

## 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 Cleft Palate Foundation 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 the Cleft Palate Foundation ([info@cleftline.org](mailto:info@cleftline.org)). **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 Cleft Palate Foundation also offers a 24-hour hotline (800.24.CLEFT) for urgent family needs.

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.*