



Cleft Lip and Palate

A parent's guide to feeding their child

ST. LOUIS CHILDREN'S HOSPITAL

WASHINGTON UNIVERSITY PHYSICIANS

We're Here To Help

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

We understand your feelings and want to help. Feeding is one of the most basic needs that parents do for their child. This brochure provides guidelines and information about feeding your infant born with a cleft lip, a cleft palate, or both.

The most immediate concern for a baby with a cleft palate is good nutrition. The opening between the mouth and 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 there is a cleft of the lip and gum, the infant's suction may be reduced, and the baby may need a bottle with a freer flow rate. The following are suggestions to help you decide how best to feed your child.



Breastfeeding

- Breastfeeding an infant born with a cleft lip but without a cleft of the palate can be successful. However, it may require a different feeding position so that the 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 small and in the back of the mouth. It is best to limit each breastfeeding session to 10 minutes. Bottles will be needed if breastfeeding alone does not supply enough food.
- For most mothers of infants with a cleft palate, breast pumping should begin at the hospital where you gave birth, using a high-quality electric breast pump, and should continue after each infant feeding.
- A lactation consultant is a breastfeeding mother's best resource for correct positioning and pumping technique. Discuss your feeding plan with this specialist before being discharged from the hospital.

Bottle feeding

Having a cleft palate prevents an infant from making enough suction in the nipple to draw out formula or breast milk from a bottle. Specially designed bottle systems, nipples, and flow valves aid in the comfort and effectiveness of feeding your newborn.

Tips for bottle feeding:

- Small, frequent feedings are typical in the first weeks of life. Give yourself and your baby time to learn how to eat and be prepared for longer than expected feeding times. Try to limit feedings to 30 minutes with an additional 10 minutes for burping and changing.
- Hold your baby in a semi-upright seated position to limit the amount of liquid that enters the nasal passage. Keep their 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 folded blanket or flat pillow under that elbow to hold the baby more upright. Some infants completely ignore drainage into the nose, so do not be alarmed to see a trickle come out. If there is a lot of liquid in the nose, or if your child spits up, tilt them forward. Your baby will swallow any extra milk in the back of the throat. The extra milk in the front of the mouth and nose will drain out by gravity. You may use a bulb syringe to help, but positioning is important to prevent any extra liquid from sliding to the back of the throat.
- Hold your infant so their head, neck, and shoulders are in a straight line, or with the chin slightly tilted toward the chest.



- Tickle your baby's lower lip or corner of their mouth with the nipple, then place it over the tongue when your baby turns their head toward the nipple and opens their mouth. You may need to pull your baby's lower jaw down gently to get their tongue down and out of the way.
- Remove the nipple from your baby's mouth if you see any signs of distress. Distress can look like your baby pulling their head back, no breath for three to four sucks, coughing, or an alarmed look on your baby's face. When your baby calms down, you can slowly start to feed them again.

Dr. Brown's® specialty feeding system bottles

St. Louis Children's Hospital highly recommends using the Dr. Brown's Specialty Feeding System bottles as pictured on page 4. Dr. Brown's bottles come pre-assembled with a Level 1 nipple. You may need to discard the Level 1 nipple and replace it with a Level 2 nipple to provide faster milk flow.

Ordering the Dr. Brown's bottle and accessories

Dr. Brown's Specialty Feeding System bottles can only be ordered online from the Dr. Brown's website, Walmart, or Amazon. They are **not** sold in stores. Make sure to order the Specialty Feeding System bottles that include the blue valves to be inserted into the nipple. You can also call Dr. Brown's directly at 1-800-778-9001.



How to assemble Dr. Brown's® specialty feeding system bottles

- 1 Place air vent in bottle.
- 2 Insert blue valve into nipple.
- 3 The flatter end should be toward the baby and the pointed end should be toward the milk.
- 4 Insert nipple and valve into nipple collar.
- 5 Screw nipple collar onto bottle, but not too tightly.
- 6 Prime the nipple with milk by squeezing the nipple and turning the bottle upside down. Once milk fills the nipple, turn the bottle upright.



Bottle is assembled and ready to feed.

Using the Pigeon® cleft palate nipple

If you gave birth in a hospital that provided you with a Pigeon cleft palate nipple, here are suggestions on how to bottle feed your infant.

- The Pigeon cleft palate nipple has a Y cut in the tip. Roll the tip with a clean cloth to loosen the opening.
- At the base of the nipple is an air vent, shaped like a V. This vent must be positioned 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 and dry the passage. You may need to use a toothpick to poke through the vent to clear it.
- Put the nipple in your baby's mouth parallel to the floor, so that it does not fill completely for the first few swallows. Once the infant is comfortably breathing and feeding, you may lift the bottle so that the nipple fills more fully.
- The infant's tongue will activate the flow. If the nipple collapses, loosen the cap by unscrewing it, then re-tighten it gently. When nipple collapse is a frequent problem, some parents have found that slightly enlarging the Y cut on the nipple is effective.



Using the Enfamil® cleft palate nurser

If you gave birth in a hospital that provided you with the Enfamil cleft palate nurser, here are suggestions on how to bottle feed your infant.

- The Enfamil nurser bottle comes with a narrow, crosscut nipple. Any commercial nipple can be used with the compressible bottle, if the tip of the nipple is cut in the shape of an X at one-eighth to one-fourth of an inch.
- If the baby takes more than 30 minutes to eat, or if there is leakage from the nipple ring, it may improve feeding efficiency to increase the crosscut by about one-sixteenth of an inch. Any time the nipple opening is enlarged, take care to squeeze less until you know how much the flow of formula has increased.

Using a Haberman® Feeder for bottle feeding

If you gave birth in a hospital that provided you with a Haberman Feeder, here are suggestions on how to bottle feed your infant.

- Follow the package directions to assemble the bottle and fill with breast milk or formula. The side of the disc with the holes will face the bottle, and the smooth white disc will face the nipple.
- 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. Your baby will begin to suck. Rotate the nipple until the longest line and greatest flow is under the 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. You may also put continuous pressure on the section reservoir, so that more milk will come out of the nipple when your baby compresses the nipple between the palate and tongue.



CAUTION: The small valve inserts in some feeders are a choking hazard and must be kept away from the hands of infants and small children.

Frequently asked questions

- 1. How much should my baby eat?** Your goal should be 2 ounces of formula or breast milk per pound of weight in each 24-hour period. For an average birth weight of 8 pounds, the goal for eating would be 16 ounces a day, divided into six to eight bottles. The amount will increase when your baby starts gaining weight. Your baby will slowly increase each feeding by an ounce a week. The maximum amount per single feeding should range between 4-8 ounces.
- 2. What if the baby falls asleep during the feeding?** If your baby is a newborn or is two to three weeks early or more, sleepiness during feedings is common and the baby will need to be fed more frequently. Sleepiness may indicate that your baby is too warm, so try partially undressing the baby during feedings. The flow of milk may be too slow (see next question), so check the nipple and its flow.
- 3. What if the feeding takes longer than 30 to 40 minutes?** Lengthy feedings may mean that the flow of milk is too slow for your newborn. For the Dr. Brown's Specialty Feeding System with a valve, check to make sure you are using a Level 2 Dr. Brown's nipple. For the Pigeon nipple system, try loosening the nipple ring to increase flow.
- 4. What if the baby sleeps too long between feedings?** Although newborns sleep a lot, do not let a newborn infant in the first weeks of life sleep longer than five hours, unless they are eating more than needed for growth.



For questions about feeding your baby with a cleft lip
and palate or a cleft lip, contact:

St. Louis Children's Hospital

Cleft Palate and Craniofacial Institute

One Children's Place

St. Louis, Missouri 63110

314-454-2771 or 314-454-6063

314-361-4571 (fax)

314-454-KIDS (5437)

800-678-KIDS (5437)

Childrens.org



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