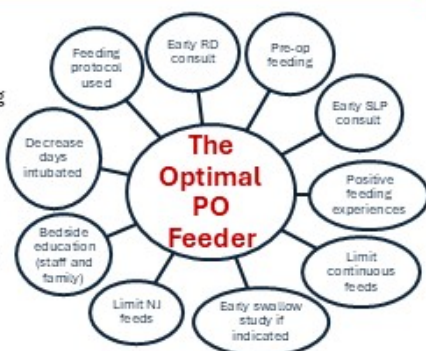


Comprehensive Approach to Optimizing Oral Feeding in infants with Congenital Heart Disease in an Inpatient Heart Center and Beyond

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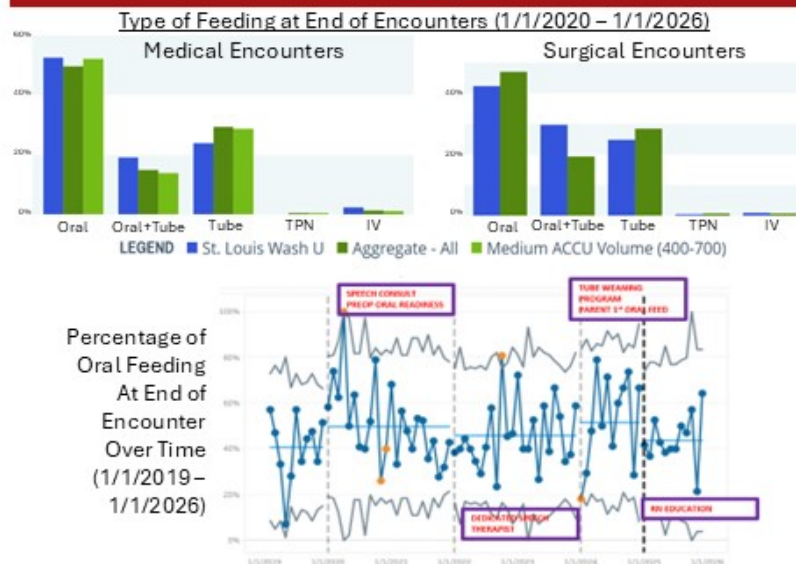
Background

- Infants with congenital heart disease (CHD) commonly experience feeding difficulties requiring supportive nutrition via nasogastric tubes (NGT).
- NGTs ensure adequate nutrition and growth, although sustained feeding difficulties can create prolonged dependence on feeding tubes, limited hunger cues, dysphagia, and oral aversion¹. Additionally, we know long-term feeding challenges can impair neurological development and psychosocial functioning².

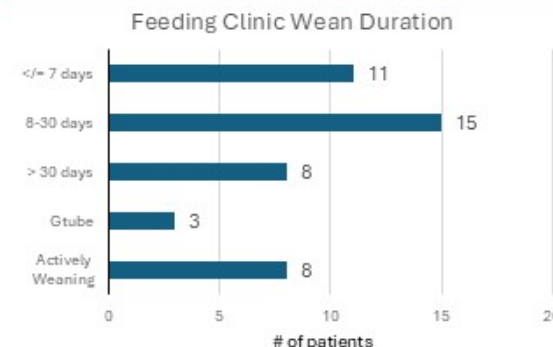


- Previous quality improvement efforts at our institution, including standard feeding guidelines, preop oral feeding, dedicated speech therapist and provider education have not resulted in sustained improvement.

Baseline Data

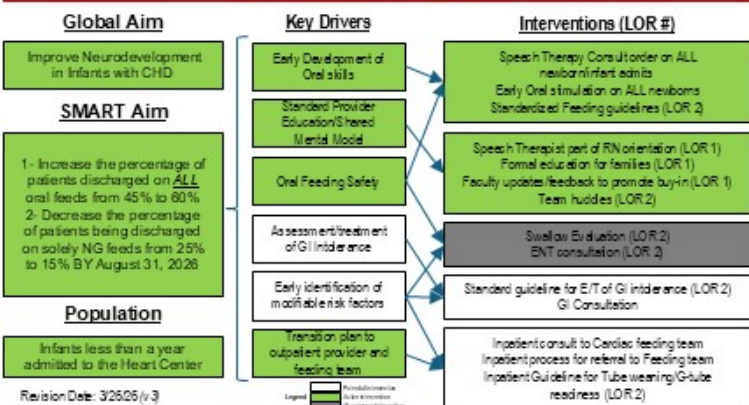


Early Feeding Clinic Results

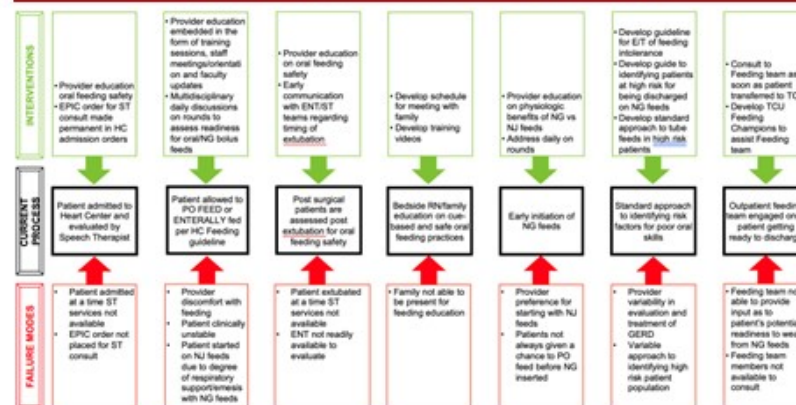


- 34 patients successfully weaned from NGT with a mean duration of 22.4 days
- 11 patients with ≤7 days wean duration, require further evaluation to determine potential missed opportunities for inpatient weaning and discharge without NGT

Key Driver Diagram



Simplified Failure Mode Effects Analysis



Next Steps

This project is in the initial stages, with plans to promote early oral feeding success in cardiac patients through:

- Standardized multidisciplinary team involvement
- Improved adherence to existing interventions
- Early identification and management of modifiable risk factors

References

- Krom H, de Winter JP, Kindermann A. Development, prevention, and treatment of feeding tube dependency. Eur J Pediatr. 2017 Jun;176(6):683-688.
- Slater N, Spader M, Fridgen J, Horsley M, Davis M, & Griffin KH. Weaning from a feeding tube in children with congenital heart disease: A review of the literature. Progress in Pediatric Cardiology. 2021 Sep;62:101406.