

ORIGINAL ARTICLE: *Breastfeeding Infants with CHD: an evidence summary and recommendations from the Cardiac Newborn Neuroprotective Network, a special interest group of the Cardiac Neurodevelopmental Outcome Collaborative*

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NOTE: This is a short and simple summary of a research article. It is not a full guide and does not include everything from the original article. The goal is to help families understand the main ideas of the research in a way that is easy to read and use. If you have questions about how this information applies to your child, please talk to your healthcare team.

WHY THIS MATTERS

Breastfeeding and human milk offer powerful benefits for all babies, including those with congenital heart disease (CHD). However, fewer babies with CHD receive human milk compared to other infants. One reason for this is because there isn't much research about breastfeeding in infants with CHD.



BENEFITS OF BREASTFEEDING & HUMAN MILK

Human milk and breastfeeding support:

- Immune system (helps fight infections)
- Gut health
- Brain development
- Emotional comfort and bonding

For babies with CHD, studies show that human milk and breastfeeding are linked to:

- Fewer serious gut problems
- Fewer infections
- Better feeding tolerance
- Shorter hospital stays
- Possible improvements in development

Breastfeeding can also support parent mental health during a very stressful time.

This article goes through:

- What research exists about breastfeeding in CHD
- Areas that need more research
- Things that might make breastfeeding easier or harder for infants with CHD
- Recommendations for medical providers

WHY EARLY SUPPORT IS IMPORTANT

There is an important window early in life when babies learn feeding skills. Sometimes, babies with CHD need life-saving medical or surgical procedures during this window, which can make it harder for them to learn how to eat later.

Infants with CHD can also have differences in brain development that make it harder for them to focus on eating.

Individualized developmental care is part of many pediatric cardiac intensive care units (PCICUs). Part of this care includes supporting oral feeding and breastfeeding with things like skin-to-skin care or practicing with a pacifier (often called non-nutritive feeding practice).

These may be called pre-feeding interventions.

COMMON CONCERNS AND WHAT THE RESEARCH SAYS

Swallowing Challenges

Some babies with CHD do have feeding or swallowing challenges. Early involvement of feeding specialists and lactation experts can help create a plan based on what is safe for your baby. Swallowing concerns do not automatically mean breastfeeding must stop.

Some research suggests that breastfeeding may support better breathing and coordination compared to bottle feeding.



Medical Needs

There may be times when your baby is not able to breastfeed. Ask your child's medical team about other ways you may be able to support your baby.

Research suggests that some babies with critical CHD may be able to feed safely before surgery, with close monitoring.

Research also shows that with the right support, some children in the ICU can be held safely and can even do skin-to-skin care.

Skin-to-skin care supports breastfeeding and milk supply. Research also shows that there are benefits to both babies and their parents.

Breastfeeding can often be supported when it is safe and part of the family's feeding goals.

Growth & Weight Gain

There are many things that can affect growth in infants with CHD. Several of these are related to their heart condition.

Some people believe that babies burn more calories while breastfeeding, but the research says that breastfeeding does not require more energy than bottle feeding. Research also shows babies who receive human milk have similar growth as babies who receive formula.

There are several other ways to check if babies are getting the nutrients they need besides just weight, but more research is needed.

Some babies with CHD need extra calories in their feeding plan. This is often called "fortifying". There is very little research about fortifying breastmilk in infants with CHD, making it an important area for future research.

Just because there are concerns about weight gain does not mean breastfeeding has to stop. You and the medical team can work together on a feeding plan that is personalized for your baby.



CHALLENGES TO BREASTFEEDING

This article highlights challenges to breastfeeding, including:

- Limited access to lactation specialists
- Since there isn't a standardized guide for breastfeeding infants with CHD, families may get different information from different medical providers, which can be confusing
- Parent-baby separation due to medical needs
- Hospital routines that make feeding harder
- Social and racial disparities in breastfeeding support

These barriers related to healthcare needs and limited research, not family failures

SUPPORTS FOR BREASTFEEDING

Some ways hospitals can improve breastfeeding outcomes are:

- Ask about feeding goals early (even before birth)
- Provide trained lactation support to families and medical providers
- Encourage skin-to-skin care
- Support parent presence in the hospital
- Offer clear, consistent guidance
- Respect family values and culture

Breastfeeding success improves when families feel heard, respected, and supported



WHAT CAREGIVERS CAN DO

You can advocate for your baby by:

- Sharing your feeding goals with the care team
- Asking for lactation support early
- Requesting feeding and swallowing evaluations if concerns arise
- Practicing skin-to-skin care when safe

TAKEAWAY MESSAGE

Breastfeeding and human milk offer important benefits for babies with CHD and their families. With the right support, many families can safely breastfeed, even in the hospital. Talk with your child's medical team about your feeding goals and the supports available to help you.

ACKNOWLEDGEMENTS:

This summary was created through the collaboration of a multidisciplinary group of healthcare professionals, educators, and CHD parents within CNOC, with the support of ChatGPT (OpenAI) to help make research easier for caregivers to understand. We would also like to thank the authors of the original research article for their meaningful work.