All babies feed by sucking. This helps them stay healthy and also gives them important nutrients to help them grow and develop. Babies feel calm and satisfied after they feed. Sometimes, babies born with cleft lip and/or palate will have problems with feeding. These problems are listed below:

Cleft Lip Only

Babies with a cleft lip only usually do not have major problems with feeding. Many of these babies can breastfeed. However, it may be hard at first for them to latch onto the nipple.

Cleft Palate

Babies with a small cleft of the soft palate may be able to feed without difficulty. It is harder for babies with a cleft of the soft and hard palate. The opening of the cleft can make sucking difficult or impossible. Babies will not get good nutrition if they have trouble sucking. It can also take a longer time for them to feed, which can make them tired. Other problems might be milk coming out through the nose, choking, gagging, and swallowing too much air.
Here are some tips and tools to help when feeding a baby with a cleft:

- **Nipples:** There are special nipples with different shapes, sizes, and textures that can help a baby get the most out of feeding. The holes can also be different, which will affect how quickly the liquid comes out.
  - **Nipple Shape:** There are two main shapes—straight “standard” nipples and wide, flat NUK®, or “orthodontic,” nipples.
  - **Nipple Length:** There can be many differences in nipple length. The nipple should be long enough for baby’s tongue to press against it.
  - **Nipple Pliability:** A soft nipple makes milk come out faster, so the baby will not have to suck as much.
  - **Nipple Hole Size:** The size of the nipple hole can make the milk come out faster or slower. You can cut a regular nipple hole into an “X” shape that will make the milk come out faster if needed. It is a good idea to seek help from a feeding specialist to make sure the baby can tolerate the increased flow rate.

- **Modified Nipples:** There are some commercially available bottles specifically designed for use with infants with cleft lip and palate. These include Special Needs Feeder (Haberman), cleft palate nurser (Mead Johnson) and Pigeon bottle. The caregiver provides a gentle squeeze on the bottle as the baby sucks to get milk.

- **Positioning the Baby:** Babies with clefts often feed best while seated upright or slightly reclined.

- **Positioning the Nipple:** It is important to put the nipple under a hard bone in the baby’s mouth, which helps them squeeze the milk out.

- **Pacing during Feeding:** Carefully control the flow of milk by squeezing the bottle when the baby is sucking and stopping if the baby seems upset or overwhelmed.

- **Oral Facilitation:** Use hand and fingers to help keep the baby’s mouth around the nipple during feeding.

- **Prevent Swallowing of Air:** Burp the baby frequently. Babies with a cleft swallow more air than other babies.

- **Managing Liquid in the Nose:** If milk comes through the nose, sit the baby up a little more, then squeeze less frequently to make the milk go down toward the belly.
• **Consistency of Feeder Method:** The baby should be fed in the same position, with the same nipple and bottle, for each feeding. This allows the baby to learn what to expect with feeding.

• **Oral Care:** Clean the area around the cleft using a wet washcloth after each feeding. Wet the cloth with hydrogen peroxide or water (as advised by your doctor).

• **Cup Feeding:** Most doctors recommend changing from a bottle to a cup before the palate is repaired. It can cause the scar not to heal if the baby sucks on a bottle after the surgery. Thicker liquids can be used to make it easier to drink when the baby is first trying a cup. Begin offering a cup for small amounts of liquid beginning at 6 months to help your baby with this transition.

• **Solid Foods:** Solid foods can be given to the baby with cleft palate at about the same time as with any other baby.

• **Breast Milk:** If attempts at breastfeeding are not successful, the mother can use a breast pump to get milk. Then the baby can drink the breast milk from a bottle. You can follow up with a lactation consultant to support breastfeeding.

**WEBSITES FOR MORE INFORMATION:**

- Craniofacial Center, Cincinnati Children’s Hospital Medical Center: [http://www.cincinnatichildrens.org/cfat](http://www.cincinnatichildrens.org/cfat)
- VPI Clinic, Cincinnati Children’s Hospital Medical Center: [http://www.cincinnatichildrens.org/vpi](http://www.cincinnatichildrens.org/vpi)
- Division of Speech-Language Pathology, Cincinnati Children’s Hospital Medical Center: [www.cincinnatichildrens.org/speech](http://www.cincinnatichildrens.org/speech)