Feeding Infants with a Cleft

Feeding problems associated with cleft palate:
- An infant with a cleft of the lip or lip and alveolus (gum ridge) does not typically experience any feeding difficulties
- Cleft of the palate will require feeding modifications in technique, supplies, and positioning because of a lack of separation between the nasal cavity and the mouth
  - Weak sucking ability and may experience problems with nasal regurgitation, long feeding times, and difficulty coordinating swallowing and breathing
  - May swallow a lot of extra air and require extra burping

***An infant with cleft lip only will probably be able to breastfeed successfully, but it is VERY rare for a child with a cleft of the palate to successfully breastfeed

Feeding an infant with a cleft palate:
- Soft nipple that allows the milk to flow at moderate pace
  - Cross-cut nipple
  - X-shaped opening which allows the milk to flow only when the infant squeezes the bottle
- Squeezable bottle to help facilitate flow of milk

  o **Mead Johnson Cleft Palate Nurser**
    
    o Disposable
    o Inexpensive
    o Long, cross-cut nipple
    o Soft bottle to allow for pulsing
- **Medella Special Needs/Haberman feeder**

- ![Image of Medella Special Needs/Haberman feeder](image)

- - Large, squeezable nipple
- - Slit versus cross-cut
- - Several settings for flow valve
- - One-way valve reduces air swallowed
- - Allows pulsing
- - Expensive – parents may only have 1 or 2 bottles

- **Pigeon Cleft Palate Nurser**

- ![Image of Pigeon Cleft Palate Nurser](image)

- - Y-cut nipple
- - Bulbous nipple fits better in oral cavity
- - Nipple firm on one side allows compression against palate with tongue (obturator)
- - Back-flow valve

- **Techniques:**
  - Angle bottle away from cleft (side of the mouth)
  - Upright position to decrease the amount of nasal regurgitation (milk coming through the nose)
  - Frequent burping