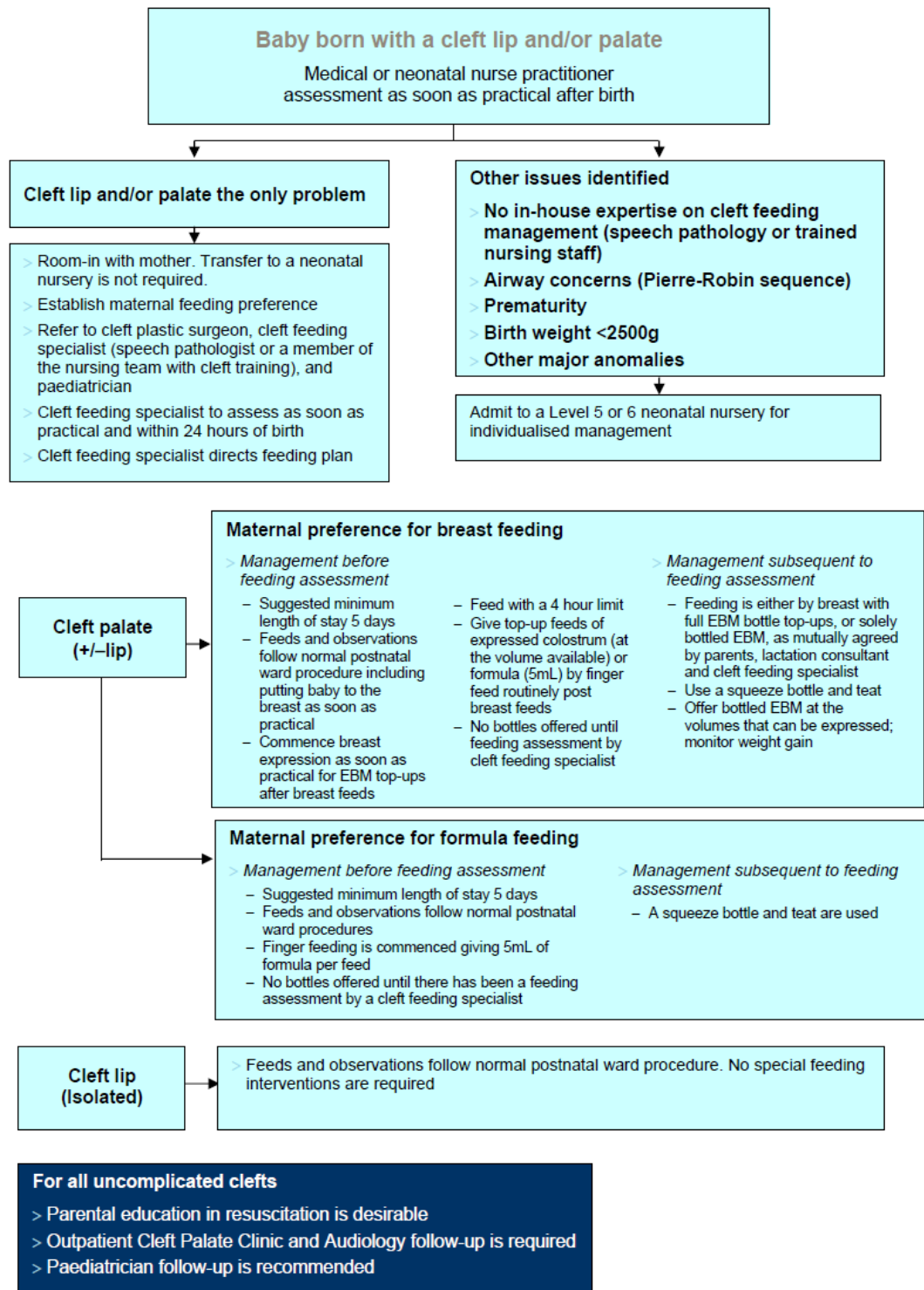


# South Australian Perinatal Practice Guidelines

## Management of cleft lip and palate in the neonatal period

© Department of Health, Government of South Australia. All rights reserved.

### Management of cleft lip and/or palate in the neonatal period flow chart



# South Australian Perinatal Practice Guidelines

## Management of cleft lip and palate in the neonatal period

© Department of Health, Government of South Australia. All rights reserved.

### Important points

- > Cleft lip and / or palate occurs in approximately 1 per 800 births in South Australia
- > Antenatal diagnosis of cleft lip is usually possible; however isolated cleft palate is usually not seen with morphology ultrasound
- > Where there is an antenatal diagnosis of cleft lip, antenatal counselling should occur through a plastic surgeon experienced in cleft lip and palate surgery, and with a practitioner experienced in cleft feeding management.
- > Babies born with a cleft may present with a range of feeding difficulties according to the type and severity of the cleft. Mode of feeding (breast milk or formula) should be discussed where possible in the antenatal period.
- > Following birth, babies should have a medical assessment to determine the nature of the cleft and any associated abnormalities or co-morbidities.
- > In the majority of cases, the baby can be nursed safely with the mother on the post-natal ward. Transfer to a neonatal nursery and the use of naso-gastric tubes is only appropriate for those babies who have additional medical problems.
- > Isolated cleft lip generally doesn't result in significant feeding difficulties. These babies can be managed normally.
- > With a cleft palate, the major difficulty is an inability to create sufficient negative intra oral pressure for effective feeding, reducing sucking efficiency.
- > Breast milk feeding is encouraged. Breast milk is beneficial to all babies, and for cleft palate babies breast milk is also less irritating to the exposed nasal mucosa and gives some protection against otitis media with effusion.<sup>1</sup>
- > Where a mother wishes to breast feed, the presence of a cleft should not hinder immediate post partum suckling. However, transfer of breast milk by suckling at the breast is rarely adequate where there is a cleft palate, and the emphasis should be on maintaining lactation and providing expressed breast milk by bottle. Where there is a strong maternal desire to continue to put the baby to the breast, this can be supported by providing top-ups of EBM by bottle.
- > The support of parents by cleft feeding specialists during the establishment of feeding is essential and has been shown to improve weight gain.<sup>2,3,4,5,6</sup>
- > Babies usually require only small quantities of milk in the first 24 hours. Gentle finger feeding of the volume of breast milk able to be expressed, or 5 mL aliquots of formula where the intention is to formula feed, is safer than a squeeze bottle. Squeeze bottles should not be used until after a feeding assessment because an inexperienced operator may cause the baby to choke.

### Neonatal management

- > Neonatal management is outlined on the attached Flow Chart

# South Australian Perinatal Practice Guidelines

## Management of cleft lip and palate in the neonatal period

© Department of Health, Government of South Australia. All rights reserved.

### References

1. Paradise JL, Elster BA, Tan L. Evidence of infants with cleft palate that breast milk protects against otitis media. *Paediatrics* 1994; 94: 853–54.
2. Jones WB. Weight gain and feeding in the neonate with a cleft: a three centre study. *Cleft Palate Journal* 1998; 25:379-84.
3. Richard ME. Feeding the newborn with cleft lip and/or palate: the enlargement, stimulate, swallow, rest (ESSR) method. *Journal of Pediatric Nursing* 1991; 6: 317-21.
4. Brine EA, Rickard KA, Brady MS et al. Effectiveness of two feeding methods in improving energy and growth of infants with cleft palate: a randomised study. *Journal of the American Dietetic Association* 1994; 94:732-38.
5. Richard ME. Weight comparison of infants with complete cleft lip and palate. *Pediatric Nursing* 1994; 2:191-196.
6. Shaw WC, Bannister RP, Roberts CT. Assisted feeding is more reliable for infants with clefts - a randomised trial. *Cleft Palate Craniofacial Journal* 1999; 36:262-68.

### Abbreviations

EBM	Expressed breast milk
ESSR	Enlargement, stimulate, swallow, rest
mL	Millilitre(s)

### Version control and change history

**PDS reference:** OCE use only

Version	Date from	Date to	Amendment
1.0	18 Oct 11	current	Original version