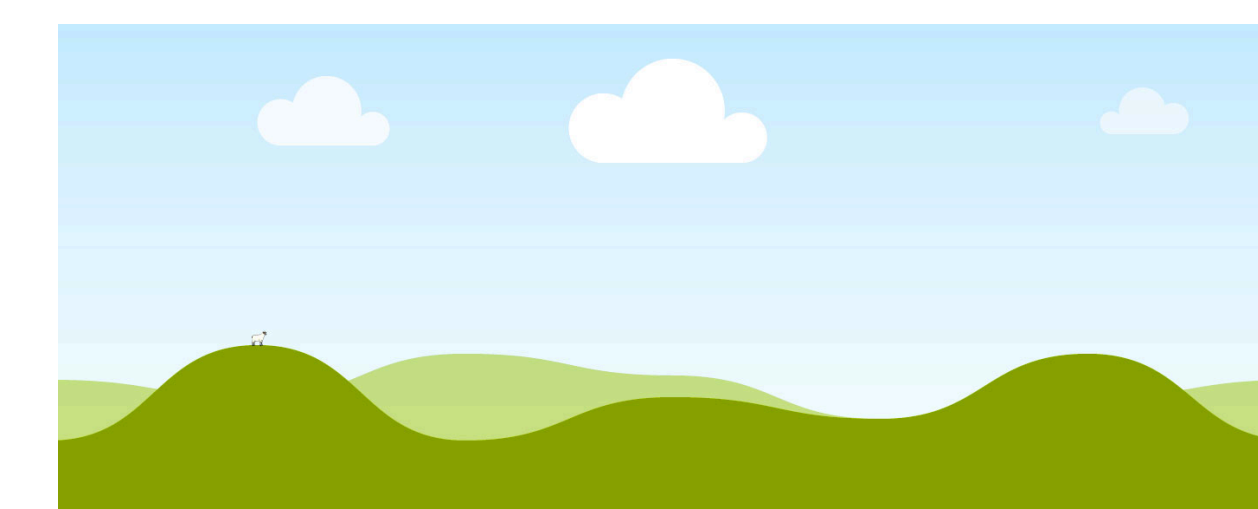


Feeding the Heart: Improving Human Milk Use by Discharge

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BACKGROUND/PROBLEM

- Infants with congenital heart disease can greatly benefit from a human milk diet.⁵
- In the state of California, the average for infants ever receiving human milk is 90%.⁹
- At Children's Hospital of Los Angeles (CHLA), as of November 2025, an average of only 49% of patients aged 0–6 months were receiving some form of human milk at the time of discharge from the Heart Institute.
- The purpose of this quality improvement initiative was to increase the rate of infants with congenital heart disease receiving human

SMART AIM

To increase the percentage of infants 0-6 months of age discharged from the cardiothoracic intensive care unit(CTICU) and cardiovascular acute(CV Acute) unit on a human milk diet from a median of 44% to 65% by 11/30/2025.



EVIDENCE

Exclusive human milk diet reduces the risk of necrotizing enterocolitis (NEC) for infants with congenital heart disease(CHD).² A human milk diet has been associated with improved growth, shorter length of stay, and improved post-operative feeding and nutritional outcomes.³ Human milk feeding and direct breastfeeding have been associated with improved early neurodevelopmental outcomes for infants with critical CHD.⁴⁻⁵ Successful programs highlight best practices that strengthen lactation support through education, pump access, staff and provider training, and family resources.¹

METHODS AND IMPLEMENTATION

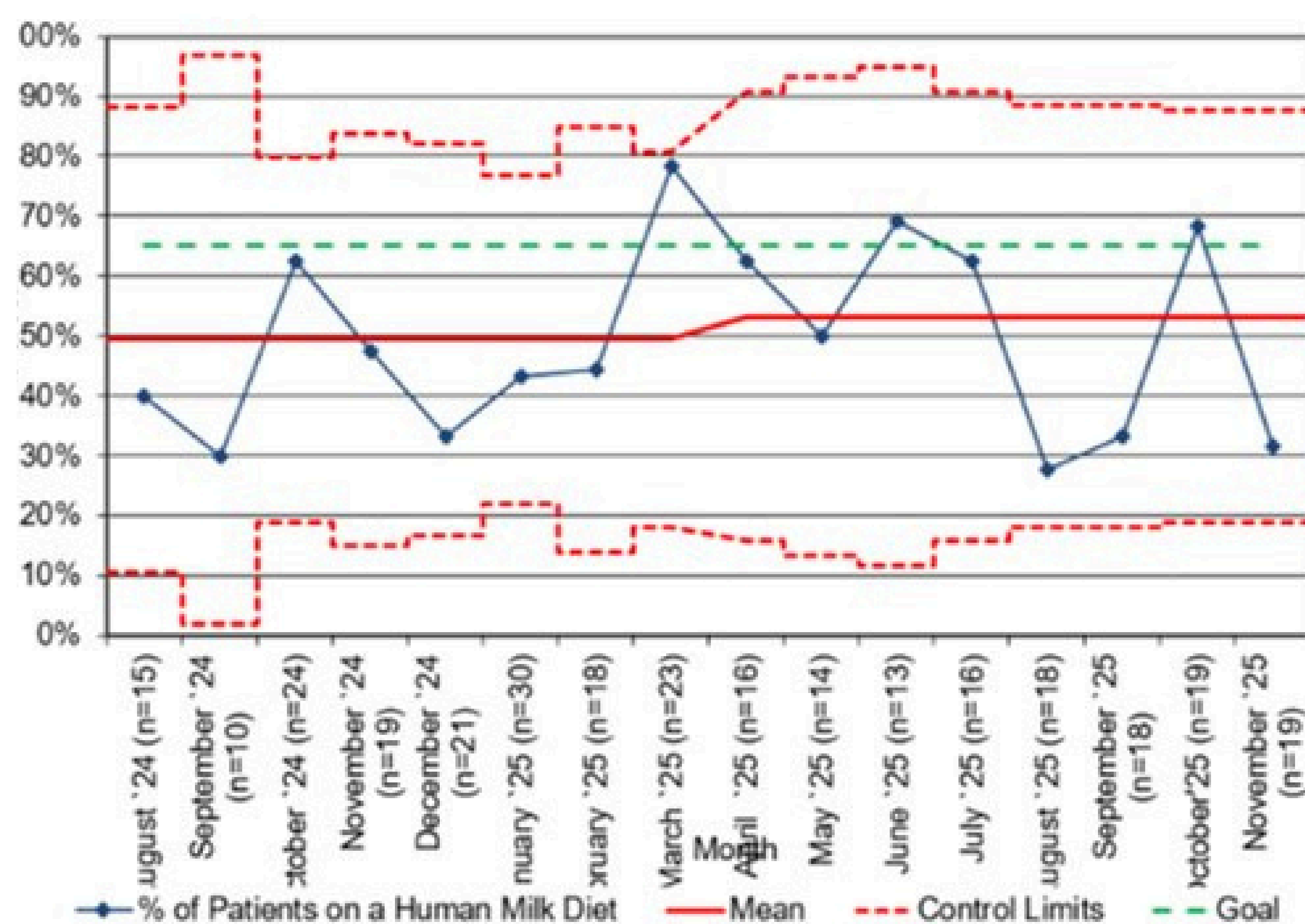
An A3 framework was used to identify and address opportunities:

- Assembled a multidisciplinary quality improvement(QI) team, including bedside nursing staff, lactation consultants, registered dietitians, nurse practitioners, cardiologists, and a QI specialist.
- Root cause analysis using fishbone and key driver diagrams and 5 why's exercises.
- Key opportunity areas were improvements in prenatal education, access to pumps, lactation super users, nurse training, and family welcome packets.
- Monthly chart audits were tracked.
- Key interventions included developing bedside nurse training, provider education, and parental education.

RESULTS

- Post skills day survey recognized that 75-85% of nurses and care partner staff on CV Acute reported increased knowledge and comfort when it came to basic topics of skin to skin, use of a baby weigh scale, breast pump basics, and identifying proper latch after completing training.
- Temporary increases were noted after educational interventions were implemented such as annual skills day training and participation in a national skin to skin a-thon.
- There was no significant increase in the percentage of infants discharged on a human milk diet.

% of Patients on a Human Milk Diet



CONCLUSIONS

- Additional multidisciplinary team-based approaches are needed to achieve sustainable increases in infants on a human milk diet
- A transformative shift in hospital culture is essential for CHLA to enhance outcomes and achieve rates comparable to state and national benchmarks
- Financial barriers included funding for key interventions (such as pumps in every room and developing a lactation nurse resource program).
Next Steps include:
 - Mandatory lactation self-paced learning module for direct care providers
 - Development of prenatal lactation cardiac class for families and caregivers
 - Track human milk discharge rates as a quality metric
 - Establish unit-based lactation quality standards

REFERENCES



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