

childhood. Articulation errors result from a history of velopharyngeal dysfunction, incorrect articulatory placement, improper tooth alignment, and varying degrees of hearing loss. Improper drainage of the middle ear as a result of inefficient function of the eustachian tube relating to the history of CP contributes to recurrent otitis media, which leads to conductive hearing loss in many children with CP; many children with clefts will have pressure-equalization tubes placed. Extensive orthodontics and prosthodontics may be needed to correct malposition of the teeth and maxillary arches. Academic achievement, social adjustment, and behavior should be monitored, particularly in children with syndromic cleft conditions.

## **Nursing Care Management**

The immediate nursing problems for an infant with CL/P deformities are related to feeding. Parents of newborns with clefts place high priority on learning how to feed their infants and identify when they are sick, but they also express interest in learning about the infant's "normal" features. Whenever possible, they should be referred to a comprehensive CP team.

## **Feeding**

Feeding the infant with a cleft presents a challenge to nurses and parents. Growth failure in infants with CL/P or CP has been attributed to preoperative feeding difficulties. After surgical repair, most infants who have isolated CL, CP, or CL/P with no associated syndromes gain weight or achieve adequate weight and height for age.

CL may interfere with an infant's ability to achieve an adequate anterior lip seal. An infant with an isolated CL typically has no difficulty breastfeeding because the breast tissue is able to conform to the cleft. If bottle fed, an infant with an isolated CL may have greater success using bottles with a wide base of the nipple, such as a Playtex nurser or a NUK (orthodontic) nipple. Cheek support (squeezing the cheeks together to decrease the width of the cleft) may be useful in improving lip seal during feeding.

Infants with CP and CL/P are often unable to feed using conventional methods before surgical management. La Leche League International reports that "over time, lactation consultants