探討本國籍產婦與新移民產婦之生產模式及其影響因素

To Explore the Delivery Mode and the Influencing Factors between the Taiwanese Pregnant Women and Immigrated Pregnant women in Taiwan

中文摘要

台灣的剖腹產率平均值維持在 32%-34%左右，而自民國 76 年 1 月至 94 年 12 月間，移入臺灣之新移民配偶共計有 364,596 人，即約 36.5 萬人。根據臺灣社會目前剖腹產率居高不下及新移民婦女遽增之現況，本研究主要是針對居住在臺灣的新移民孕婦，探討新移民孕婦與本國籍孕婦選擇生產模式之相關因素。

本研究為橫斷性（cross-sectional design）研究，採次級資料分析，以「國家衛生研究院全民健康保險研究資料庫」內 2002 年 01-12 月間，在臺灣地區各級醫療院所分娩之產婦為研究對象，針對 212,269 名本國籍產婦及 16,858 名新移民產婦進行分析。本研究使用卡方檢定（Chi-Square test）來檢視國籍對孕婦的生產模式是否有差異；另外使用羅吉斯迴歸分析(Logistic Regression Analysis)探討新移民孕婦與本國籍產婦選擇生產模式之影響因素。研究結果顯示，在使用剖腹生產方面，本國籍產婦有 73,240 人，佔 34.50%；新移民產婦有 3,413 人，佔 20.25%（c2=1426.0985，p<0.0001），意即孕婦國籍與生產模式有高度顯著相關。依據羅吉斯迴歸分析結果顯示，新移民孕婦選擇剖腹生產約為本國籍孕婦的 0.5 倍，（OR=0.504；95%CI , 0.459-0.553；p <0.0001）。由此可見本國籍孕婦較新移民孕婦偏好選擇剖腹生產。

基於本研究的研究發現，建議相關衛生主管機關：（1.透過教育導正民眾的正確生產觀念，2.利用媒體文宣提供孕婦正確的生產資訊，3.嚴格規範剖腹生產標準，並加強剖腹生產案件審查）；建議各級醫療院所與醫院管理階層：（1.需提高醫療照護品質，2.醫療人員生產觀念再教育，3.設立新移民孕婦專門門診，4.加強新移民家庭之社區醫療服務）。

英文摘要

The average cesarean section rates in Taiwan ranged from 32% to 34%, and there are about 365 thousand immigrant mates residing Taiwan between January 1987 and December 2005. The purpose of this study was to explore the delivery mode and its influencing factors between the Taiwanese pregnant women and immigrated pregnant women in Taiwan.

Cross-sectional data from Taiwan's National Health Insurance database was used, covering all 212,269 Taiwanese women and 16,858 immigrated pregnant women admitted for singleton deliveries, in 2002. Chi-Square test was used to analyze the association of nationality with delivery mode. Logistic regression analysis was

also performed to explore the factors affecting delivery mode between the Taiwanese pregnant women and immigrated pregnant women in Taiwan, adjusting for variables such as clinical complications and characteristics of patient, physician, and institution. Results indicated that the odds of cesarean delivery of Taiwanese pregnant women were about 2 times as high as immigrated pregnant women.
Based on the findings of this study, few recommended were generated to give to the relevant apparatus. For the local and central health departments, there are three proposed suggestions include 1) The accurate delivery perceptions can be formed by the well-set education. 2) The use of media to provide the correct delivery information to the pregnant women. 3) The stricter orders to set up the standard for the cesarean section as well as the censorship of performing the cesarean section. For the public/private hospitals and the management teams, three different admonitions also attempt to assistant them in issues like 1) Higher quality of general medical care 2) The extension of learning in terms of advanced delivery methods for all the relevant hospital personnel.3) The formation of exclusive policlinic for the new coming immigrated women.4) The enhancement of community health care services for immigrated families.