

以健康信念模式探討影響孕期體重控制之相關因素

Factors Related to Weight Control Behaviors During Pregnancy: Using the Health Belief Model

中文摘要

本研究旨在探討影響孕期體重控制之相關因素。研究目的包括：了解婦女在懷孕期間體重增加與體重控制行為的現況；探討影響婦女在懷孕期間體重增加體重控制行為的相關因素；探討婦女在懷孕期間體重增加情形與其生產方式及新生兒體重間的相關性；探討婦女在懷孕期間體重增加情形與其產後 1 個月體重滯留的相關性。採橫斷式相關性研究設計，藉由結構式問卷針對懷孕滿 37 週之婦女進行相關資料收集，拒絕率為 1.05%，共取得 189 份有效問卷，並追蹤此世代產後 1 個月體重滯留的情形，完成 185 位產後 1 個月之體重追蹤，追蹤完成率為 98.4%。

研究發現，個案於懷孕期間體重增加平均為 14.97 ± 4.37 公斤，有 39.7% 的個案體重增加超過 15 公斤，於產後一個月時，個案體重平均滯留 5.47 ± 3.55 公斤，有 12.2% 的個案於產後一個月時，其體重仍較懷孕前多 10 公斤以上。個案抽菸情形與教育程度會顯著影響個案於孕期的體重控制行為。健康信念模式部分，發現孕期體重控制行為與行動線素有統計上的顯著正相關，與障礙性認知則有統計上顯著的負相關。年齡、身高、社經地位、抽菸情形均與孕期體重的增加有顯著的相關性，懷孕前有抽菸，在得知懷孕後就戒菸的個案其孕期體重的增加顯著多於從來沒有抽過菸的個案。障礙性認知與孕期體重的增加有顯著的正相關，個案越認同阻礙執行孕期體重控制的障礙因素其孕期體重增加的越多。

孕期體重控制行為與孕期體重增加情形亦有統計上的顯著負相關，其中以「測量體重，注意體重變化」、「用餐的量規律」、「吃東西時會細嚼慢嚥」、「避免吃宵夜」與「吃清淡的食物，如水煮或清蒸的食物」與「做產前運動皆持續 20—30 分鐘」與孕期體重增加情形有統計上的顯著負相關。在孕期體重增加情形對產後母嬰健康的影響方面，發現沒有生產時特殊狀況或合併症的個案其孕期體重增加顯著低於有生產時特殊狀況或合併症的個案。在生產時特殊狀況或合併症中，「巨嬰」與孕期體重增加情形有統計上顯著相關，產下巨嬰的個案其孕期體中增加顯著高於沒有產下巨嬰者。另外亦發現孕期體重增加情形與個案產後一個月的體重及產後一個月體重的滯留情形有統計上的顯著正相關。本研究結果應可納入產前門診衛生教育諮詢內容的一部分，並可提供有興趣者未來研究可針對此部分做進一步的介入性研究，來證實孕期體重控制的有效性與必要性。

英文摘要

The purposes of this study were fourfold: to describe pregnant women's weight gain and their weight control behaviors; to examine the relationship between women's weight gain and their weight control practices; to explore the relationships among pregnancy weight gain, delivery mode and the weight of their newborns; and to explore the relationship between pregnancy weight gain and weight retention one month postpartum. The cross-sectional research design was utilized to survey women at 37 weeks gestation during their routine prenatal examination via structured questionnaire. There were 189 cases participated (refuse rate 1.05%).

Among them, 185 were followed at 1 month postpartum to collect any labor complications, newborn's status and women's weight retention (followup rate 98.4%).

The average pregnancy weight gain was 14.97 ± 4.37 kg. 39% of sample women retained a weight gain above 15kg. The mean weight retention at 1 month postpartum was 5.47 ± 3.55 kg. There were 12.2% of sample women still retained over 10kgs one month after delivery. Smoking condition and educational level were significantly correlated to pregnant women's weight control practices. Based on the Health Belief Model, pregnancy weight control behaviors were positively related to Cues to action and inversely related to Perceived barriers to taking action. Age, body height, socioeconomic state and smoking condition were significantly related to pregnancy weight gain. Women quited smoking after pregnancy gained significantly more weight during pregnancy than those never smoked. Women perceived more barriers to taking weight control practices gained significantly more weight than others.

Pregnancy weight control behaviors such as "monitoring weight closely", "regular meal serve", "chewing slowly", "avoiding night snack", "low fat food", "persistent 20-30 minutes antenatal exercise" was statistically significantly related to pregnancy weight gain inversely. Regarding postpartum maternal and newborn health, women without any complication during labor had significantly lower weight gain than those with complications, especially, those delivered "giant baby" had significantly more pregnancy weight gain than their counterparts. The amount of pregnancy weight gain was positively related to women's one-month postpartum weight retention. Results of this study proposed the need to embrace pregnancy weight control practices into antenatal out-patient health consultation. Further interventional study should be recommended to investigate the effect of maternal weight control practices among pregnancy.