

母乳哺育醫療學會臨床程序

母乳哺育醫療學會臨床程序2:

足月產母嬰出院臨床工作方針：「返家程序」

母乳哺育醫療學會臨床程序制訂委員會

一些常見的醫療問題常影響母乳哺育的成效，而母乳哺育醫療學會的主要目標就是發展出可以處理相關醫療問題的臨床程序。這些臨床程序只用來作為照顧哺乳母親與嬰兒的方針，而非絕對的治療方式或是醫療照護的標準。根據個別病人的需求而有治療上的差異可能是適當的。

背景

成功母乳哺育的關鍵包括持續時間與純母乳哺育兩方面。在出院前提供關懷，了解母嬰的需要，可以幫助成功的持續哺育母乳。下面是一些應該在足月產母嬰出院前完成的指導建議。

工作方針

1. 在出院前8小時內執行，由一位母乳哺育受訓之專業醫療人員進行至少一次的完整母乳哺育評估並以書面呈現。這樣的完整評估在院期間至少每8到12小時應執行一次；包括母嬰姿勢、就乳方式、乳汁排出、嬰兒體重及減輕之比率、黃疸及大小便情況。同時母親的部分，包括乳頭痠痛、手擠奶技巧、自覺乳汁不足，或是任何母親覺得需要添加配方奶的情形，都必須一一詳細記載¹⁻¹⁰。
2. 在出院前，預期母乳哺育會發生的問題應該要評估母親與/和嬰兒的危險因素（表一及表二）：所有母乳哺育的問題，不論是由專業工作人員發現或是母親主觀感受到的，都應列入病歷記錄中。一個明確的出院後照護及追蹤計畫絕對是必要的¹⁻¹⁷。
3. 醫師、助產師、護理人員及所有其他醫事人員應該鼓勵母親持續純母乳哺育到嬰兒六個月大，之後添加適當的副食品並持續母乳哺育至少至一歲，最好能餵到兩歲。適當添加副食品應該在六個月以後。^{3,9}教育母親了解完全哺育母乳的理由將對母親有益。應該強調哺育母乳對母親與嬰兒在醫學、心理社會與社會方面的益處與人工配方奶粉為何不鼓勵使用。這樣的指導內容必須考量個別價值，並尊重文化的多元性。^{3,9,10,16-32}此外，產後計畫重返職場或學校的母親亦須提供特別之諮詢服務^{3,9}（參考#7臨床工作方針）。
4. 合宜且非商業性的母乳哺育衛教資料對哺乳家庭有幫助（其他的兒童健康照護領域也一樣）³³⁻³⁹。出院包不應提供配方奶、安撫奶嘴、商業廣告資料或者任何對母乳哺育母嬰不合宜的東西；這些東西可能干擾哺乳過程，甚至提早斷奶^{3,9,33-63}。
5. 清楚明瞭的出院後哺乳關鍵指導對授乳婦女及其重要他人都有幫助！資訊不宜過量。下列特殊

狀況宜以書面方式提供給所有相關父母：

- a) 乳房腫脹之處理；
 - b) 嬰兒獲得足夠奶水之指標（出生後第5天以後大便呈現金黃色，第4天以內每天排尿至少6次、排便3-4次；10-14天以後恢復出生體重）；
 - c) 黃疸過高之徵象；
 - d) 新生兒睡眠型態，包括安全實行親子同床之注意事項(參考#6:母乳哺育與親子同床指導方針)；
 - e) 母親使用藥物；
 - f) 個別的餵食差異性，例如；傍晚吃奶得多是正常的)；以及
 - g) 後續追蹤及聯絡方式^{3,9,64-67}。
6. 所有母親都應接受過手擠奶的指導(不論她是否使用電動吸奶器)，如此有助於減輕乳房腫脹，增加泌乳量，或是做為使用電動吸奶器得事前準備；此外，某些情況需要教導母嬰分離或是嬰兒無法親自吸吮乳房的母親如何使用擠奶器，以維持泌乳量^{3,9,68-73}。
7. 對於產後立刻要返回工作單位或是學校的婦女，額外的書面資料是必要且有助於持續哺乳。包括：社區支持與資源系統、泌乳量相關議題、母親外出時擠出奶水的寄送與保存、親自哺餵母乳的可能性，以及當地職場母乳哺育時間及擠奶空間等相關法規^{3,9,73-98}。以書面方式提供資料是較嚴謹且有效能的，這樣在她返回工作或是學校時可以再次查閱。
8. 告訴每位母親可以提供24小時或是特定時段的母乳哺育諮詢服務專線的單位名稱與電話號碼^{3,9,10,99-134}。
9. 告訴每位母親當地各種同儕支持團體名單（包括；國際母乳會、醫院/診所為單位之團體、或是政府經費支持的團體，像是各縣市衛生局母乳團體)包括；聯絡電話、聯絡人姓名、地址及活動方式與內容。同時鼓勵媽媽實際參與至少其中一個團體。^{9-10,99-134}。
10. 對於一些會在產後3天或是更早就出院的個案，則在出院前就完成產後檢查約診，
- a) 產後3天內時由醫師、助產師、或是取得母乳諮詢專業認證之專業人員，在醫院診間或是家訪方式進行。
 - (b) 產後6週追蹤，由參與生產之婦產科醫師或家庭醫師進行。新生兒在出生48小時內便出院者，應該在出生後96小時內再進行一次檢查^{3,9,135}。所有哺育相關議題或疑惑都應該被解決，包括；大小便異常、黃疸、體重增加不好等。即使母嬰是在產後5天後出院，直到所有的臨床狀況像是適當的排便與排尿、黃疸與嬰兒出生後10天回復體重都解決前，若需要的時候額外的出院後檢查仍是有必要的。(注意：嬰兒如果在第10天沒有回復出生體重，但是有隨著天數穩定成長，這樣子仍然是可以接受的情況；也許不需要特別的處理，但是一定要有後續密切觀察。)在出生後5-6天時體重減輕約7%時，需要密切觀察，直到體重穩定增加為止。至於出生後5-6天後體重掉超過7%，甚至更多時，更是需要密切評估、觀察與追蹤。因為新生兒通常在出生後4-6天左右開始逐日增加體重，所以「體重減輕的百分比」，比實際狀況減輕的更多。除此以外，奶水之餵食與母乳哺育過程的情況也應投注加倍的關注^{3,9,66,102,103,105,106,109,110,118,126,131,136-142}。
11. 當母親可以出院但是嬰兒卻無法出院時，應盡一切努力讓母親可以繼續待在醫院；不論是維持住院身分，或是以家屬身分陪伴，如此有助於母親維持完全母乳哺育。尤其是24小時親子同室更是嬰兒留院時最好的照顧方式¹⁴³⁻¹⁴⁹。
12. 如果母親比嬰兒先出院(嬰兒因病需住院)，應該鼓勵母親多與嬰兒在一起，盡可能實施皮膚對皮膚得袋鼠式照護方式，以及持續哺餵母乳¹⁵⁰⁻¹⁵⁶。當母親不與嬰兒一起在醫院時，鼓勵母親擠奶及指導奶水之儲存運送，盡量讓嬰兒吃母乳。

表一、母親方面的泌乳問題

孕產史/社經因素

- 初產婦
- 早期使用母乳與配方奶混合哺育
- 早期使用安撫奶嘴或人工奶嘴
- 需要快速重返工作/學校
- 上一胎曾經發生母乳哺育問題或是嬰兒體重增加不好
- 不易受孕
- 內科疾病史(例如：未治療的加狀腺功能低下、糖尿病、纖維囊腫)
- 母親年齡(例如：青少年或是高齡產婦)
- 心理性困擾(例如：憂鬱、貧窮或是負向母乳哺育支持系統)
- 周產期合併症(例如：出血、高血壓、感染)
- 在泌乳機轉建立前計畫使用荷爾蒙避孕藥
- 自覺奶水不足
- 母親使用藥物(不適當的用藥與哺乳指導是很常見的)

解剖/生理因素

- 懷孕期間乳房沒有明顯增大
- 乳房扁平或乳頭凹陷
- 不同的乳房外觀(兩側大小不對稱、發育不良、管狀乳房)
- 乳房手術史，包括整形
- 乳房膿瘍史
- 母親肥胖(BMI > 29)
- 極度或持續乳頭痠痛
- 缺乏第2階段乳汁形成(沒有明顯的“來奶”感受-通常在產後24-48小時發生，有得時候不易在出院前評估出來)
- 母親無法用手擠出初乳
- 出院時使用任何形式的乳頭罩

表二、嬰兒方面的泌乳問題

醫學/解剖/生理因素

- 低出生體重或早產(< 37 weeks)
- 多胞胎
- 單側或雙側就乳困難
- 無效或是不持續的吸吮
- 口腔結構異常(例如：兔唇/顎裂、顎過小、舌頭過大、舌繫帶過短)
- 疾病(例如：黃疸、低血糖、呼吸窘迫、感染)
- 新生兒神經問題(例如：基因性徵候群，張力不足、張力過強)
- 嗜睡
- 體重減輕過多

環境因素

- 母嬰分離/擠奶器依賴
- 配方奶干擾
- 出院前仍未建立有效的母乳哺育型態
- 太早出院 (產後48小時內出院)
- 太早使用安撫奶嘴

獲得使用之同意，參考及節錄自：

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