



ACPA

American Cleft Palate
Craniofacial Association

acpacares.org



Feeding Your Baby

2026 Edition

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Scan the QR code to be directed to the ACPA Family Resource Center webpage:



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Welcome

Caregivers of infants born with a cleft lip and/or palate often have many questions about how to feed their baby. Finding what works for you and your baby may take time, but your cleft team can help guide your baby's feeding care and support you.

Families in the USA can find an ACPA Approved Team in their area by visiting www.ACPAcares.org/CareTeam or scanning this QR code.



Please note: The best feeding, nutrition, and growth strategy for children with a cleft depends on where they live. What works in the United States may not be the best approach elsewhere. Families and providers in low- and middle-income countries often do not have the same resources as in the United States. Guidance can also vary. For example, the World Health Organization (WHO) recommends that infants born in low- and middle-income countries who cannot breastfeed should be cup-fed. ACPA advises individuals and providers in low- and middle-income countries to work together to optimize feeding, nutrition, and growth based on the local context.

Introduction

Early feeding success matters for all babies, but it can be more challenging for infants born with a cleft lip and/or palate. Babies without a facial difference typically feed at either the breast or from a bottle using a combination of compression and suction. They do this by pushing the nipple against the roof of their mouth while also creating suction to draw the milk out. This can be more challenging for an infant born with a cleft, depending on the cleft type.

If the professionals you are working with are not familiar with the feeding needs of a baby born with a cleft lip and/or palate, please contact members of your ACPA-approved cleft team for support.



Feeding Infants with a Cleft Lip (without a Cleft Palate)

Infants born with a cleft lip (without cleft palate) can often feed at the breast or with a standard bottle. Sometimes a lactation specialist or feeding therapist can help guide positioning. If you're concerned your infant may be struggling to get milk, you may want to discuss whether strategies are needed or whether other feeding challenges are present.

Some infants have a cleft lip that also includes part of the gum ridge, known as the alveolus. For infants who have this type of cleft, feeding may be more challenging. These babies may need more specialized support, including help from a lactation consultant for breastfeeding mothers or cleft-specific bottles to ensure they get enough milk.

Feeding Infants with a Cleft Palate (with or without a Cleft Lip)



Babies born with a cleft palate have an opening in the roof of their mouth. This connects their oral and nasal cavities, making it hard to create the suction needed to breastfeed or drink from standard bottles. If they feed from the breast or a standard bottle, they likely will not get enough milk to gain weight and grow. Babies with a cleft palate need a specialty bottle and close monitoring to feed successfully and gain weight.

Two general categories of bottles are available for infants with cleft palate. Some are “infant-directed” and include a one-way valve that lets the infant compress the nipple to extract the liquid on their own. Others are “caregiver-assisted” and require a caregiver to compress the bottle/nipple to deliver the milk to the baby while the baby is feeding. Your team can help you determine the best feeding system and techniques for your baby.

Feeding babies with a cleft palate may look slightly different than you expect. It's common for milk to come out of your baby's nose or for your child to breathe noisily during feeding. Please do not worry if this happens. It is common and not dangerous or a sign of choking. You might also see some sneezing, which helps because it clears the nose naturally, so you don't need a bulb syringe or suctioning.

Feeding babies in a comfortable, upright-to-semi-reclined position can help minimize milk from entering the nose. Keep your baby's hands relaxed and positioned near their chin. When offering a bottle, place the nipple all the way into the mouth and center it on the tongue. Babies often adjust the nipple into a position that feels best for them.

Feeding your baby with a cleft palate may look a little different, but the goals remain the same: adequate growth, comfortable feeding, and getting the right amount of milk. It may seem difficult at times, but your care team is with you every step of the way.

Several bottle systems are available for babies born with cleft palate (with or without cleft lip). These change over time, but as of this publication, bottle systems include the Medela SpecialNeeds® Feeder, Dr. Brown's® Zero-Resistance® Specialty Feeding System, and the Pigeon Nursing Bottle for Cleft Lip and/or Palate. Please refer to the ACPA website for further information about the bottles and discuss what may be best for your baby with your cleft team.

Breastfeeding and Breast Milk Provision

An infant's ability to feed at the breast often depends on the type of cleft. Babies born with a cleft lip can often breastfeed. Direct breastfeeding is typically not possible for an infant with a cleft palate (with or without cleft lip). This is because the infant cannot create the suction needed to draw milk from the breast. While your baby may look like they're sucking, they typically cannot extract enough milk, which leads to exhaustion, using too much energy, and not getting enough calories.

Many families experience disappointment and grief when they aren't able to breastfeed – these feelings are completely valid. If your baby can't feed at the breast, you can pump and offer breast milk using a specialized bottle. Your baby will still receive the same nutritional benefits from the breast milk provided. For some, pumped breast milk may meet all your baby's nutritional needs. For others, additional sources of nutrition may be necessary. Regardless, feeding your baby pumped breast milk can be a wonderful way to nourish and connect with your child.

You can also offer skin-to-skin time at the breast after a bottle – this supports bonding and can help stimulate milk production. Work with lactation and your team to find a breast milk feeding plan (all, some, or none) that is best for you and your baby. Our overall goal is for your baby to grow and thrive with whatever type of milk (breast milk, formula, or a combination) you decide to offer.

General Feeding Guidelines

Some feeding guidelines apply to all babies. For example, feed your baby based on their cues and on demand. If you notice signs that your baby is hungry, like rooting, bringing their hands to their mouth, or making sucking motions with their tongue, it may be time to feed.

Feedings should last about 30 minutes or less, with your baby showing a coordinated pattern of sucking, swallowing, and breathing. You'll notice signs of comfort, such as quiet alertness, hands at midline, calm body movements, and regular breathing. If your baby is taking longer than 30 minutes to feed from start to finish, they may be working too hard and burning too many calories for sustained growth. If this is happening, consult your cleft team to discuss strategies to shorten feeding time.

Make sure your baby is getting enough milk, both per feeding and over a full 24-hour period. Your team will guide you on volume and frequency goals that are right for your baby.

Most babies lose some weight shortly after birth, but they should start gaining it back within the first few days. Ideally, your baby will be back to their birth weight by around two weeks of age. You, your baby's primary care provider, and your cleft team can all monitor weight gain and make sure everything's on track. Some babies require extra calories to grow well, which is called fortification. You can do this by increasing the calories in the formula by adjusting the formula-to-water ratio, or by adding powdered formula to expressed breast milk, as directed by your care team. If you have questions about formula or breast milk handling, please refer to additional resources.

The overall goal of feeding is the same no matter the infant's type of cleft, feeding method, or source of nutrition. It is to make sure your baby can get the necessary amount of milk in the appropriate amount of time, safely and comfortably, to support growth and health. If you have any concerns or challenges, please discuss them with your cleft team.

"This just isn't what I expected..."



We completely understand, and you are allowed to feel whatever you're feeling right now and in the future. They are all normal and valid.

Having a new baby is a life-changing experience, and it can be overwhelming for anyone – even for parents of children born without a cleft. Feeding, especially, can be a major source of stress in the first months and year of life. Many parents expect feeding to happen naturally and be a calm, bonding time with their infant. So, when things don't go as planned – especially if breastfeeding isn't possible – it can feel disappointing and stressful. It can take time and support from your team. The goal is to find a feeding plan that helps you stay close and connected with your baby while ensuring your baby grows well and stays healthy.

Please remember that having a new baby can be a challenge, and you may feel a lot of responsibility as you navigate this change. Talk to

your partner, family, and friends if you need help. You can also ask your child's cleft team for help—they are there for you and your baby—and can offer the support and resources you need to thrive.

HOW MUCH SHOULD MY BABY EAT?

It is hard to say exactly how much your baby should drink at a given time, since this can vary based on your baby's age, weight, and the type of milk they are drinking. This amount is specific to your baby and can change quickly as your baby grows, so close monitoring of your infant's weight is important. Offering slightly more milk in the bottle than you expect your infant to drink can also help determine whether your baby needs more milk.

Your child's medical provider or team should be able to guide you on volume and frequency goals that are right for your baby at a particular time. Therefore, close monitoring of the infant's weight is particularly helpful in early infancy.



HOW LONG CAN I LET MY BABY SLEEP BETWEEN FEEDINGS?

In the first weeks of life, babies should not sleep longer than 3 hours between feedings. If your baby is receiving breast milk, you may need to feed more often because breast milk digests faster than formula. Once your baby's milk intake and weight gain are adequate, you can adjust to an on-demand schedule based on your baby's hunger cues.

I SEE MILK COMING OUT OF MY BABY'S NOSE. WHAT SHOULD I DO?

Some nasal regurgitation, or liquid/food coming out of the nose, is common, harmless, and usually improves with practice. It does not mean your baby is choking. Sneezing is a natural reflex. You don't need special tools, like a syringe, to clear the nose.

To reduce it, try a few strategies. If this happens when drinking from a bottle, try feeding your baby in a slightly more upright position. If it happens with pureed foods or soft solids, offer slightly smaller amounts. After 6 months of age, offering small sips of water or milk from a cup can also help clear any remaining food.

DOES MY BABY HAVE ACID REFLUX?

Reflux occurs when stomach contents back up into the esophagus. Reflux can cause vomiting, spitting up, coughing, or changes in sleeping habits. Reflux is different from nasal regurgitation. If you are concerned your baby might have reflux, contact your primary care provider, who can help with diagnosis and treatment.

WHAT IF I NOTICE MY BABY SEEMS UNCOMFORTABLE DURING FEEDING?

Your observations during feeding matter. If your baby seems uncomfortable, stressed, or unhappy while feeding, or if feeding feels challenging, trust your instincts. If your baby consistently refuses to feed by squirming, turning their head, clamping their mouth shut, pushing food away, or arching their back, it may indicate discomfort. Sometimes feeding difficulties can be related to things other than the cleft. Please share your concerns with your cleft team. They are there to listen, evaluate what may be happening, and provide specific recommendations to support your baby's feeding plan.

WHAT IF THERE ARE OTHER FEEDING CONCERNS?

There has been much discussion about what is expected during feeding, but less information on what is abnormal or concerning. Some of these items are discussed below, but if you ever have any concerns, please inform your cleft team and medical providers.

If feeding lasts longer than 30 minutes, your baby seems to be struggling during feeding, or your baby takes in less milk than expected, this could result in poor growth or dehydration. Watch for signs like fewer wet or dirty diapers, not gaining weight, or taking too long to return to birth weight. Also, watch for signs of distress during feeding—like coughing, choking, long pauses in breathing, or arching or pulling away.

If you see frequent gulping, gasping, or milk spilling out of the mouth, the nipple flow may be too fast or too slow. They may also need to be placed in a more upright position. Adjust as needed and observe your baby's comfort. Some babies with clefts may have additional medical challenges that affect their feeding. If so, your care team is here to support and guide you along the way.

All of these signs can sometimes feel scary, but you don't have to figure it out alone. Please reach out to your baby's primary care provider or cleft team if you ever have any questions or concerns.

ACPA Online Resource Center

The ACPA maintains a growing collection of booklets, fact sheets, videos, and webpages that introduce and explain many elements of cleft and craniofacial care and treatment. Representatives of professional healthcare providers in cleft and craniofacial care and treatment author and revise all resources. Visit our website at www.ACPAcares.org, or scan the QR code on the right to be directed to our website.
<https://acpacares.org/resource/cleft-home/>





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FOR MORE INFORMATION

This booklet and many others have been produced by:

The American Cleft Palate Craniofacial Association
510 Meadowmont Village Circle, Suite 377
Chapel Hill, NC 27517

919.933.9044
info@acpacares.org | acpacares.org

The information in this resource is not a substitute for medical advice provided by a physician. It is intended for use by parents, caregivers, and nurses caring for babies with cleft lip and/or cleft palate, not for babies with more complicated craniofacial conditions.

This content does not represent the only, or necessarily the best, feeding method or equipment appropriate for your baby's situation. You should consult your healthcare provider before using any of the information presented here.