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**ABM 臨床程序**
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# 母乳哺育醫學會臨床程序# 19：在產前推廣哺乳, 2015 更新版

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母乳哺育醫療學會的主要目標是發展出臨床程序來處理可能會影響成功母乳哺育的常見醫療問題。這些程序只作為照顧哺乳母親與嬰兒的方針，而非治療方式或醫療照護之絕對標準；根據個別需求不同而調整處置才是適當的做法。

## 背景

母乳哺育提供嬰兒理想營養，也是母親與孩子生理上的常模[1-4]。母親通常會在懷孕初期就做有關是否哺餵母乳的決定，也有許多婦女在懷孕前就已經決定將來是否哺乳。[5-7] 醫療照護工作者的鼓勵與衛教會增加母親開始哺乳、純母乳哺餵、及持續哺乳的時間。[8-16] 但，醫療照護工作者持續的高估了孕婦們接收哺乳相關諮詢和支持的量與適當性。[17-24] 雖然這個臨床程序的重點是針對產前，但其他時期的推廣措施包括孕前、產前和產後還是必須被強調的，因為這些會導致哺乳的時間長短和純母乳哺育有更好的成效。[8, 10, 25-27]

實證品質（證據級別 I, II-1, II-2, II-3 和 III）是根據美國預防服務工作小組附錄 A 中的工作小組評級[28]，並在此臨床程序中註明於括號內。

## 建議

1. 創建一個哺乳友善的就診或社區環境。
   A. 哺乳友善的就診環境[9]：
      - 醫療照護主要提供者應參與以下每個步驟，和多領域團隊，包含其他醫療照護專業及工作者(例如，包括但不限於醫師、護士、助產士、醫療助理，各種泌乳專家/顧問[國際認證泌乳顧問 IBCLC，特別是在需要他們的專業知識時]，營養師、陪產員、保健和哺乳教育者，以及同儕支持者）一起合作。
      - 教育員工促進，保護和支持母乳哺育。
      - 制定書面的母乳哺育政策，以加強支持效果[9](III)。
      - 不應使用由配方奶粉公司提供的文獻和樣品於醫療照護機構，因這類廣告已

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被證實會減少哺乳的起始，縮短哺乳持續的時間，並且違反了世界衛生組織母乳代用品銷售守則。[29-33] (I, II-2, II-3, III)

- 應該將母親哺乳的意圖列為所有照護轉接交班資料的一部分，包括產前紀錄和醫院與生產機構的出院病摘中。
- 創立哺乳友善的就診環境，包括安全、乾淨、及舒適的空間給病人和工作人員來進行哺乳或擠奶，以及有支持母乳哺育的海報和藝術品。詳細資訊可見母乳哺育醫學會臨床程序#14:"哺乳親善的醫師診所。"[9] (III)

B. 哺乳親善的社區：

- 以社區為基礎的介入措施對改善哺乳有顯著成效。[34-38] (I, II-1, II-2, III)
- 與當地和當區域的組織合作，以最大化提供給病人的服務和支持（例如：地方、區域和國家級的母嬰組織，當地的國際母乳會，社區保健工作者，衛生部門，地方或區域婦幼醫院或生產機構，非營利組織哺乳同儕諮詢計畫；食品補充計劃 [如美國婦女，嬰兒和兒童的特殊補充營養計畫]，及家訪計畫）。
- 瞭解當地社區和專業哺乳支持的服務，並明白其所提供的特定內容和服務。在整個懷孕期間提供給婦女們這類支持的最新清單。
- 考慮使用產前家訪計畫，特別是在缺乏資源的地區或族群，同時確保提供服務的人獲得充分的培訓。[34, 36, 39-46] (I, II-1, III)

2. 考量每個婦女，家庭，和社區的的背景、種族、文化。

- 瞭解病人的家庭和社區結構。有或沒有社會支持可能在許多婦女，尤其是青少年，的餵食方式決定上扮演重大角色。[7, 47] (I, II-2)
- 瞭解伴侶和協助者的觀點和信念可能會影響哺乳的成功，並適當教育之。[45, 48-51] 注意性別動力學和目標導向行為介入措施（例如，教育、諮詢、分擔家務）可能可改善持續哺乳和純母乳的時間。[48] (I, II-2, III)
- 在某些文化中，爭取一位重要家庭成員的協助可能會大大的促進母乳哺育。[51] (I)
- 確認來自不同文化的父母明白純母乳哺育對其子女生長和發育的重要性。[51] (I) 考量移民人口的文化適應或同化情況時應尊重家庭目前的餵食方式選擇。[52] (I)
- 應尊重哺乳相關的文化傳統和忌諱，順應文化信仰來促成適當的哺乳，同時也要對傳統中可能危害哺乳的做法保持敏感並且提供教育。[52, 53] (I, II-1)
- 盡量以病人的母語提供所有的知識與指導，並依其語文程度給予說明。當擔心有可能不識字時，也可以使用照片和圖片來教導。
- 了解可能阻礙哺乳的經濟、工作、時間和社會文化的因素，並與家人一同克服問題。
- 在與病人互動時，醫師應留意本身的文化態度。[2] (III)

3. 考量使用行為加上心理教育學方式來給予哺乳支持。

- 自我效能和哺乳的信心在女性哺乳的開始，持續總時間和是否純母乳上扮演很重要的角色。[50, 54-57] (I, II-2)
- 可以考慮用認知-行為諮詢，以社會認知理論為基礎的影響模式，能力理論，以

及工作手冊為基礎或者團體自我效能之介入措施，這些也已被證實可改善哺乳的成效。[7, 52, 58-63] (I, II-1, II-2)

- 在討論母乳哺育時，醫療照護工作者應盡可能使用動機和自我效能的支持技巧，例如：
  1. 引導孕婦們思考自己對哺乳的理解和想哺乳的原因："對於哺乳您目前的了解是什麼？"以及"你想給寶寶吃母乳的理由是什麼？"
  2. 協助其思考消除障礙："你能想到任何可能阻礙你達成目標的嗎？"或者
  3. 幫助母親將哺乳與生活中其他成功的事做連結："在您的生活其他領域中有曾成功達標的嗎？"[64-65] ( I,III)
- 考慮常規產前教育中加強產後症狀教育（出血、情緒改變、疼痛、掉髮、尿失禁、嬰兒腸絞痛、母乳哺育等）及社會支持和自我管理的機會，因為質性的研究顯示孕婦的準備多不足，[66] 而這樣的行為介入措施已被證實可改善一個少數族群哺乳持續的時間。[67] (I, III)

4. 在產前照護中，整合哺乳的推廣、教育、與支持。
   - 應在懷孕前，[68] 或在產前照護中儘早主動支持母乳哺育，讓其認知配方奶的風險。[2] 考慮如下的聲明"作為您的醫療照顧者，我建議哺餵母乳。配方奶對母嬰有許多健康上的風險。(I, III)
   - 可以使用電子病歷提示來提高醫療照護工作者支持聲明的一致性。[69,70] (I, III)
   - 強烈考慮將泌乳顧問的支持和教育納入產前門診的一部分，[71] 因為它可以改善哺乳的起始和純母乳哺育率。[69,70,72] (I, III)
   - 強烈考慮提供團體產前衛教或是轉介婦女們去一些團體產前照護計畫。因研究顯示這些團體的活動對哺乳的開始是有正向的影響。[73,74] (I, II-3)
   - 目前並無實證顯示網路教育在母乳支持上有幫忙。[75] 但，許多母親仍會在網路上搜尋資訊，並且有可能會找到幾乎沒任何醫療監督與給錯誤資訊的網站。病人應被指引到合宜的支持母乳的線上資源，如世界衛生組織網站上的母乳哺育資訊：www.who.int/topics/breastfeeding (II-2)
   - 可考慮使用新科技方式，如透過簡訊/手機來作教育和建立社群，因為初步的國際資料顯示使用這些方式可改善哺乳的持續時間和純母乳時間。[76,77] (I)
5. 產前病史應包括完整的哺乳史。[2,9,78] (III)
   - 詢問之前孩子開始哺乳的時間、純母乳或有任何哺乳的總時間、之前哺乳支持來源、自認哺乳的好處和挑戰，以及離乳的原因。
   - 對於未曾哺乳的母親，可以詢問她認為配方奶的優點與缺點。詢問有什麼可以幫助她餵前面幾個孩子母乳。
   - 詢問家族病史也很重要，尤其是哺乳可以幫忙改善的孩子疾病（例如：氣喘、濕疹、糖尿病、和肥胖），和/或母親疾病（例如：肥胖、糖尿病、憂鬱症、和乳癌或卵巢癌）。[1-3] (I)

6. 將哺乳納入產前初次乳房檢查的重要一環。[79] (II-3)
    - 觀察乳房是否正常發育和解剖構造是否適當。
    - 注意孕婦是否有過去病史或身體檢查顯示她可能是哺乳會有問題的高風險群（例如，母親無法哺乳前一個孩子、長期藥物或補充物的使用、不孕、乳房手術或創傷、頭部或胸部放射性治療、或是家庭或親密伴侶家暴；體檢顯示有扁平或凹陷乳頭、乳腺發育不全或肥胖；病史或體檢指出她有唐尿病、甲狀腺疾病或多囊性卵巢症候群）。[1] (I)
    - 如果發現問題，可考慮轉介給專門從事哺乳醫療的醫師或是泌乳顧問（若可能的話，找 IBCLC 國際認證泌乳顧問）做產前的泌乳諮詢。
7. 每次產前檢查都討論哺乳。[1,2] (I)
    - 考慮使用最佳開始三步驟的諮詢策略。[64,79] 經由：
    1. 一開始用開放性問句，啟動關於哺乳的鼓勵性開放性對話，。
    2. 肯定病人的感受。
    3. 提供目標性的教育。
    - 在每次回診，說明其擔心的事，和解除一些錯誤觀念。
    - 提供懷孕期和哺乳期之藥物安全的資訊。
    - 可考慮在你的門診或照護中使用一系列的教材，例如“預備、起步、寶貝”(www.tinyurl.com/readysetbaby), 其中包含給病人的材料和給教育者的指引。

**在第一孕期**

- 如果沒有禁忌症，清楚的建議純母乳哺育 6 個月，之後添加副食品，繼續哺乳到 1-2 歲或是到母親和嬰兒不想哺乳為止。單是作這項建議就已被證實可以改善母乳哺育率。[81] (II-2)
- 納入及指導伴侶和支持者有關哺乳對母嬰的好處。[82] (II-2)
- 解決已知的常見障礙，如缺乏自信心、尷尬、時間和社交受限制、飲食和健康考量、缺乏社會~~/周遭~~支持、職場與育兒的考量以及害怕疼痛。[65,79] (I, II-3) 解決社交和生活方式的因素對青少年 [7,45] (I)，肥胖 [83,84] (I)，以及少數民族 [25,37,44,47,85] 婦女是有特別關鍵性的作用 (I, II-2, II-3, III)。

**在第二孕期**

- 鼓勵母親與有成功哺乳經驗的家人、朋友或同事交談，並找到自己哺乳的學習對象。
- 建議孕婦及其伴侶或支持者除了常規的門診衛教外，還要參加哺乳的課程、母乳支持團體和/或產前照護的團體課程。[73,74,85-90] (I, II-1, II-3)
- 回顧哺乳的基本知識，如純母乳的重要性，如何供需平衡，依照寶寶需求哺餵，餵食的頻率，飢餓和飽足的徵兆，在哺乳順利前避免使用奶嘴，以及正確含乳的重要性。
- 對於計劃在生完後返回學校或外出工作的婦女們，鼓勵她們考量有什麼擠奶和儲存

母乳的設施，產假有多久時間，以及有哪些職場/學校的政策和法規提供哺乳支持的。[1,2] (III)

- 鼓勵婦女們找受過培訓的陪產員(doula)，於分娩、生產、和產後的照護給予支持，因研究顯示這會顯著改善哺乳的成效。[90,91] (I)

**在第三孕期**

- 考慮使用娃娃和道具示範正確含乳的機制，以及常見的哺乳姿勢，例如半躺式哺乳、搖籃式、反搖籃式、以及足球式抱姿。[92] (I)
- 複習開始哺乳的生理學和並瞭解給予添加物的衝擊。[1,2,65] (II-3, III)
- 在文化上適宜的情況下，建議購買舒適合宜的哺乳胸罩和衣物，以促進哺乳。
- 鼓勵母親再次參加哺乳支持團體，因為母親現在關心的興趣和參與之目的可能與懷孕早期時不同。[3,26,32,36,79] (I, II-3)
- 回顧分娩期間疼痛處理的選擇和其對哺乳可能的影響，因為許多止痛藥對哺乳成效會有負面影響。[93-95] (I, III)
- 討論分娩後早期（無論是哪種分娩模式）及產後階段肌膚接觸對最佳哺乳結果和新生兒健康之重要性。[93,96-98] (I, II-3) 討論生物上正常的第一次含乳，包括“乳房爬行”(breast crawl)，以及如何在產房進行。[99,100] (III)
- 建議孕婦與嬰兒的醫療照顧提供者討論嬰兒健康照護與哺乳支持的計畫。[101] (I)
- 如果擔心婦女、嬰兒或這兩者有哺乳問題的高風險時，跟她強調產後早期追蹤的重要性。
- 賦予婦女和她們的家人擁有最有利於哺乳的分娩經歷。
- 告知病人成功哺乳的十步驟以及如何提倡哺乳友善的醫院照護。[101] (I)
- 討論剖腹產時母乳哺育的支持。[96-98] (I, II-3)
- 鼓勵母親在分娩醫院中和/或出院後盡快向泌乳專家尋求協助，特別是如果他們曾有任何哺乳困難時。
- 建議嬰兒在出院後盡快找醫療照護提供者，以確保嬰兒健康和最佳的哺乳 (III)，特別是在出生後 1-3 天內就出院的嬰兒。
- 確保母親在產後期間有足夠的支持系統，並知道如何獲得幫助。
- 提供相關的預期性指引，如乳房腫脹，頻繁哺乳，以及夜間哺餵等。

**對未來研究的建議**

1. 儘管許多研究已經顯示特定產前的介入措施之有效性，但仍需要進行成本效益的研究，以確定哪些介入措施應該在常規臨床執行中得到最大的重視。
2. 需進行探討門診執行哺乳友善的成本效益之相關研究。
3. 需更多研究來探討產前哺乳措施對多種人口族群的影響，如不同社經地位和文化背景的婦女。舉例來說，父親和伴侶研究的結果因地理位置有異而有不同；影響這些介入措施的社會文化因素應被關注。
4. 需有研究探討科技（電子病歷，手機簡訊，線上資源和群組等）在改善哺乳成效和

婦女經驗的角色。

5. 在過去的五年中，已發表了許多關於產前介入措施的研究，取得了相當大的成功。應該展開轉化的研究，調查在醫療保健組織，社區組織和政治系統中（母乳哺育）的實行和宣傳。

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母乳哺育醫療學會臨床程序(ABM protocols) 從發表的的日期算起，5年過期。此臨床程序的內容在發表時是最新版。5年內會再執行以實證為基礎的更新，如果實證有重大改變的話，甚至更在短時間內更新。

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