



## American Cleft Palate– Craniofacial Association

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# Neonatal Cleft Lip and Palate: Instructions for Newborn Nurseries

Reassure parents that the baby's cleft is **not their fault** and was not likely caused by anything they did.

Reassure parents that cleft lip and palate is **correctable** with surgery, and **introduce the concept of a [cleft palate/craniofacial team](#)**. A team is a group of specialized health care professionals (surgeons, dentists, speech pathologists, nurses, mental health specialists, and others) who work together to treat a child with a facial birth defect. If you don't know of a **[team in your area](#)**, please call the American Cleft Palate-Craniofacial Association (ACPA) at 1.800.24.CLEFT.

Review **feeding instructions** and refer to the **[Feeding Your Baby video series](#)**, available online in English, Spanish, and Mandarin. To request a copy of these videos in English or Spanish on interactive CD-ROM, please call or **[email ACPA](#)**.

**Newborns with cleft lip only may be able to feed using standard techniques. Newborns with cleft palate may benefit from the information below.** Assess feeding regularly to ensure that the child is receiving adequate nutrition. Please consider the following guidelines for successful feeding:

- Make sure the child is feeding in an upright position. Gravity will help prevent milk from coming through the baby's nose if he/she has cleft palate.
- Mothers interested in breastfeeding may choose to initiate pumping breast milk. Direct breastfeeding is extremely challenging for a child with cleft palate since good suction is prevented by the cleft.
- Use a cleft palate nurser or other squeezable bottle with a larger x-cut hole in the nipple. The hole in an orthodontic nipple can be turned into a "x" shaped opening using a razor blade if a specialized bottle is not immediately available. Please see CPF's *Feeding Your Baby* videos or booklet for specific instructions.
- Mom should take her time, and burp the baby frequently. Infants with cleft palate tend to swallow a lot of air during feedings.
- Eventually, feeding time should be no more than 30 minutes for 2-3 ounces.
- If the child is still having difficulty feeding, consult a feeding specialist with a cleft palate/craniofacial team. The team's nurse, speech-language pathologist, or social worker may provide this support.

Consult with a **hospital social worker** to provide the family with emotional support and community referrals. The American Cleft Palate-Craniofacial Association also offers email and phone support for urgent family needs: **[info@cleftline.org](mailto:info@cleftline.org)** or 800.24.CLEFT. Contact the **pediatrician** or family doctor. Ask a physician where to refer for **[cleft palate/craniofacial team care](#)** and make this referral before the child is discharged from the nursery. Consult with a **public health nurse** if the child shows signs of feeding difficulty. Make sure that either the public health nurse or the treatment team's nurse will follow up with the family promptly. **Follow up** with the family after discharge with a phone call to confirm that any new challenges are being addressed by the cleft palate/craniofacial team or other healthcare specialists.

Please visit **[www.cleftline.org](http://www.cleftline.org)** for information on **ordering specialty bottles** for infants with cleft lip/palate and for **free publications** related to infant cleft care.



The Cleft Palate Foundation is now  
**ACPA Family Services**

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