# Feeding Options for Patients with Cleft Lip and Palate

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## Background

**What is a cleft?**

"A cleft is an abnormal opening or fissure in an anatomical structure that is normally closed." Kummer, 2014 or is simply known as a failure of closure. Anything that disrupts the closure of the lip and palate can cause a cleft (i.e., positioning of tongue due to small jaw, hand or foot)

"Cleft lip and palate is the fourth most common birth defect and the most common congenital defect of the face." Kummer, 2014

**Is it possible to breastfeed with a cleft palate?**

Le Leche League International cautions, "except in rare cases, a baby with a cleft palate cannot get all the milk he needs by breastfeeding alone."

"An opening in the palate makes it impossible for the baby to seal off his mouth and make the suction typically used to keep the breast (or bottle) in place and pull the nipple to the back of his mouth."

## Dr. Brown's Specialty Feeding Valve

INSTRUCTIONS:

1. Fill bottle with goal volume of liquid. Place blue one-way valve **flat side up toward the nipple** in the base of the nipple. Position the blue vent insert into the bottle and then place the nipple + valve in the ring and secure onto the bottle.
2. Squeeze the nipple and flip the bottle over. Gently release pressure on nipple to allow it to fill up with liquid.
3. Position baby semi-upright for feeding.
4. Utilize level nipple that is recommended by your Cleft Team's speech-language pathologist (SLP).

## Meade Johnson Cleft Palate Nurser

- Used less frequently
- Typically recommended for babies who require thickened formula with oatmeal cereal due to swallowing dysfunction/aspiration of thin formula/breast milk observed upon modified barium swallow study
- Squeezable bottle with a crosscut nipple which can be switched to other nipple types

## Haberman Bottle

-Has three flow rates (slow, moderate, and fast) with corresponding lines on the nipple that are oriented with the nose

-Feeder provides pressure on the nipple while infant is actively feeding in order to allow for adequate extraction

INSTRUCTIONS:

1. Fill bottle with goal volume of liquid. Place one-way valve on top of the bottle with the **white** side facing up toward the nipple. Place the nipple on top and secure the ring **tightly**.
2. Squeeze the nipple and flip the bottle over. Gently release pressure on nipple to allow it to fill up with liquid.
3. Position baby semi-upright for feeding.
4. Orient the flow line on the nipple recommended by your Cleft Team's speech-language pathologist (SLP) with baby's nose. Once she latches or begins munching, **provide constant pressure on the nipple** (if recommended) with your fingers. Your SLP will help you determine how much pressure is adequate and safe for your baby.
5. Stop providing pressure during breathing breaks or if baby becomes overwhelmed (wide eyes, coughing, pulling away from the nipple, etc.).
6. If recommended flow and pressure seem too fast or overwhelming, reduce the flow and/or pressure, while still making sure that baby is able to extract enough milk.

## Pigeon Bottle

INSTRUCTIONS:

1. Fill bottle with goal volume of liquid. Place white one-way valve **flat (heart) side up toward the nipple** in the base of the nipple. Place the nipple + valve in the ring and secure onto the bottle.
2. Squeeze the nipple and flip the bottle over. Gently release pressure on nipple to allow it to fill up with liquid.
3. Position baby semi-upright for feeding.
4. Orient the notch (air vent) on the nipple with your baby's nose.
5. If the large nipple seems too fast or overwhelming, reduce the flow by switching to the smaller nipple or by tightening the nipple ring.

## References


Kummer, Ann W. *Cleft Palate and Craniofacial Anomalies: Effects on Speech and Resonance.* 3rd ed., Delmar, 2014.


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