

Feeding an Infant with Cleft Lip and Palate or Cleft Palate Only

Special feeding needs

When a baby is born with a cleft lip and palate or cleft palate, there is an opening between the mouth and nose. This opening keeps the baby from making the suction that is needed to pull milk from a nipple. As a result, even though the baby is able to suck and swallow, he or she needs a special bottle to compensate for the lack of suction.

Lack of suction also makes breastfeeding very hard, which can lead to not enough weight gain. We encourage mothers to pump breastmilk and feed their baby with a special bottle.

In addition to a hard time creating suction, your baby may have:

- Milk leaking from the nose during feedings due to the opening between the mouth and nose.
- A weak suck and may tire more easily.
- Gas from swallowing too much air.

How do I know what bottle is right for my baby?

Consult with the Cleft Clinic to choose the right bottle for your baby. Based on your baby's cleft type and feeding skills, one of following bottles may be recommended:

- Special Needs Feeder
(www.medela.com).
- Cleft Lip and Palate Nurser
(www.enfamil.com)
- Pigeon Bottle System
(www.childmed.com)

These bottles are available at Children's - Minneapolis Outpatient Pharmacy, 612-813-7290.

Cutting standard nipples is not recommended. If your child is not feeding well with the recommended bottle, please contact the Cleft Clinic (612-813-6888).

General feeding guidelines

The following techniques apply to any bottle:

- Keep your baby upright when feeding. Gravity will help keep the milk out of the nose.
- Aim the nipple toward the part of the palate (roof of the mouth) that does not have the cleft.
- Your baby should develop a consistent sucking and swallowing pattern. Watch for one to 3 sucks followed by a swallow and then a breath.
- Burp your baby often – every ½ to 1 ounce. Your baby may swallow more air because of weak suction.
- Initially, feed your baby every 2 ½ to 3 hours, day and night, for a total of 8 to 10 feedings in a 24-hour period.
- Feedings should last no more than 30 minutes. At the beginning, your baby may need more time, but as he or she becomes a better feeder, feedings should become shorter.

How will I know if my baby is getting enough to eat?

Keep a feeding log to track your baby's feedings. Steady weight gain is a good sign of your baby getting enough nutrition. The following chart shows guidelines for weight gain:

Age	Minimum Recommended Weight Gain
10-14 days	Return to birth weight
1-4 weeks	Gain 4-7 oz. per week
1-3 months	2 pounds per month
3-6 months	1 pound per month
6-9 months	$\frac{3}{4}$ pound per month
9-12 months	$\frac{1}{2}$ pound per month

Your baby's weight should be checked weekly, preferably on the same scale each time. When your baby starts to steadily gain weight, the Cleft Clinic may recommend less frequent weight checks.

When should I call the Cleft Clinic?

Call the clinic if you have any of the following:

- Feeding times take longer than 40 minutes.
- Coughing, choking or gagging with feedings.
- Poor weekly weight gain.
- Less than five wet diapers per day.
- A hard time using or finding the right bottle.

If your child has a life-threatening emergency please call 911.

Additional resources

- Children's Hospitals and Clinics of Minnesota Cleft and Craniofacial Program: www.childrensmn.org
- Cleft Palate Foundation: www.cleftline.org
- Feeding video and handouts

Questions?

This sheet is not specific to your child, but provides general information. If you have any questions, please call the Cleft Clinic at 612-813-6888.

For more reading material about this and other health topics, please call or visit the Family Resource Center library, or visit our website: www.childrensmn.org/A-Z.

Children's Hospitals and Clinics of Minnesota
Patient/Family Education
2525 Chicago Avenue South
Minneapolis, MN 55404
Last reviewed 5/2013