

Breastfeeding: Unrepaired Cleft Lip or Cleft Palate

If your baby was born with a cleft lip or cleft palate, you may wonder if breastfeeding is possible for you. The answer? Yes! The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for 6 months after birth — even for babies with a cleft. Many babies with cleft lip alone can get all their nutrition at the breast, while those with cleft palate will need supplementation. This handout gives you some ideas for making breastfeeding work for you and your baby.

What is a cleft?

A cleft is a gap or opening in the mouth. It happens when the baby's lip or palate (or both) does not fuse together completely during development in the uterus. The type and location of the cleft varies, for example:

- **A cleft lip** can be unilateral (on one side of the mouth) or bilateral (on both sides). The cleft can be complete (extend up to the nostril) or incomplete (stop at the lip).
- **A cleft palate** may affect the soft palate at the back of the throat, the hard palate at the roof of the mouth, or both.

Clefts are fairly common. On average, one out of every 700 babies in the U.S. is born with a cleft lip or palate. In Utah, clefts are even more common, with about 1 in every 450 babies born with a cleft.

Why mother's milk is special

Mother's milk is uniquely valuable for a baby's health. Unlike store-bought infant formula, mother's milk:

- Contains antibodies — substances that help your baby resist disease
- Provides a perfect balance of nutrients to help your baby grow and develop
- Protects your baby against allergies and is easy to digest
- Reduces risk of death from SIDS



Breastfeeding helps to strengthen the mouth and facial muscles. This is particularly helpful for a baby born with cleft lip or palate.

Mother's milk may be particularly valuable for a baby with cleft lip or cleft palate, since its benefits also include:

- **Fewer ear infections.** Studies show fewer infections among babies who received mother's milk, especially if they breastfed for 3 months or more. Babies with cleft lip or cleft palate are more likely to develop ear infections than babies without clefts.
- **Fewer respiratory (lung) illnesses.** Studies report fewer infections during the months that babies are breastfeeding, and fewer hospitalizations for breathing problems when babies are breastfed for 4 months or more. Babies with cleft palate have more respiratory infections, on average, than those without.

Nursing your baby at the breast and by feeding milk that you have pumped (expressed) can provide these powerful benefits to your baby.

How does a cleft affect breastfeeding?

To breastfeed well, a baby needs to get enough pressure to create a good seal and suction on the mother's breast. Yet depending on the type and size, a cleft can change the effectiveness of the seal. As a result, your baby may tire easily and not nurse efficiently.

These tips can help you work around some of those challenges:

- Before you leave the hospital, **meet with a lactation consultant and speech or feeding therapist to create a feeding plan that meets your baby's unique needs.** You'll also get information and practical advice on feeding positions and learn about pumping to build and protect your milk production. Write down questions, answers, notes, and suggestions related to your plan on the back of this handout.
- During feedings, **hold your baby in an upright or semi-upright position.** This will help the milk flow down the throat.
- **Burp your baby often.** Babies with clefts tend to swallow more air than other babies — and so they need to burp more, too.
- **Try to be patient.** With a little time and practice, you will become an expert at feeding your baby.

Stopping cues include:

- Increased breathing rate
- Worried look
- Falling asleep
- Splaying hands
- Biting and drooling
- Refusing to open mouth
- Vomiting or hiccups
- Grunting or straining

Babies with cleft lip only

Babies born with just a cleft lip can usually breastfeed well. The breast's natural softness and flexibility often allow it to conform to the shape of the cleft — and in some cases, makes breastfeeding easier than feeding with a rigid plastic bottle.

Try these tips to improve breastfeeding:

- Point the cleft lip toward the top of the breast. This gives you a good view of how well the breast tissue is filling in the gap created by the cleft.
- Use your thumb or finger to plug the cleft during breastfeeding. This can support the baby's cheeks and narrow the gap created by the cleft, which can improve the seal on the nipple.

Babies with cleft palate or cleft palate and lip

Babies with cleft palate need to be fed expressed (pumped) milk after each breastfeeding session. That's because a baby with cleft palate has trouble creating enough suction during breastfeeding — it's like trying to drink through a straw with a hole in it. A baby with cleft palate may also have sucking patterns (ways of moving the mouth and jaw during feeding) that aren't efficient.

For your baby with cleft palate, try these tips:

- Try positions that are comfortable for you and that let your baby stay upright or semi-upright during feedings. For example, try having your baby straddle your leg on the same side as the breast they're nursing from. You can also try a modified football hold. (See the picture below.)



A modified football hold keeps your baby upright and lets gravity help the milk flow down their throat.

- Support your baby's chin and jaw with your hand. The extra support can stabilize the jaw and make sucking more efficient. Use the “dancer hand” shape shown and described at right.
- Breastfeed for 5 to 10 minutes on one breast per feeding. Then, supplement with expressed mother's milk. There are special bottles and nipples designed for babies with cleft palates. A feeding specialist or nurse specialized in working with babies with cleft palates should evaluate your baby to determine which nipple and bottle feeding method works best for your baby.
- Know that milk may run out your baby's nose. This isn't a health risk. If it happens, just wipe the milk away with a soft cloth.
- Aim to keep the entire feeding (breast and bottle) to 30 minutes or less.

Will my baby need supplementation?

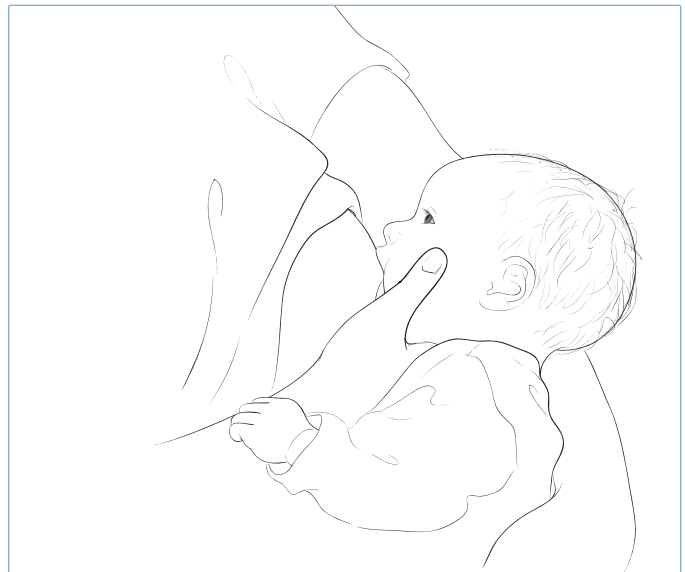
Babies with a cleft lip alone usually breastfeed well and don't need supplementation with expressed mother's milk. However, a baby with cleft palate or cleft lip and palate will need supplementation. A feeding specialist.

For any newborn — with or without a cleft of any kind, — be sure to follow the instructions in the next section to make sure your baby is getting enough milk.

How do I know if my baby is getting enough milk?

Breastfeed your baby 8 to 12 times per day. In the first few weeks, You can make sure your baby is well hydrated (getting enough fluids) and well nourished by checking the following:

- **Your baby's wet and messy diapers.** Here's what you're looking for:
 - On the third day of life, your baby should have at least 3 messy diapers and 3 wet diapers in a 24-hour period
 - On the 4th day of life, your baby should have at least 4 messy diapers and 4 wet diapers in a 24-hour period



With the “dancer hand” hold:

- Slide the hand under your breast forward, so that you support your breast with 3 fingers rather than 4.
- Form a U-shape with your thumb and forefinger, and **gently cradle your baby's chin in the bottom of the U.**

- After the 4th day of life, your baby should have 6 or more wet diapers each day. Until they are 8 weeks old, they should also have about 4 messy diapers each day. After 8 weeks, they may continue to have several messy diapers each day, or may go several days without one.

- **Follow-up care.** Keep all of your newborn checkup appointments. Your baby's doctor will weigh and measure your baby to see if your baby is getting what's needed for healthy growth and development. Schedule an appointment with a lactation specialist.

Building and maintaining your milk supply

Follow these tips to support your milk production:

- Breastfeed as soon as possible after delivery.
- Start using a hospital-grade electric pump after your first breastfeeding session — or within 6 hours of delivery. Continue to pump after each breastfeeding session.
- If medically able, hold your baby skin-to-skin.

Feeding Plan

Before your baby leaves the hospital, talk to a lactation specialist about breastfeeding your baby. Use this space to write down any questions, answers, and suggestions about feeding. .

Feeding frequency and time:

Feed _____ times in a 24-hour period, or about every _____ hours during the day. (At night, wake your baby every _____ hours to feed.)

Pumping and supplementing:

Give additional mother's milk? yes / no (circle one) How much? _____

When to pump: _____ How long to pump: _____ Other pumping tips:

When combining breastfeeding and supplementing, breastfeed _____ minutes each session.

Feed from both breasts each session? yes / no (circle one)

Or from one breast, alternating left / right each session? (circle one). Then:

Supplement: _____

Use these special nipples or bottles: _____

Tips to try

Positions and holds that might work well: _____

Signs that breastfeeding is going well: _____

Who to call with feeding questions:

More questions? Contact Intermountain's
Cleft Palate and Craniofacial Clinic:
801-662-1630

Scan the code to find a
lactation specialist near you.



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