Feeding an Infant with a Cleft Lip or Palate

Feeding is one of a family's biggest concerns when a child is born with a cleft lip and/or palate. Our goal is for your child to have as near normal feeding as possible. We expect normal weight gain in all infants with a cleft. Usually this requires special feeding techniques or specially designed bottles. We encourage parents to call the cleft team nutritionist or nurses if you or your infant's health care provider with any concerns about feeding, growth or weight gain.

What Families Often See:

If you notice any of these, please call right away so we can help you solve these problems by changing the feeding technique or content.

- Baby having difficulty making a good seal around a nipple
- Baby swallowing too much air causing colic or wet burps
- Milk coming out of the baby’s nose
- Baby choking or coughing with feedings
- Baby arching the back or crying during feedings

General Information:

- Hold your baby in a semi-upright or sitting position to decrease formula or breast milk coming out of the nose and make the feeding more effective. If formula or breast milk does come out of the nose, let your baby cough or sneeze, and use a suction bulb as needed. Check the positioning and angle of the nipple.
- Burp your baby every 1-2 ounces or when changing from one breast to the other to prevent stomach discomfort and spitting up.
- Babies should complete a feeding in 15-30 minutes. If feedings take longer than 30 minutes, the baby is using too much energy and may not be able to gain enough weight.
- Some babies may benefit from the use of a feeding appliance that fits over the cleft in the palate. If your child’s doctor or nurse feels that this may help your infant, they will refer you to a special dentist who can make one for him.
- A healthy newborn needs approximately 2 ounces of breast milk or formula per pound of body weight per day in order to gain weight.
- Frequent weight checks (usually two times per week in the first few weeks) are needed to make sure your baby is growing properly. Please call those weights to the cleft palate team nurse or nutritionist if they are obtained elsewhere. Make sure the baby is weighed without diaper and clothes.
Breast Feeding Tips:

Babies with a cleft lip can usually breast feed. Babies with a cleft palate have trouble making enough suction to draw milk from the breast. You can express your breast milk and feed your baby with a special bottle or nipple.

**Cleft Lip**

- Place a warm wash cloth on your breasts and massage the breasts for 1-2 minutes prior to feeding to improve the milk flow in the first few feedings.
- Support the breast with your hand during the feeding to help the baby keep enough breast tissue in his mouth.
- Push breast tissue into the lip cleft if needed to help make a seal, or put your finger over the cleft after the baby latches on.
- If your baby tends to choke and leak milk from the nose, holding the baby in an upright position such as side sitting or straddle may help.
- If your baby tires quickly, try feeding for a shorter time more often and express your milk after feeding to keep your supply up.

**Cleft Palate**

- Most babies with a cleft palate can not exclusively breast feed. An opening in the palate makes it impossible for the baby to seal off his mouth and create the suction needed to draw milk from the breast. This is like trying to suck liquid though a straw with a large hole in it. Expressed breast milk by bottle is a very good option for these babies.
- Pumping with a high quality double electric breast pump is recommended as a way to obtain milk for feeding by bottle and to keep milk supply up.
- Breast milk is important no matter how your baby received it. Breast milk has antibodies that help prevent infection. Breast milk has the perfect blend of nutrients to help your baby grow.

Breast Feeding Support:

Please call the lactation management team nurses at (816) 346-1309, for phone support or an appointment if you are feeling frustrated, the baby is not feeding effectively, or the baby is having fewer than 6 wet diapers and several dirty diapers per day. The lactation management team nurses can also help you with breast pump and milk storage information.

**Bottle Feeding Tips:**

- Babies with a cleft lip and/or a cleft palate may need special bottles and nipples to help them feed. The Haberman and Pigeon feeders have been designed for babies with cleft palate/lip. They reward the baby with milk flow with very little effort and still allow the baby to pace the feeding. This is called an infant-led feeding and is what we strive for.
- The Haberman has a soft nipple with lines marked on it. Position the nipple down toward the throat and away from the cleft if possible with the shortest line on the nipple even with the nose. If the baby is not swallowing with every 1-3 sucks, try turning the nipple so the next longest line is even with the nose. That will increase the milk flow a little. The longest line is for the fastest flow, if needed.
• Do not screw the nipple collar too tightly around the bottle. This can cause the baby to have to work harder because there is too much negative pressure and nowhere for air to escape. Just screw the collar on tight enough to keep the bottle from leaking.

• When using the Haberman feeder, apply gentle constant pressure on the side of the soft nipple chamber if necessary to make your baby’s suck more productive. The baby should swallow with every 1-3 sucks. The pressure on the nipple should be gentle enough to allow the baby to take rest breaks as needed.

• If started on Haberman bottle, please continue to use it until your baby transitions to a cup. Although some babies suck well from regular nipples, we found that most babies use too many calories in this effort and do not gain weight as well as they should.

• Never give your baby a bottle lying down or propped on a pillow. This can cause choking and problems with ear infections and tooth decay.

• If your baby has a cleft palate, please begin weaning him to a cup around eight months of age since bottles are not advised after surgery.

**Solid Foods:**

Your baby should be ready to eat strained foods at the same time as any other baby. Strained foods can be started at 4 to 6 months.

• Foods should be given by spoon, not by bottle.

• Position your baby upright to reduce food coming out of his nose. Start with tiny tastes in the front of the mouth. Never try to place food far back in the mouth. Allow the baby to take the food from the spoon.

• Start with rice cereal made to about applesauce consistency. Some runny fruits may be thickened with a small amount of cereal.

• Do not give hard, sharp foods like peanuts, raw carrots, and potato chips.

**4-6 months:** Introduce cereals and pureed foods by spoon

**8 months:** Give pureed foods, stage 2 and 3 foods and mashed table foods. Offer sips of expressed breast milk, formula, juice, and water from an open lidded cup or an indented sippy cup. We have cups like this if you can not find one. Do not use infant feeders, "spill-proof" cups, or sippy cups with spouts for children with cleft palates.

**Call your child’s doctor or the Cleft Lip/Palate Clinic at (816) 234-3677 if:**

• Your baby is losing weight or appears thinner.

• Your baby consistently coughs or chokes with feedings.

• Your baby is not taking the recommended amount of milk per day.

• Your baby is taking longer than 30 minutes to feed.

• Your baby consumes little breast milk or formula.

• Your baby seems excessively gassy.

• You have any questions or concerns regarding your baby’s feeding or cleft lip/palate.