

Feeding your baby with Congenital Heart Disease before surgery: information for families

This information sheet from Great Ormond Street Hospital (GOSH) provides information about how to feed your baby with Congenital Heart Disease before heart surgery, which has been recommended for your child by your dietitian at GOSH. They will have discussed the content of this information sheet with you but if you have any questions, please ask your dietitian.

At GOSH, we want to support you and your baby with feeding at home, so they can grow to their best potential. We know babies that grow well before surgery can recover from the operation more quickly. Some babies feed and grow well before surgery, but if your baby needs some extra support, the dietitians at GOSH are available to support you.

Some babies with Congenital Heart Disease can have feeding difficulties for a number of reasons:

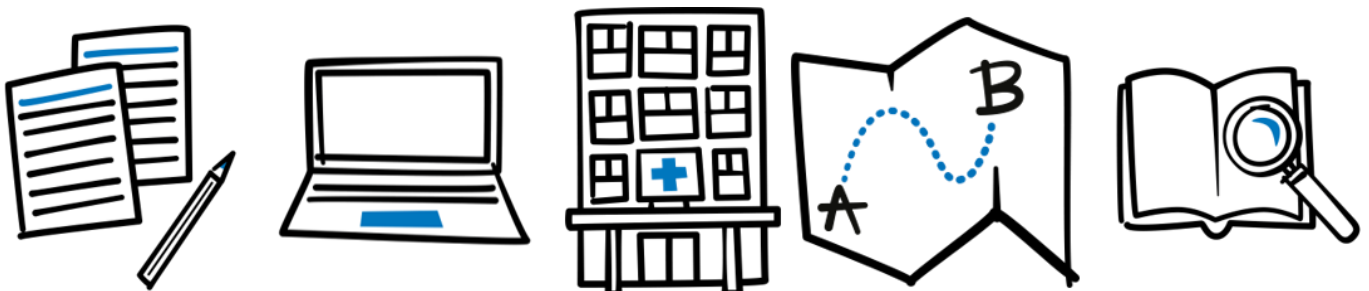
- Some babies will need more energy and protein as a result of their heart condition and may not be able to take in enough nutrition.
- Some babies may not manage to feed as much as a healthy baby their age. This is also due to their heart condition, which could make them more breathless and get tired more easily. Their stomach may also be emptying more slowly, keeping them full up from their previous feed.
- Some babies may have problems with vomiting or reflux where feed and stomach acid travels back up the oesophagus (feed pipe) instead of on to the small intestine.
- Some babies may have medical restrictions on the total amount of fluid they are allowed to have. Lots of fluid makes their heart work harder. The Cardiologist and Cardiac Specialist Nurses will tell you if this applies to your baby.

If you have any questions or concerns about feeding, please talk to your clinical team. For most babies, these feeding issues improve after surgery.

Can I breastfeed my baby?

Breastmilk is the best source of nutrition for babies, so at GOSH we support breastfeeding wherever possible. There may be times during your hospital admission (for example, if your child has a breathing tube in intensive care) where breastfeeding is not possible. We can you to express breast milk to keep your supply going until your child can feed from the breast. Your clinical team can give you advice and support to breastfeed or express breast milk, or sign post you to suitable inpatient or outpatient services.

For babies with a single ventricle between their Norwood and Glenn (surgical stages I and II) procedures, we do not advise not breastfeeding. It, because it isn't possible to monitor the amount of fluid they are having, which is important for looking after their heart. Therefore, we advise



expressing breastmilk to give by bottle instead. This lets your baby have all the benefits of breastmilk but makes it easier to measure how much they are having. If this applies to your baby, your medical team will let you know.

What about formula?

Some cardiac babies need extra energy for growth, particularly before surgery. If this applies to your baby, we will talk to you about breastmilk fortification or introducing a high calorie formula to use alongside breastmilk. Some parents may choose not to breastfeed or express breastmilk – we can support you to choose the right formula for your baby.

In addition to breastmilk or formula, we recommend that all babies with Congenital Heart Disease are started on a vitamin supplement, to provide 10ug vitamin D. Some babies, particularly those who are premature (born too soon), may also need extra supplements. Your Dietitian can recommend which vitamins or minerals your baby needs.

How should I feed my baby?

Every baby is different, so we have a very individual approach to feeding, which can vary through the pre-surgical period.

- Some babies feed by mouth (orally) on breastmilk or formula up until their heart operation.
- Depending on your baby's heart condition, they may need a feeding tube. The most common type of tube is called a 'nasogastric' or 'NG' tube. This is passed into one nostril, down the food pipe to the stomach. The tube is taped in place on your child's cheek and may need to be replaced regularly.
- We might also recommend starting weaning earlier than usual (between 17 and 24 weeks) if your baby is developmentally ready.

Whichever option is best for your baby, we will support you as much as you need to help them grow and develop before surgery.

Further information and support

Dietitians and Speech/ and Language Therapists at the Children's Hospital in Southampton have produced a number of resources suitable for children and young people with Congenital Heart Disease, including high calorie recipe books and an advice booklet on feeding your baby before and after surgery. Ask the Dietitians or your Cardiac Nurse Specialist for copies to borrow, or buy them from the Southampton Hospital website.

Disclaimer

Please note: This information sheet should only be used under the supervision of a medical professional and may not be suitable for every child. Although every care is taken when compiling this information sheet, manufacturers may alter ingredients of foods and drinks without warning. You should always check the ingredients label. This information sheet may include brand names but in many cases, alternatives (including supermarket own brands) may be suitable. Including specific products in this information sheet does not mean we are recommending them.

