

Developing a “Breastfeeding/Chestfeeding After Surgery” Education Tool

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Abstract Background Information: Pre/Post/PACU RNs heard from several surgical patients they received conflicting instructions regarding resuming breastfeeding verses if they should “pump and dump” breast milk immediately after surgery. The RNs discovered they lacked knowledge and confidence in providing the correct direction to the patient.

Objectives of Project: The goals of this project were to create patient education and empower the RNs to guide patients with post-operative breastfeeding recommendations.

Process of Implementation: The Pre/Post/PACU unit council formed an improvement team consisting of anesthesiologists, a clinical nurse specialist, and bedside nurses and used FOCUS-PDCA process improvement methodology. After a literature review, assessment of other hospitals’ practices and discussion with the anesthesia team, it was determined that surgical patients do not need to “pump and dump” and can resume breastfeeding when they are awake with family or RN support. The team created a “Breastfeeding After Surgery” patient education tool. After literacy review, it was recommended to use gender inclusive terms such as “chestfeeding” and “human milk.” The staff nurses created a smart phrase in the electronic medical record to make including the education into the discharge instructions easy. The Pre/Post/PACU RNs were educated on the tool, and the team monitored its usage.

Statement of Successful Practice: After several months of implementation, zero patients have reported conflicting breastfeeding instructions. The education tool is available on the organization’s intranet for other departments usage. A survey was sent to Pre/Post/PACU RNs to gauge staff perceptions pre-implementation, post-implementation and again at 3 months with favorable results.

Implications for Advancing the Practice of Perianesthesia Nursing: It is not recommended to “pump and dump” after surgery. It is important for patients to notify perianesthesia RNs and providers if they are breastfeeding. Lastly, it is recommended to include the gender inclusive terms such as “chest feeding” vs. “breastfeeding” and “human milk” vs. “breast milk” to ensure all patients feel supported with the patient education provided.