Long-Term Care

Children with CL/P often require a variety of services during recovery. Family members need support and encouragement by health professionals and guidance in activities that facilitate a normal outcome for their child. Parents frequently cite financial stress as a difficult issue. With the combined efforts of the family and the health team, most children achieve a satisfactory outcome. Many children with CL/P have surgical correction that creates a near normal–appearing lip and permits good function of the palate for speech and feeding. Parents need to understand the function of speech therapy and the purpose and care of all orthodontic appliances, as well as the importance of establishing good mouth care and proper brushing habits.

Throughout the child's development, an important goal is the development of a healthy personality and self-esteem. Many communities have CP parents' groups that offer help and support to families. Agencies that provide services and information for children with CL/P and their families include the American Cleft Palate–Craniofacial Association (http://www.acpa-cpf.org), the Cleft Palate Foundation (http://www.cleftline.org), Cleft Advocate (http://www.cleftadvocate.org), the March of Dimes (http://www.marchforbabies.org), and various state children's medical services.

Esophageal Atresia and Tracheoesophageal Fistula

Congenital esophageal atresia (EA) and tracheoesophageal fistula (TEF) are rare malformations that represent a failure of the esophagus to develop as a continuous passage and a failure of the trachea and esophagus to separate into distinct structures. These defects may occur as separate entities or in combination (Fig. 22-5); and without early diagnosis and treatment, they pose a serious threat to the infant's well-being.