

ingestion.

Another area of parental concern is the child's level of physical activity. Most children do not need to restrict activity, and the best approach is to treat the child normally and allow self-limited activity. Exceptions to self-determined activity primarily involve strenuous recreational and competitive sports in children with specific cardiac problems. Activities and exercise restrictions should be discussed with the child's cardiologist. In 2013, the American heart Association published guidelines for promotion of physical activity in children and adults with CHD. Regular exercise can assist the child with CHD in maintaining a healthy weight, foster normal development, help with self-esteem and help with acceptance into peer groups ([Longmuir, Brothers, de Ferranti, et al, 2013](#)).

Infants and children with CHD require good nutrition. Breastfeeding should be possible for many infants with CHD. Providing adequate nutrition to infants with HF or complex congenital defects is especially difficult because of their high caloric requirements and inability to suck effectively because of fatigue and tachypnea. Instructing parents in feeding methods that decrease the infant's work and giving high-calorie formula are important interventions (see earlier in the chapter for a discussion on feeding the infant with HF). Children with severe cardiac defects are often anorexic. Encouraging them to eat can be a tremendous challenge. Consultation with a dietitian is often helpful. The child should be given a choice of available high-nutrient foods.

Infants with heart disease should be immunized according to the current guidelines. Immunization schedules may need to be modified around times of acute illness or surgical procedures. Infants and children younger than 12 months old with hemodynamically significant CHD or those younger than 24 months old undergoing cardiac transplantation during RSV season should receive the vaccine for respiratory syncytial virus (RSV) monthly during RSV season (November to April in North America) for a total of five doses ([American Academy of Pediatrics Committee on Infectious Diseases and American Academy of Pediatrics Bronchiolitis Guidelines Committee, 2014](#)).

Infants and children who have serious heart disease are at risk for developmental delays. Multiple factors can influence