

• 計畫中文名稱	孕婦產前檢查品質監測計畫—高危險妊娠產前照護模式改進計畫 (流行病學研究)		
• 計畫英文名稱	Surveillance on the Quality of Prenatal Care—The Promotion of Prenatal Care on High-Risk Pregnancies (An epidemiologic study)		
• 系統編號	PG9802-0600	• 研究性質	應用研究
• 計畫編號	DOH98-HP-1202	• 研究方式	委託研究
• 主管機關	行政院衛生署國民健康局	• 研究期間	9801 ~ 9812
• 執行機構	台北醫學大學公共衛生學系		
• 年度	98 年	• 研究經費	598 千元
• 研究領域	臨床醫學類, 公共衛生學		
• 研究人員	陳怡樺,許淳森,林恆慶,邱弘毅		
• 中文關鍵字	高危險妊娠；產前檢查；盛行率；危險因子；；；		
• 英文關鍵字	high risk pregnancy；prenatal care；prevalence；risk factor；；；		
• 中文摘要	<p>高危險妊娠為所有讓母體與胎兒的生命健康處於危險狀態，讓死亡或殘障的機率有明顯增加的妊娠，高危險妊娠的發生率約 19%，但其周產期死亡率卻是 70%，因此產前檢查可提供適當醫療照護、評估危險因子，以早期偵測高危險妊娠的母嬰，提供醫療介入措施，以提升母體與胎兒的健康狀況，降低其死亡率與併發症。 根據行政院衛生署的統計資料(行政院衛生署，2006)，近十年來我國新生兒死亡率由千分之 3.3 下降至 2.7;而近十年來孕產婦死亡率亦十萬分之 9.2 下降至 7.3。但我國孕產婦與新生兒死亡率仍高於部分經濟合作與發展組織(OECD)會員國，我國 91 年新生兒死亡率低於 OECD 中位數 0.4 個千分點，孕產婦死亡率居 OECD 之 30 個會員國中第 19 位，周產期與產前檢查的照護仍需要持續努力使其更趨完善。 因此，本研究為孕婦產前檢查品質監測計畫，運用次級資料分析，評估並探討周產期緊急醫療網 19 項高危險妊娠項目之盛行率、相關危險因子(包括社會人口學變項、區域因子、個人生產史與疾病史等)與醫療院所影響因素等。 本研究擷取 94 年度所有懷孕的婦女後，追蹤其周產期至 94 或 95 年度，並回溯在承保抽樣歸人檔中所擷取之孕婦自 85 年以來的就醫史，並串聯出生登記檔，取得周產期緊急醫療網資料，進行資料統計與分析。 研究分析分為兩部份進行： 第一部份：運用 94-95 年度健保資料(包括承保資料檔、門診處方及治療明細檔、門診處方醫令明細檔、住院醫療費用清單明細檔、住院醫療費用醫令清單明細檔、重大傷病證明明細檔、醫事機構基本資料檔等)，擷取 94 年度所有懷孕婦女資料，串聯內政部出生登記檔，輔以周產期緊急醫療網資料，追蹤其周產期，進行 94 年度所有懷孕婦女 19 項高危險妊娠的盛行率與醫療院所影響因素分析。 第二部份：運用 2007 年發行的承保抽樣歸人檔，回溯該檔所擷取之 94 年懷孕婦女過去十年的就醫史(各年度使用資料庫包括承保資料檔、門診處方及治療明細檔、門診處方醫令明細檔、住院醫療費用清單明細檔、住院醫療費用醫令清單明細檔)，並串聯內政部出生登記檔，追蹤其周產期，進行 19 項高危險妊娠的各項流行病學危險因子分析探討。 最後，本研究將分析所得全國性高危險妊娠盛行率暨流行病學基礎資料，召開專家會議邀請婦產專科、</p>		

流行病學、生物統計學、醫療政策學等相關領域之醫療專業人員與研究學者作具體的剖析與闡釋，提出針對不同高危險妊娠項目之產前檢查品質提升及醫療介入方案建議，提供未來衛生醫療政策規劃之重要參酌，以期提高產前檢查品質並降低高危險妊娠之風險。

High risk pregnancies significantly increase the risks of death and disability and endanger both mothers and fetuses. The incidence of the high risk pregnancy is estimated to be 19%, while the death rate during gestation is up to 70%. It has been demonstrated that prenatal care may evaluate essential risk factors and help offer appropriate medical care for pregnant women. With the detection of high risk mothers and fetuses in early stage, proper medical intervention can be proposed to promote maternal and fetal health status and to decrease the rates of complications and death. Based upon reports from the Department of Health, the Executive Yuan (the Department of Health, the Executive Yuan, 2006), the neonatal mortality rates in Taiwan decreased from 3.3 per thousand to 2.7 per thousand in the past decade. In addition, the death rates of the pregnant women decreased from 9.2 per one hundred thousand to 7.3 per one hundred thousand in the past decade. However, the mortality rates of the neonates and the pregnant women were still higher than some OECD (Organisation for Economic Co-operation and Development) countries. The neonate mortality in 2002 in Taiwan was lower than the median among the OECD countries for 0.4 per thousand. The death rate from pregnant women occupied the 19th position among the 30 countries. Constant efforts should be made to promote the comprehensiveness of the prenatal care in Taiwan. Thus, this study aims to monitor the quality of the prenatal care in Taiwan. With the use of the secondary data analyses, prevalences, related risks factors, and the hospital effects will be evaluated for the 19 selected diseases among the high risk pregnancy items. This study will select all pregnancy women in 2005 and follow their gestational weeks till 2005 or 2006. In addition, pregnant women in the Longitudinal Health Insurance Database 2005 will be selected, with their medical claims records obtained since 1996. Data from the birth certificate registry published by the Ministry of the Interior will also be utilized. The analyses were organized in the following two parts: Part I: Medial claims data (including Registry for beneficiaries (ID), Ambulatory care expenditures by visits (CD), Details of ambulatory care orders (OO), Inpatient expenditures by admissions (DD), Details of inpatient orders (DO), Registry for catastrophic illness patients (HV), and Registry for contracted medical facilities (HOSB)) for all pregnant women in 2005 will be utilized for analyses, together with the data from the birth certificate registry published by the Ministry of the Interior. Maternal gestation will be followed to investigate the prevalences and the hospital effects on the 19 selected diseases among the high risk pregnancy items. Part II: The Longitudinal Health Insurance Database 2005 will be used to retrieve medical claims records (including Registry for beneficiaries (ID), Ambulatory care expenditures by visits (CD), Details of ambulatory care orders (OO), Inpatient expenditures by admissions (DD), and Details of inpatient orders (DO)) for the past 10 years for women who were pregnant in 2005, together with the data from the birth certificate registry. The epidemiology and risk factors of the 19 selected diseases among the high risk pregnancy items will thus be investigated. Finally, a meeting will be held to recruit experts on obstetrics, epidemiology, biostatistics, and health policy for the exploration and interpretation of the results identified in this study. Recommendation will be proposed to promote a more comprehensive prenatal care and medial intervention program to decrease the hazards of high risk pregnancies in Taiwan.

• 英文摘要