have found that feeding exclusively at the breast is a difficult goal for all but a few infants with uncorrected cleft palates" (Cleft Palate Foundation, 2009). CP reduces the infant's ability to suck, which interferes with breastfeeding and traditional bottle feeding. Modifications to positioning, bottle selection, and feeder supportive techniques can help infants with CP feed efficiently. Begin by positioning an infant with CP in an upright position with the head supported by the caregiver's hand or cradled in the arm; this position allows gravity to assist with the flow of the liquid so that it is swallowed instead of resulting in a loss of liquid through the nose.

Suction is almost certainly impaired in infants with CP because the velum is unable to elevate and separate the oral nasal cavities while generating adequate negative intraoral pressure. Several types of bottles work well with infants unable to generate adequate suction, including the Special Needs Feeder (formerly Haberman), the Pigeon bottle, and the Mead-Johnson Cleft Palate Nurser. The Special Needs Feeder and the Pigeon bottles use a one-way flow valve that allows the infant to feed successfully by compressing the nipple with either the intact segments of the palate and the mandible or tongue. With the one-way flow valve in place, the liquid flows into the oral cavity rather than back into the bottle chamber when the nipple is compressed. The Special Needs Feeder also has a large nipple chamber that allows the feeder to provide extra assistance by squeezing the chamber if needed. The tip of the Special Needs Feeder has a slit cut, which allows the feeder to control the flow of liquid by positioning the slit vertically or horizontally within the mouth, which can reduce choking and gagging. The Pigeon bottle comes with two nipple sizes—standard and small, each with a Y-cut nipple that increases the flow of liquid. The third bottle, the Mead Johnson Cleft Palate Nurser, is a squeezable bottle with a long, thin X-cut nipple; this bottle requires the feeder to rhythmically squeeze the bottle throughout the feeding and does not require the infant to actively compress the nipple during the feeding.

Infants with clefts tend to swallow excessive air during feedings, so it is important to pause during feedings and burp the infant. Some CP specialists advocate for the use of feeding obturators to assist with feeding; these devices may increase compression