Nasoalveolar moulding (NAM)
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Your plastic surgeon may refer you to see a specialist dentist or orthodontist for nasoalveolar moulding. NAM uses an orthodontic appliance to mould and reposition the segments of the cleft (gum pads, lips and nostrils) into a more favourable position to make surgery easier and improve the final appearance of the lip and nose. The appliance is worn inside the baby’s mouth.

An impression of the baby’s mouth will be made at the initial visit with the dentist/orthodontist. Once the appliance is fitted, it will need to be adjusted weekly by the dentist/orthodontist. These weekly adjustments will gently move the cleft segments into better alignment.

The appliance is held in place by use of elastics and tapes that are placed on the baby’s face. It is a painless procedure, but the baby may take some time getting used to having the appliance in their mouth. Feeding is often improved with the appliance in, and many babies will also use the appliance as a dummy.

After the gum pads are moved closer together, a nasal stent, consisting of wire and soft acrylic is added. The nasal stent is inserted into the nostrils and is also adjusted weekly. The purpose of the stent is to create more symmetrical nostrils. NAM treatment is best started as soon as possible after birth for best results and so that you and your baby will grow accustomed to using the appliance.

Your baby will need to wear the appliance until their lip repair surgery (usually 3–6 months of age). After lip surgery the appliance is no longer needed. However if the baby is having difficulty feeding without the appliance, a plate can be made and worn during feeding.

If NAM is not a suitable option, your plastic surgeon may recommend another way to achieve a similar outcome — either using special tape to position the segments of the cleft, or a minor surgical procedure called a lip adhesion. Your surgeon will discuss these options with you in relation to your baby.