If baby has cleft lip only and palate is intact, breastfeeding is recommended and most babies do well.

Use the following oral feeding guide for babies who have a cleft palate/lip and:
- Are ≥37 weeks with cleft palate +/- cleft lip
- Have a stable cardio-respiratory (CR) status without other complicating conditions
- Demonstrate feeding readiness by these behaviors:
  - Drowsy, alert or fussy when handled or prior to care.
  - Baby is rooting, takes pacifier and/or demonstrates hand to mouth behavior.
  - Awakens at or before scheduled feeding time.

STARTING ORAL FEEDINGS
- If feeding well but weight gain is slow, then consider fortifying either with 22 cal/oz or 24 cal/oz
- Avoid placement of NG tube for first 48 hours

1. Use the Medela Special Needs Feeder (i.e., Haberman Feeder) for cleft lip and palate or Dr. Brown Specialty Bottle for cleft palate only
2. Feed in upright position: 45 degrees
3. Limit feeding time to 20 minutes

If doing well, continue feedings on an ad lib schedule

Successful feeding:
Infant demonstrates weight gain for 48 hours prior to discharge.

If still not feeding well, consider consult and possible transfer to Children’s Minnesota for further feeding work.
If feeding well and meets criteria for discharge, contact Children’s for follow up with ENT/speech therapy in 1 week.

Baby shows consistent disengagement cues (see reverse) or is taking poor volumes:
Switch to the Pigeon system, attempt feedings for an additional 48 hours

If feedings do not progress, place NG tube and initiate a break in oral feedings for 24–48 hours.
Consult with Children’s Minnesota if staff cannot safely manage NG tube.

Re-challenge once baby is rehydrated.
Begin with ad lib feedings x 48 hours.

If baby is feeding well, encourage family to do all feedings for 24 hours prior to discharge.
Disengagement cues
Signs that baby needs to either stop oral feedings or break in feeding attempt:
1. An episode of bradycardia or desaturation
2. Increased work of breathing
3. Stridor
4. Loss of postural tone
5. Avoidance behaviors
6. Color change
7. Gagging
8. Hiccupping, sneezing and/or coughing

How to use the Medela Special Need Feeder
- Place the valve into the nipple with the rim of the disk pointing toward the nipple.
- Hold the bottle upright and squeeze the nipple to remove all of the air.
- Tip the bottle upside down as you continue to squeeze the nipple.
- Let go of the nipple to allow formula to fill the nipple.
- The nipple will continue to refill with formula as the baby feeds.
- If you are not hearing any swallows, gently squeeze the nipple while the baby is sucking. Release when the suck burst has ended.

Dr. Brown Specialty Feeding System
- Similar to Pigeon
- One way valve turns bottle into compression based system
- Able to increase/decrease flow with different nipples
- Bottle and nipple are easy to find in stores
- Inexpensive
- Tends to work best with cleft palate only or post-lip repair

Additional resources
- American Cleft Palate-Craniofacial Association (ACPA)
- 1-800-24-CLEFT
- cleftline.org

CHILDREN’S PHYSICIAN ACCESS
24/7 assistance: referrals, consultations, admissions
612-343-2121 • 866-755-2121