

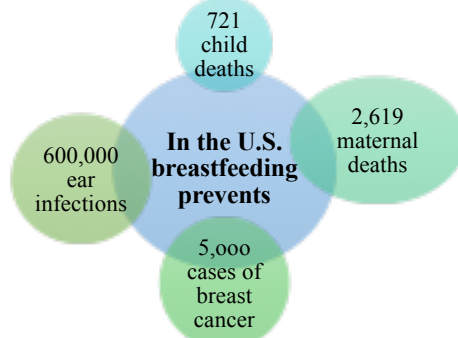
High-Touch, Low-Tech: Managing Postpartum Engorgement

Background

Chest/breast engorgement is common during the first week postpartum.

- **82%** of parents experiencing engorgement will have difficulty feeding their babies.
- Poor management can lead to: pain, milk stasis, mastitis, decreased milk production, early formula supplementation, and early weaning.

Importance of Issue



Framework

The **John Hopkins Nursing Evidence-Based Practice Model** provides a guide for nurses to translate evidence into clinical practice.

- Encourages critical thinking
- Problem-solving approach
- Provides patient-centered care



Key Concepts & Outcomes

Our hands are an equitable tool to reduce pain and manage engorgement

Incorporate hand expression and guidance on gentle breast massage to support chest/breastfeeding

Improve exclusive breastfeeding rates at time of hospital discharge to **85%**

Interventions & Solutions

Individual interventions

- Provide patient education to support chest/breastfeeding.
- Gentle breast massage, hand expression, anticipatory guidance on how to manage engorgement.
- Comfortable and effective latch with newborn suckling.

Unit interventions

- Monthly 15 min of lactation education for all staff.
- Annual “hands on” skills lab for nurses to support chest/breastfeeding.

Policy/protocol intervention(s)

- Documentation of LATCH score twice per shift.

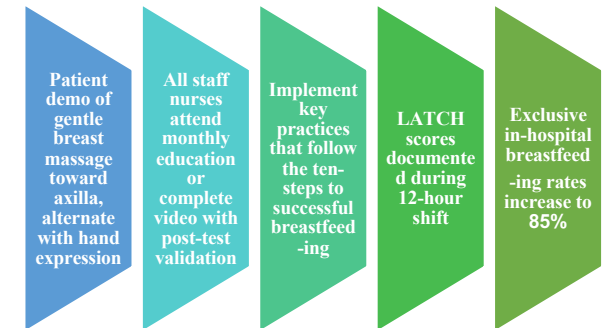
Key Players

Patient population: Birthing parents at a small hospital maternity unit.

Key players: Lactating parents, all staff working in Birth Center.

Community partners: hospitals, prenatal clinics, obstetricians, pediatricians, and community health centers

Evaluation



References

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