

Plastic and Maxillofacial Surgery

Cleft lip and palate: infant feeding

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Cleft lip

Babies born with a cleft lip alone usually feed well. Some babies breastfeed better with the cleft facing upwards. The breast tissue usually fills the gap where the cleft is and allows efficient feeding. Some bottle fed babies feed better on a wide based teat.

Cleft palate

Babies with cleft palate can't create enough suction during feeding to draw milk from the breast or bottle easily. This is because air leaks from the mouth through the cleft into the nose during feeding. If the baby also has a cleft lip he/she may not be able to compress the breast or teat well enough to push milk from the breast or bottle. In either case, feeding is usually slow and tiring and the baby may not drink enough to grow well. These problems are usually solved by using teats and bottles especially designed for babies with cleft palate. Your cleft coordinator can show you the different bottles and teats available and demonstrate how to use them. You can purchase this equipment at the Equipment Distribution Centre at The Royal Children's Hospital; through CleftPALS; or through your local pharmacy (although you may need to make a special order if using your pharmacy).



Mother's milk supply may also diminish if feeding is poor. Breast milk provides the best nutrition for a young baby so wherever possible mothers are encouraged to express breast milk and feed it to baby using a special feeder. Some mothers can maintain a good milk supply through regular expressing and the support of a lactation consultant. Some babies are able to feed well for a short time at the breast because the 'let down' reflex ejects milk into their mouth. They then have the remainder of the feed from a bottle. Some mothers choose to fully bottle feed with either expressed breast milk or formula or a combination of both.

Members of the feeding team can help each family develop a method of feeding which suits them.

Feeding a baby with a cleft palate

Each baby is unique so different techniques will suit different babies even if they have the same kind of cleft. However some general tips are:

1. Feed your baby in a calm quiet environment. Make sure you are sitting in a comfortable chair.
2. Seat your baby fairly upright for bottle feeding. This may prevent milk coming out of his nose during sucking. Hold your baby close to you so he/she is well supported during feeding.
3. If your baby also has a cleft lip, avoid placing the teat into the cleft.
4. Once your baby starts sucking, squeeze the bottle gently to deliver milk into the mouth. If you are using the SpecialNeeds® Feeder (Haberman), the teat rather than the bottle should be squeezed. A squeeze every 3–4 sucks is usually sufficient however all babies are different so you may need to experiment a little with the rate of pulsing/squeezing.

Some babies like to suck when a gentle but constant pressure is applied to the teat (if using the SpecialNeeds® Feeder) or the bottle (if using a squeeze bottle) rather than pulsing. Experimenting with this technique may also be useful. Some mothers find it helpful to practice squeezing a water-filled bottle to get an idea of how the flow changes with more rapid squeezing or stronger squeezing of the bottle.

Some babies may be able to compress the teat enough themselves to feed quickly (<20 mins) and efficiently. This means you do not have to squeeze the bottle/teat for them.



1. SpecialNeeds® Feeder



2. Pigeon® teat and soft bottle



3. Chu Chu® teat and soft bottle

5. Watch how your baby reacts to the pulsing or prolonged squeezing of the bottle. If the baby looks uncomfortable or is not managing the mouthful of milk stop squeezing and let your baby rest and swallow before more milk is given.
6. Have several breaks for burping, as your baby may be more 'windy' than usual.
7. Keep each feed to 20–30 minutes. Longer feeds mean your baby will use too much energy during feeding. This can make weight gain difficult.
8. Newborn babies can lose up to 10% of their birth weight but usually regain it in 2–3 weeks. If your baby is having 5–6 wet nappies per day and regular motions, and is healthy and alert, then it is likely that he/she is feeding well. Your maternal and child health nurse (MCHN) will help you keep track of baby's growth and we will ask you about it when you come to Cleft Clinic.

Slow weight gain or weight loss may mean the feeding method needs to be changed. This can be discussed with the MCHN and/or the cleft coordinator.

9. Some babies have serious feeding problems (dysphagia) which mean they need specialised assistance to manage feeding. RCH Speech Pathology has a service specifically for these babies and can be contacted on 9345 5540.

Introducing solids

Babies with cleft palate or cleft lip and palate usually start taking solids at the same time as other babies (usually around 5–6 months). Sometimes food comes out through the baby's nose during feeding. This may improve if you sit your baby more upright or make the food a little runnier. If problems persist, you can contact the speech pathologists for advice.