Feeding your baby with cleft lip and palate or cleft lip

www.stlouischildrens.org
Congratulations on the birth of your new child. A new baby brings out many feelings of joy, pride, awe and sometimes fear. When the baby has a medical condition, there is an additional feeling of uncertainty. Who will help our baby? What will our baby have to go through? How will we tell our family?

We understand the strength of your feelings and want to help. Feeding is one of the first and most basic needs that a parent fulfills for their child. This pamphlet will give you some direction and information about feeding your infant born with a cleft lip, a cleft palate or both.

Feeding your baby with cleft palate or cleft lip
The most immediate concern for a baby with cleft palate is good nutrition. The opening into the mouth from the nose causes a leak of air that prevents effective suction. If the infant has only a cleft lip, there should be no loss of suction and the infant can suck well from a bottle or a breast. When the gum and lip are cleft, the infant’s suction may be reduced and the baby might need a bottle with a freer flow rate, such as one of the vented bottles on the market, or a juice nipple. Some parents find that pushing the two sides of the lip together without blocking the nostrils restores suction immediately. The following are suggestions to help you decide how best to feed your baby.
Breastfeeding

• Breastfeeding an infant with a cleft lip but no cleft palate is successful, but sometimes requires more upright positioning so that mother’s breast tissue fills the gap in the lip or gum.

• Breastfeeding an infant with a cleft palate is quite challenging unless the infant’s cleft palate is very far in the back of the mouth and very small. Nursing at the breast is best limited to 10 minutes, and supplemental bottles are needed if breastfeeding alone does not supply enough food for adequate satisfaction and growth.

• For most mothers of infants with cleft palate, breast pumping should begin in the birth hospital using a high quality electric breast pump and continue each time after the infant eats.

• A lactation consultant is a breastfeeding mother’s best resource for correct positioning and pumping technique. Discuss your feeding plan with this specialist before discharge from the hospital.

Bottle Feeding

• Small, frequent feedings are usual in the first weeks of life for an infant with a cleft palate. Give yourself and your baby time to learn how to eat, and expect longer than expected feeding times. Try to limit feedings to 30 minutes with an additional 10 minutes for burping and changing.
• Hold your baby upright or slightly tilted back (in your arm with a fat pillow under your elbow) to limit the amount of liquid that enters the nasal passage. Some infants totally ignore drainage into the nose, and you should not be alarmed to see a trickle come out. If there is a great amount of liquid in the nose, tilt the baby forward. Your baby will swallow any extra milk in the back of the throat and the extra milk in the front of the mouth and nose will drain by gravity. You may use a bulb suction to help, but the positioning is most important to prevent any extra liquid from sliding to the back of the throat.
Tips for Feeding an Infant with Cleft Lip and Palate

Having a cleft palate prevents an infant from making enough suction in the nipple to draw out formula or breast milk.

Bottle Feeding with the Mead Johnson Cleft Palate Nurser (Enfamil Cleft Lip/Palate Nurser)

Special feeding bottles and nipples work by allowing the milk to come out of the nipple with little or no suction needed. Some cleft palate bottles need compression, or squeezing, along with an enlarged opening cut into the nipple to help the infant get enough flow of milk.

- Hold your baby up in a semi-upright seated position with the head and shoulders in one hand and the bottle in your other hand. If you are more comfortable with the baby in the crook of your elbow, place a blanket or pillow under that elbow to hold the baby more upright.

- Tickle the baby’s lower lip or corner of the mouth with the nipple and place it over the tongue when the mouth pops open. You may need to pull the lower jaw down gently to get the baby’s tongue down and out of the way.
• When the nipple is placed in the mouth, allow your baby to suck and breathe a few times before beginning compression of the Mead Johnson Cleft Palate Nurser bottle. Begin with gentle compression and slowly increase the pressure while watching your infant’s face. If the baby takes more than 40 minutes to eat, or if there is leakage from the nipple ring, it may improve feeding efficiency to increase the crosscut about 1/16th of an inch. Any time the nipple opening is enlarged, take care to squeeze less hard until you know how much the flow of formula has increased.

• There is little you can do to control the amount of air swallowed during feedings. Your baby will need to burp frequently, but don’t interrupt the feeding too much. For very young infants, all you will have to do to is straighten up the baby by pushing gently up at the back of the waist and lifting the front of the chest with the other hand.

• Any commercial nipple can be used with the compressible bottle if the tip of the nipple is cut in a 1/8 to 1/4 inch “X” (see inset).

• These bottles may be ordered from Mead Johnson at: www.netgrocer.com/detail.cfm?oid=18317&smallfrm=yes
Bottle feeding using the Pigeon Cleft Palate Nipple

• There is a Y cut in the tip of the nipple. Roll the tip with a clean cloth to loosen the opening.

• Notice the V in the base of the nipple. This is the air vent, and must be positioned on the top of the nipple under the infant’s nose for the nipple to work properly. If the nipple collapses or leaks from that hole, remove the nipple from the cap and massage that area to unclog the vent. You may need to poke a toothpick through the vent to clear it.

• If the bottle system is purchased, follow package directions for assembly. If only the nipple or valve is purchased, the nipple ring from the Enfamil bottle may be used, but not all nipple rings will fit the valve. Put the valve in the base of the nipple, flat side toward the tip. Make sure the nipple lies flat inside the ring and the valve is level with the rim of the nipple.

• Put the nipple in baby’s mouth normally. The infant’s tongue will activate the flow. If the nipple collapses, you can unscrew the cap and re-tighten it.

• To order, call 800.345.6443 or visit online at www.childmed.com.
Bottle feeding using a Haberman Feeder

- Assemble the bottle and fill with breast milk or formula according to package directions.

- Line up the shortest line on the compressible reservoir with the baby’s nose and tickle the lower lip. Insert the nipple when the mouth opens. Position the nipple on the center of the tongue with the tip turned under the intact part of the palate. The infant will begin to suck. Rotate the nipple until the longest line and greatest flow is under the baby’s nose. If your infant cannot tolerate the flow, rotate the bottle back to a slower rate of flow. You may compress the reservoir every second or third suck, or put gently continuous pressure on the section so that more milk will come out of the nipple when the baby compresses the nipple between the palate and tongue.

- To order, visit: www.medela.com/NewFiles/specialtyfdg.html
Frequently Asked Questions:

1. How much should my baby eat?

We will give your baby 2 weeks to gain back to birthweight, as we expect some weight loss after birth. Your goal should be 2 ounces of formula per pound of weight in each 24-hour period. For an average birthweight of 8 pounds, the goal for eating would be 16 ounces a day, divided into 6-8 bottles. The amount will increase when your baby starts gaining weight.

2. What if the baby falls asleep during the feeding?

The baby may be too warm, and will need to be partially undressed. Or the flow of milk is too slow (see #3). If your baby is a newborn, or is 2 to 3 weeks early or more, sleepiness during feedings is common and the baby will need to be fed more frequently.

3. What if the feeding takes longer than 30-40 minutes?

The length of the feeding goes up if the amount of milk flowing is too slow. Feedings may shorten if the crosscut in the nipple is increased by $\frac{1}{16} - \frac{1}{8}$ inch. Or the person feeding the infant may need to squeeze the bottle a little harder or a little more often. You can see how much pressure to use by squeezing milk from the bottle into the sink.
4. What if the baby sleeps too long between feedings?

Do not let a newborn infant in the first weeks of life sleep longer than 5 hours unless he or she is eating more than needed for growth.

Cleft Palate and Craniofacial Deformities Institute

Established in 1978, the Cleft Palate and Craniofacial Deformities Institute offers evaluation, diagnosis and treatment for congenital and acquired head and neck deformities via an interdisciplinary team approach. It is the largest cleft and craniofacial program in the central Mississippi River region, and has recently pioneered quantitative outcome assessment for craniosynostosis surgery.

The cleft palate team consists of specialists from plastic surgery, pediatrics, otolaryngology, nursing, genetics, oral surgery, pediatric dentistry, orthodontics, prosthodontics, audiology, speech therapy, social services and child psychology. In addition to these disciplines, ophthalmology and neurosurgery participate on the craniofacial team.

The goal of the team is to provide each child the best chance for a positive self-image, an attractive appearance, intact hearing, understandable speech, useful vision and healthy teeth – allowing a smooth progression through childhood and adolescence into adult social function.
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