由表 4 结果可知，对照组与干预组产妇奶胀和婴儿吸吮时间比较发现，干预组产妇奶胀时间（31.7 ± 5.8）明显小于对照组（60.1 ± 10.2），差异具有统计学意义(P<0.05)；且干预组婴儿开始吸吮时间和三天内吸吮时间均少于对照组，差异均有统计学意义(P<0.05)。具体见表 4。

表 4 两组产妇奶胀和婴儿吸吮时间比较

Table 4 The comparison of milk swelling time and suckling of postpartum women in two groups

Group	Cases	Sufficient	Medium	Less than
Intervention	55	44(80.0)*	7(12.7)	4(7.3)*
The control	37	22(59.5)	5(13.5)	10(27.0)
t		2.773	1.024	2.399
P		0.019	0.109	0.040

3 讨论

回顾性分析产妇的临床资料,总结剖宫产术后影响母婴早接触早吸吮的因素主要有以下 3 个方面:(1)宣教因素:不同医护人员对母乳喂养的认识不同, 在护理过程中往往只关注产妇,易忽视母婴早接触早吸吮的意义,在母婴接触时不注重与产妇进行积极的沟通交流。同时产妇及家属对母婴早接触早吸吮的认知不足,对其重要性不够重视,往往认为产妇术后身体虚弱且尚未进食,对医护人员的进行早接触早吸吮护理时不配合甚至阻止[6-8];(2)生理因素:由于麻醉药的影响,产妇剖宫产术后往往会体温偏低和上肢轻颤等症状[9-12]。同时在术后产妇因麻醉需要去枕平卧,静脉输液治疗,留置导尿管以及腹部放置沙袋等,疼痛和身体活动的受限导致了产妇在生理上极大的不适[13-15];(3)心理因素:产妇害怕哺乳时婴儿吮吸刺激引起切口和腹部疼痛,同时认为自己泌乳不足和麻醉药会通过喂乳对新生儿造成影响,造成较大的心理压力,主观上不愿与新生儿早接触早吸吮。少数产妇因惧怕母乳喂养造成自己身体走型,拒绝与新生儿早接触早吸吮。

针对上述影响母婴早接触早吸吮的因素,我们增加了以下 4 个方面的护理干预措施:(1)加强母乳喂养教育:加强和巩固医护人员关于爱婴和母乳喂养的培训,使其掌握相关新技术和新观点,不断充实自身的知识面和开拓视野,积极主动将所掌握的知识付诸于具体的临床护理中,为正确指导和帮助产妇开展母乳喂养做好理论和技术准备。在进行剖宫产手术前,主动与患者进行沟通,提高其对手术的认知程度,减少不必要的心理压力。在产妇产前就对其进行乳房护理、母乳喂养和新生儿生理性黄疸等知识的宣教,告诉产妇和家属母婴早接触早吸吮可以明显增进母婴感情和促进早开奶,同时说明泌乳反射主要是靠新生儿的吸吮刺激来进行的,因此越早接触和吸吮,泌乳就会越早越充分[16-18]。使产妇和家属了解母乳喂养的众多优点之后,也让产妇在生理和心理都做好积极母乳喂养的准备。(2)母婴接触和吸吮指导:产妇因为手术和麻药的影响会暂时基本丧失自理能力[19,20],这时需要医护人员协助产妇调整合适的体位以进行母婴的早接触早吸吮。要注意减轻产妇报婴的负担,同时防止腹部和伤口受压而较少疼痛。此时新生儿的体温调节系统尚未发育完善 [21], 在进行母婴早接触早吸吮时要注意保暖,可以用毛毯和毛巾被等将母婴共同裹盖,第一次接触和吸吮应在产后的 30min 内并尽量保持在 30min 以上。(3)生活饮食护理干预: 术后帮助产妇进行乳房的按摩和保障其睡眠充足,及时疏通乳腺管,消除产妇的奶胀,使产妇可以早期泌乳。饮食上可以在术后 6h 进食如蛋汤等清淡易消化的食物, 肛门排气后可进食汤面和稀粥等半流质食物,同时也可进食一些如鲫鱼汤和催乳中药等,提高产妇的泌乳量。(4)心理干预:消除产妇及家属对麻醉药的偏见和心理压力,让其了解麻醉药不会影响奶水的质量,因而也不会对新生儿造成不良影响,可以放心的进行母婴的早接触早吸吮。同时增强产妇对母乳喂养的信心,克服剖宫产术对产妇生理和心理的不良刺激,消除产妇因疼痛产生的抑郁、焦躁和沮丧等不良心理[22]。同时要分享产妇初为人母的喜悦心情,充分挖掘产妇的自有潜力,增强其对困难的承受能力和应对能力,促使产妇进入最佳的心理状态。对一些害怕母乳喂养会影响形体的产妇,医护人员要反复强调母乳喂养的种种益处, 以及母乳喂养会加快消耗产妇体内堆积的脂肪,反而会更好恢复产妇的形体。采取以上护理干预措施后,本研究中对照组产妇的开奶时间为 47.8± 7.1 h,而干预组为 35.6± 8.6 h,干预组产妇的开奶时间明显早于对照组,且干预组产妇 72 h 泌乳量较对照组产妇充足,差异均有统计学意义(P<0.05)。这表明增加相应护理干预措施的临床效果较好,缩短了产妇泌乳的开始时间,同时增加了泌乳量,为母婴早接触早吸吮提供较好的条件。

总而言之,针对母婴早接触早吸吮的相关影响因素,采取相应的护理干预措施可以明显促进产妇的早期恢复和泌乳,提高产妇的泌乳量和母婴的早接触早吸吮,值得在临床上推广。

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