Breastfeeding (Chestfeeding) After Surgery Patient Education





Karin Conklin RN, MSN, CAPA; Lacey Galen RN, BSN; Karen Schumacher RN, CPAN

NURSING

Background

- Pre/Post/PACU RNs reported that multiple surgical patients received conflicting instructions on when to resume breastfeeding (chestfeeding) postoperatively and if they need to "pump & dump" milk after surgery due to the perioperative medications they received.
- RNs recognized they lacked the knowledge and confidence to effectively support patients who were breastfeeding (chestfeeding).

Purpose

• The purpose of the project was to create a patient education tool and empower the RNs with their post-operative breastfeeding (chestfeeding) education.

Literature Review

A comprehensive literature search was conducted. From the literature synthesis:

- Patients do not need to "pump & dump" milk after surgery and may resume breastfeeding (chestfeeding) as soon as they are awake with family or RN support.
- Trace amounts of medication may transfer into human milk. Commonly used perioperative medications with safe Reduced Infant Dose (RID) are available on the ASA website.
- Using gender-inclusive terms such as "chestfeeding" verses "breastfeeding" helps ensure all patients feel supported.

Methods

Step 1

A root cause analysis revealed a lack of post-operative breastfeeding (chestfeeding) education tools, as well as an RN knowledge deficit and low confidence when educating patients on when to resume breastfeeding (chestfeeding) after surgery.



- Pre/Post/PACU Unit Council conducted a literature review and created a patient education tool along with a "Breastfeeding (Chestfeeding) After Surgery" staff resource binder.
- The patient education tool is available on the hospital's intranet and as a smart phrase in the electronic medical record to make including the education into the discharge instructions easy.

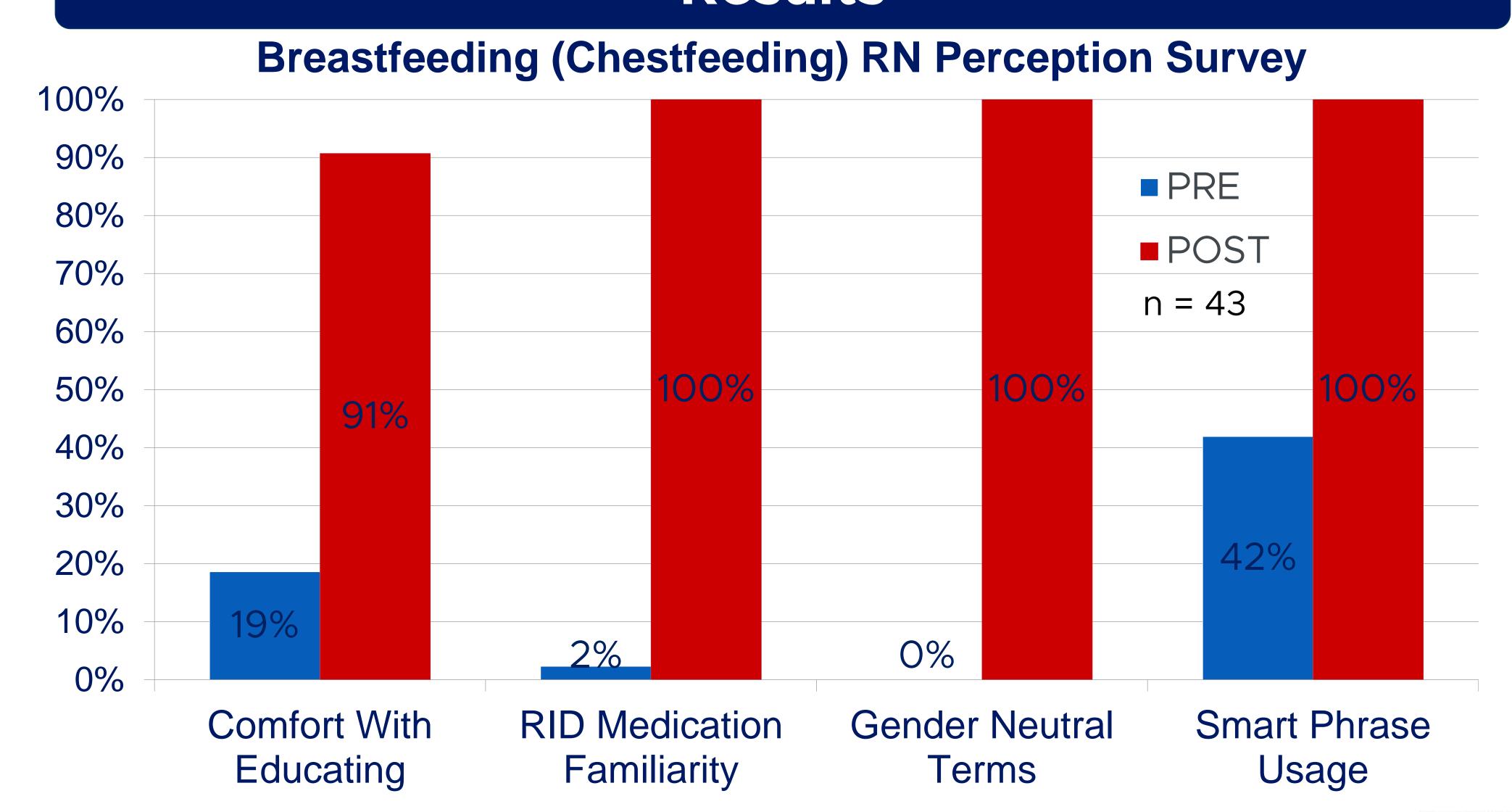
QR Code for the Health Facts for You #8381 Breastfeeding (Chestfeeding) After Surgery



Step 3

- Two RN champions educated 43 RNs. Unit Council monitored the breastfeeding (chestfeeding) education tool's usage.
- A survey was sent to the Pre/Post/PACU RNs to gauge staff perceptions pre-implementation and post-implementation.

Results



Results (Continued)

- The post-implementation survey revealed substantial improvement in staff knowledge and confidence compared with the pre-implementation survey results.
- Four months after implementation, no patients have reported conflicting information about when to resume breastfeeding (chestfeeding).

Conclusions

 Creation and implementation of an evidence-based postoperative breastfeeding (chestfeeding) education tool improved RN knowledge and comfort with patient education, increased RN awareness and usage of gender inclusive terms, and decreased patient confusion.

Next Steps

- A survey will be distributed again at 6 months to assess RN perceptions.
- This education will be included in the orientation for new onboarding RNs.

References

- American Society of Anesthesiologists (2024). Statement on resuming breastfeeding after anesthesia. https://www.asahq.org/standards-and-practice-parameters/
- statement-on-resuming-breastfeeding-after-anesthesia
 Anderson, P.O. (2021). General anesthesia while breastfeeding.
 Breastfeeding Medicine, 16(4), 275-277.
- 3. Dinour, L. M. (2019). Speaking out on "breastfeeding" terminology: Recommendations for gender-inclusive language in research and reporting. *Breastfeeding Medicine*, 14(8), 523-532.
- 4. Moore, C.B., et al. (2021). Resuming breastfeeding after surgery: Influencing practice recommendations. *Journal of Perianesthesia Nurses*, 36(5), 460-467

Visit uwhealth.org/magnet to view