

## Feeding the Baby with Cleft Lip and Palate

All babies feed by sucking during bottle or breast-feeding. Feeding gives the baby important nutrients to help with growth and development. Babies usually feel calm and satisfied after they feed. Sometimes, babies born with cleft lip and/or palate will have problems with feeding. Some examples are listed below:

**Cleft Lip Only:** Babies with a cleft lip only usually do not have major problems with feeding. Many of these babies can breastfeed. However, it may be hard at first for them to latch onto the nipple.

**Cleft Palate:** Babies with a small cleft of the soft palate may be able to feed without difficulty. It is harder for babies with a cleft of the soft and hard palate. The opening of the cleft can make sucking difficult or impossible. Babies will not get good nutrition if they have trouble sucking. It can also take a longer time for them to feed. That can make them tired. Other problems that might happen include: milk coming out the nose, choking, gagging, and swallowing too much air.

Here are some tips and tools to help when feeding a baby with a cleft:

- **Nipples:** There are special nipples that can help a baby with a cleft during feeding. They have different shapes, sizes, and textures. The holes can also be different sizes which will affect how quickly the liquid comes out.
  - **Nipple Shape:** There are two main shapes—straight “standard” nipples and wide flat “NUK” or “orthodontic” nipples.
  - **Nipple Length:** There can be many differences in nipple length. The nipple should be long enough for baby’s tongue to press against it.
  - **Nipple Pliability:** A soft nipple makes milk come out faster, and the baby will not have to suck as hard.
  - **Nipple Hole Size:** The size of the nipple hole can make the milk come out faster or slower. Cut a regular nipple hole into an “X” shape. That will make the milk come out faster if needed. It is a good idea to seek help from a feeding specialist to make sure the baby can handle the increased flow rate.
- **Modified Nipples:** There are some commercially available bottles specifically designed for use with infants with cleft lip and palate. These include the Special Needs feeding (Haberman), cleft palate nurser (Mead Johnson) and Pigeon bottle. The caregiver provides a gentle squeeze on the bottle as the baby sucks to get milk.
- **Positioning the Baby:** Babies with clefts often feed best while seated upright or in a slightly reclined position.

- **Positioning the Nipple:** It is important to try to put the nipple under a “hard” area in the baby’s mouth. That helps them squeeze the milk out of the nipple while sucking. The feeding specialist can help with finding the right spot for the nipple.
- **Pacing During Feeding:** Control the flow of milk by squeezing the bottle when the baby is sucking and stop if the baby seems upset or overwhelmed.
- **Oral Facilitation:** Gently use your fingers to help keep the baby’s mouth around the nipple during feeding.
- **Prevent Swallowing of Air:** Burp the baby frequently. Babies with a cleft often swallow more air than other babies.
- **Managing Liquid in the Nose:** If milk comes through the nose, sit the baby up a little more, and check the position of the nipple.
- **Consistency of Feeder Method:** The baby should be fed in the same position, with the same nipple and bottle, for each feeding. This allows the baby to learn what to expect with feeding.
- **Oral Care:** Clean the area around the cleft using a wet washcloth after each feeding. Wet the cloth with hydrogen peroxide or water (as advised by the baby’s physician).
- **Cup Feeding:** Most doctors recommend changing from a bottle to a cup before the palate is repaired. It can cause problems with healing after surgery if the baby sucks on a nipple/bottle after the surgery. Thicker liquids can be used to make it easier to drink when the baby is first trying a cup. Begin offering a cup for small amounts of liquid beginning at 6 months to help the baby with this transition.
- **Solid Foods:** Solid foods can be given to the baby with cleft palate at about the same time as with any other baby.
- **Breast Milk:** If attempts at breast feeding are not successful, the mother can use a breast pump to express breast milk. Then the baby can then drink the breast milk from a nipple/bottle. The mother should follow up with a lactation consultant to support breast feeding.

For more information, please contact the Division of Speech-Language Pathology at (513) 636-4341 or visit our website at [www.cincinnatichildrens.org/speech](http://www.cincinnatichildrens.org/speech).