

# FACTSHEET



This fact sheet is for education purposes only. Please consult with your doctor or other health professionals to make sure this information is right for your child. If you would like to provide feedback on this fact sheet, please visit: [www.schn.health.nsw.gov.au/parents-and-carers/fact-sheets/feedback-form](http://www.schn.health.nsw.gov.au/parents-and-carers/fact-sheets/feedback-form).

## Cleft lip and/or palate - feeding your baby

Sucking is an important skill that babies need in order to feed well. Babies who are born with a cleft lip or palate may find it difficult to establish breast and/or bottle feeding due to the cleft condition impacting on sucking ability. Some adjustments to feeding methods and positioning may be required to help your baby feed successfully. As each infant is different, individual assessment and recommendations can be given by your local cleft health team.

Current research findings indicate that breast milk is best for babies. Even though breastfeeding may be difficult for a baby with a cleft palate, there is the option of expressing your breastmilk and giving it to your baby via the bottle and special cleft teat. Many mothers of babies who have cleft palates and have not been able to breastfeed opt for this method.

Breastfeeding, bottle-feeding or a combination of the two is acceptable, depending on the type of your baby's cleft. Whichever method is right for your baby, it is still important that you have skin-to-skin contact (kangaroo cuddles) with your baby, where you keep your baby close to your breast, allowing your baby to smell you and become familiar with your presence. It will also help stimulate and maintain your milk production. Your local child and family health nurse will conduct regular checks and weighs to ensure your baby is growing and developing as expected.

There is no particular formula designed for babies born with cleft lip and palate. If in doubt about the most suitable formula to use, consult a child and family health nurse, GP or paediatrician.

Babies with a cleft palate may have nasal regurgitation (milk coming out through the nose) during feeding. Feeding in a more upright position should reduce this. Sometimes babies with cleft palate may sneeze after feeds. This helps to clear milk from the nose after feeding. Gently wipe away any milk seen in the nostrils.

If your baby is fitted with an orthodontic plate and there are concerns about feeding, talk to the Orthodontist and Speech Pathologist on the Cleft Palate team.

Please be patient when establishing bottle feeding your baby. Also, your baby may need to be burped more often (at least 2-3 times during a feed).

### Feeding babies with a cleft lip

**Babies born with a cleft of the lip only** might successfully breastfeed with some modification in positioning. If the cleft is on one side, positioning your baby with the cleft on the underside of the breast may be helpful. This allows for breast tissue to fill the gap where the cleft is, making it easier for your baby to attach, reducing the amount of air sucked in whilst feeding.

Use of the "football" or "twin" breastfeeding position can be helpful in positioning the cleft lip on the underside of the breast (see photograph below).



Breastfeeding will be more challenging for **babies who have a cleft on both sides of the lip** as they may find it more difficult to forming a good lip shape around the nipple.

### Feeding babies with a cleft of the soft palate only

Babies with a cleft in the soft palate (the back part of the palate) will want to attach to the breast, and may appear to be sucking well. However, due to the cleft, they may have difficulty drawing milk from the breast, leading to frustration, hunger, prolonged feeding, and inadequate growth.

Babies with a soft palate cleft will need individual assessment by a local cleft health professional. Some babies may be able to manage a combination of breastfeeding with top-up bottle feeds while others may not manage breastfeeding at all. In these cases, your baby can be given your expressed breast milk via a special cleft palate teat and bottle.

### Feeding babies with a cleft of the lip and the hard and soft palate

Babies with clefts of the lip, hard palate, and soft palate (complete cleft lip and palate) find it difficult to breastfeed because the cleft prevents them from creating the suction required to draw milk from the breast. You will still be able to give your baby expressed breast milk via a special cleft palate teat and bottle, designed so that it does not require your baby to have strong sucking skills in order to feed.

### Bottle-feeding

There is a choice of bottles and teats available for babies born with cleft conditions. The bottles are made of soft, squeezable plastic. The teats are specially designed to help your baby draw milk from the bottle even with very little pressure from the tongue against the teat.

The Speech Pathologist or Clinical Nurse Consultant at your Cleft Palate Clinic will be able to advise you on the most suitable type of bottle and teat to use for your baby. They can also provide you with information about where you can purchase these products.

Alternatively, information about purchasing bottles and teats can be found on the fact sheet: "Cleft palate feeding bottles and teats."

If your baby is able to feed effectively with a standard teat and bottle available from supermarkets or chemists, there is no need to use any special equipment.

Sterilise the squeeze bottles and teats in solution as per the manufacturer's instructions (e.g. Milton solution for

15 minutes). Prolonged sterilisation causes the bottles and teats to perish more quickly.

### Feeding technique using a squeeze bottle:

When you first get a squeeze bottle, it is a good idea to practise squeezing a water-filled bottle over a sink before feeding. This will give you some idea about how firmly and frequently the bottle needs to be squeezed to get a steady flow of milk.

Establish a rhythm of squeezing the bottle as your baby suckles. Allow your baby to swallow the milk before squeezing again.

### Breastfeeding after your baby has had surgery

**If your baby has had some success breastfeeding up until the time of surgery**, he or she is likely to be able to breastfeed following surgery.

Breastfeeding immediately following surgery should be discussed with the managing surgeon.

**If your baby has not been breastfed prior to surgery, breast-feeding** may be difficult to establish following surgery. Ways to maximise the chance of your baby successfully breast-feeding following surgery can be discussed with the child and family health nurse, Speech Pathologist and Lactation Consultant.

#### Remember:

- Babies born with cleft lip and palate conditions develop their feeding skills in the same way and at the same times as other babies. For example, solids should be introduced at the same age as other babies, i.e. 4- 6 months of age.
- Please be patient while your baby learns to feed. Get familiar with using a squeeze bottle before starting to feed your baby.
- Keep your baby in a slightly upright position during feeds.
- Babies born with cleft lip and palate should gain weight at a similar rate to other babies
- Babies born with cleft lip and palate should not cough and choke during feeding.
- If you have concerns about feeding, contact the Speech Pathologist at your Cleft Palate Clinic for support and advice.