

9. **Special nipples:** These nipples help baby get the most during feeding. They come in different shapes, sizes, textures and size of holes.

- **Nipple shape:** There are two main shapes: straight standard nipples and wide flat NUK or orthodontic nipples
- **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
- **Nipple hole size:** The size of the nipple hole can make the milk come out faster or slower.
- Feeding specialist can help in the selection of nipples which best fits the baby.



10. **Modified Nipples:** Specifically designed for use with infants with cleft lip and palate. These include Special Needs feeding (Haberman), cleft palate nurser (Mead Johnson) and Pigeon bottle. It is required to gently squeeze on the bottle as the baby sucks to get milk.



11. **Special cup:** This is a simple cup with elongated snout. As it is readily available in the Indian context, can be used as an alternative to bottles. Through this the milk should be fed from the side of mouth where there is no or little cleft.



12. **Cup Feeding:** The change from a bottle to a cup before the palate is repaired is recommended. Bottle feeding can cause the problem in healing scar 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 your baby.



13. **Long handle spoon:** This is used to feed thick liquid. In case the surgery is delayed these type of spoons help in feeding thick liquid.



Using these tips along with professional support, parents can help children with cleft lip and/or palate in feeding and nourishing them with sufficient nutrients. Also, remember the surgery for cleft lip can be done when your child is **3 months** of age and cleft palate surgery between **6 to 12 months** of age.

CONTACT US



Feeding tips for care givers of child with CLEFT LIP AND PALATE



DEPARTMENT OF PREVENTION OF COMMUNICATION DISORDERS

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The important skill needed for the babies to feed well is **SUCKING**. The baby born with cleft lip/palate has difficulty in sucking milk from the breast or bottle. With some adjustments to feeding methods and positioning, baby should be able to get all the benefits of the feeding experience.

Feeding problems in children with cleft lip/palate

When a baby is born with cleft lip/palate, the baby will have difficulty in sucking milk from the breast or bottle. Children with only cleft lip might have difficulty at first to latch on to the nipple. However, Children with cleft palate alone or with both cleft lip and palate cannot generate adequate suction during feeding. This creates difficulty to breast or bottle feed these children.

Other challenges

- Milk coming out of nose
- Choking
- Gagging and swallowing

Professionals involved in treatment of feeding problems in children with cleft lip and /palate

If child is not nourished enough, surgery of the cleft lip/palate is delayed due to low weight and lack of nutrients. Hence this issue in feeding has to be dealt as earliest for timely surgery which in turn helps in development of speech and language skills.

- **Paediatrician:** Plays an important role in diagnosis and referral, providing ongoing care, guidance, and acute care, assuring that all health needs of the child are fully identified and appropriately met. Also, coordinates with the team of multi-specialists involved.
- **Prosthodontist:** Designs different appliances to cover the cleft palate (palatal obturator) in order to meet functional requirements for sucking and chewing.

- **Nurse:** Guides the parent from birth to the end of the program of care. Helps parent to deal with early feeding and other problems along with providing emotional support to the family. Feeding is followed closely with phone calls and visits until the weight gain is steady and feeding is comfortable. Also provides general information to the parents regarding surgical procedure, hospitalization, admission procedure, and postoperative care following surgery.
- **Speech-Language Pathologist:** Provides guidance and strategies to the caregiver to improve feeding and speech language skills.
- **Social worker-** Provides guidance and counselling for family in dealing with the social and emotional aspects of a cleft abnormality and assists the family with community resources and referrals (i.e., support groups).

Facilities available for children with cleft lip and/or palate at All India Institute of Speech and Hearing (AIISH)?

- Unit for structural and orofacial anomalies (USOFA) at AIISH facilitates children and adults with cleft lip and palate and other craniofacial anomalies.
- Unit provides consultation of multi-disciplinary team members of Plastic surgeon/Maxillofacial surgeon, Prosthodontist, Orthodontist, ENT specialist, Audiologist, Speech language pathologists, Social worker and Psychologists, in assessment and rehabilitation of clients with structural orofacial anomalies.
- The guidance for feeding related problems and strategies for improving speech and language skills is provided including the recommendation of suitable feeding apparatus.

Guidelines for feeding the children with cleft lip and / or palate:

1. **Positioning the Baby:** Babies with clefts often feed best while seated upright or slightly inclined



2. **Positioning the Nipple:** The nipple must be placed under the palate where there is no cleft.
3. **Pacing during Feeding:** Small, frequent feedings are recommended. Carefully control the flow of milk. This can be achieved by squeezing the bottle rhythmically when the baby is sucking and stopping if the baby seems upset.
4. **Oral Facilitation:** Use hand and fingers to help keep the baby's mouth around the nipple during feeding.
5. **Managing Liquid in the Nose:** If milk comes through the nose, seat the baby up a little more and then squeeze less frequently to make the milk go down towards the belly.
6. **Oral care:** Clean the area around the cleft using a wet washcloth after each feeding
7. **Prevent swallowing of air:** Burp the baby frequently. Babies with cleft swallow more air than other babies



8. **Breast milk:** If attempts at breast feeding are not successful, the mother can use a breast pump to get milk. Then the baby can drink milk from specialized bottle.



Breast pump