Cleft Palate
(General Information)

A cleft palate is an opening in the roof of the mouth. The palate develops during the 6th to 12th week of pregnancy. Clefting occurs when the two sides do not join together. The cleft may involve the hard palate and/or the soft palate. It may occur on one side of the mouth or both. A cleft palate does not physically hurt a baby. Because the roof of the mouth is also the floor of the nose, a baby with a cleft palate is more likely to lose fluids and food through the nose. Most babies with a cleft learn quickly how to minimize this. There are certain feeding techniques we will teach you to help minimize this.

A cleft palate repair is done at about 12 months of age. The surgery takes about 2 hours. Surgically repairing the palate is important for normal function with eating, drinking and speaking.

In the first few weeks:
It is important for your child to be evaluated by all members of the Cleft Lip and Palate Team shortly after diagnosis and every year thereafter until the team recommends otherwise. The team consists of specialists, involved in all aspects of your child's care including a plastic surgeon, pediatric dentist, orthodontist, otolaryngologist (ear, nose, and throat doctor) audiologist, speech pathologist, nutritionist, lactation specialist, pediatric nurse, and a social worker.

The plastic surgeon will examine your child and explain the corrective surgery. He may recommend that a molding appliance (obturator) be used if there is clefting of the upper gum line in addition to the cleft palate.

The obturator is an acrylic device that looks much like an orthodontic retainer. It is used to prevent the gum line segments from collapsing in toward the middle of the mouth and to encourage the separated gum line segments to grow together better. The obturator does not hurt the baby. An impression is used to make the obturator from a molding of dental material. The obturator will be ready to wear within a few days. You will be shown how to put it in your baby's mouth, how to take it out, and how to clean it. It is worn 24 hours a day until several weeks prior to the surgical repair of the cleft palate. Many babies will feed better once the obturator is in place.

Feeding:
Feeding techniques and assistance with breast and/or bottle feeding will be provided. Extra patience and effort on your part will be needed for several weeks until your baby learns how to feed effectively. Many babies with a cleft palate have difficulty with breastfeeding because the cleft prevents them from creating enough intra-oral pressure to make milk flow effectively from the breast. Pumping with an automatic electric breast pump is often recommended as a way to keep milk supply up until the baby is nursing more effectively. This pumped milk can be used to supplement the baby's intake. Most babies with a cleft palate do not exclusively breastfeed. Many babies can do some breastfeeding but require additional breast milk/formula by bottle. The lactation specialist can help you meet your goals with breastfeeding. Please remember that breast milk is important no matter how your baby receives it. It has antibodies that help prevent infection and reduce ear infections. Breast milk has the perfect blend of nutrients to help your baby grow well. The intimacy of breastfeeding, even if it is "comfort nursing" only, can help you and your baby to quickly establish a closer bond.
When babies with cleft palate are bottle-fed, we often recommend the use of the Haberman® feeder. The Haberman® has a soft nipple and requires less pressure for the milk to flow. It rewards even weak efforts with flow, and therefore allows the baby to lead the feeding.

Your child's length and weight will be closely monitored in the first few weeks and months after birth. Twice weekly weight checks are often recommended until the baby has demonstrated consistent weight gain and good feeding technique for several weeks in a row. Please help us monitor this by calling in weights obtained elsewhere when the nutritionist or lactation specialist asks you to do this.

Babies with a cleft palate progress to taking solid food and using cups at the same time as children without clefts. We recommended introducing a cup without a spout (not a sipper cup) around 7-8 months of age. This will allow plenty of time for your child to become proficient at cup drinking before the surgical repair of the cleft. After the cleft palate repair, bottles and spouted cups are not used as they can put pressure on the incision.

Ear infection and fluid behind the eardrum are common when a baby has a cleft palate. This is because the eustachian tubes that go into the middle of the ears have their endpoint in the area of the cleft. Fluid can easily back up in these tubes and get in the middle ear. This can affect normal hearing and speech development. Your child's hearing will be tested yearly at the team visit. The otolaryngologist may recommend that your baby get ear tubes to help prevent middle ear fluid collections or infections. Ear tubes can be placed at the time of the palate surgery or earlier if needed.

You may reach the plastic surgeon or the plastic surgery nurse practitioner by calling:

(816) 234-1625 during the day or Monday through Friday
OR
(816) 234-3000 after hours and on weekends

You may reach the Cleft Lip/Palate Clinic by calling (816) 234-3677.