



Feeding Your Baby

North West England, the Isle of Man and North Wales
Cleft Lip and Palate Network

Introduction

Full term healthy babies are born with the natural ability to feed and this is also possible for most babies born with a cleft. You will already have planned how you would like to feed your baby and your Midwife and Clinical Nurse Specialist will support your choices.

Will I be able to feed my baby?

To feed, newborn babies suck, breathe and swallow in a smooth and co-ordinated way. Suction is important in both breast and bottle feeding. For babies born with a cleft, the gaps in the lip or palate may make it difficult to create and maintain suction. To help your baby to feed, some adjustments in technique may be necessary.

Which milk is better for my baby, breast or formula?

Breast milk is better for your baby for many reasons. It is the natural milk for your baby and for babies born with a cleft palate, it is less irritant to the fragile lining in the nose.

Will I be able to breast feed?

Babies born with a cleft lip only, will usually be able to breast feed. It often helps to position the baby so that the cleft is underneath the breast tissue. For the first few weeks it is important to support the breast with your hand to maintain your baby's 'latch' on to the breast. For babies born with a cleft involving the palate, feeding directly from the breast will be more difficult.

How can I help my baby obtain breast milk?

During the first few days it is important to offer the baby the breast making sure that the nipple is well placed into the mouth. The Clinical Nurse Specialist and Midwife will show you a technique called an 'exaggerated latch on'. You should remember to support the breast tissue with your hand at all times. During these first few days, putting your baby to the breast helps the milk flow to become established. At this age, full term healthy babies require only small amounts of milk on a regular basis.

If your baby requires extra milk, expressed breast milk can be offered from a cup, syringe or scoop bottle. For babies born with a cleft palate, it usually becomes necessary to supplement any breast feeding with expressed breast milk using a bottle, teat or scoop. This is still considered breast feeding.

Will I have to hire a breast pump?

You will be offered the loan of a breast pump at no cost for as long as you are expressing milk – up to a maximum of twelve months from the birth of your baby.

If I choose to bottle feed will I need special equipment?

Babies born with a cleft lip only, will usually not require any special feeding equipment although a faster flow teat may be effective for some babies.

If the palate is involved, your baby will probably require a soft bottle and a larger orthodontic teat (size 6 – 18 months). The soft bottle allows you to help the delivery of milk by gently squeezing the sides of the bottle as your baby suckles. The larger teat sits across the cleft, in the palate, preventing the teat from moving up into the delicate tissue of the nose as this can cause ulcers. Sometimes your baby is unable to use a soft bottle in the first few weeks but your Clinical Nurse Specialist will assess your baby's skills and make a plan with you.

Your Clinical Nurse Specialist will provide your first supply of feeding equipment. Extra feeding bottles and/or teats can be bought from CLAPA (Cleft Lip and Palate Association). These can be ordered by telephone or via the internet. The contact details are at the end of this leaflet.

What happens if my baby is unable to feed?

Occasionally, newborn babies are unable to feed at the breast or from a teat and bottle. This is usually for reasons that resolve in the first six months. An assessment of feeding skills is undertaken by the Clinical Nurse Specialist soon after your baby's birth and is repeated as your baby develops and changes. It is important that all babies are given the opportunity to develop feeding skills as they grow. Some babies need the support of special high calorie milks or a feeding tube to obtain enough nourishment to develop. Your Clinical Nurse Specialist will discuss all the options available to help your baby grow and thrive.

When will I be able to feed my baby with an ordinary bottle?

After your baby has recovered from surgery to close the palate, you may be advised to stop using the soft bottle and encourage your baby to start to use the muscles of the newly repaired palate. This may take several weeks to learn.

What happens if my baby regurgitates milk?

Most babies bring back small amounts of milk after a feed. If your baby has a cleft palate this milk is likely to appear in both the nose and mouth. As babies generally breathe through their noses, the milk may temporarily block breathing and your baby may hold his breath for a few seconds. This can be frightening for you and your baby but is unlikely to result in any harm. If this happens, gently turn your baby onto his tummy face down and wipe away any milk.

Remember to reassure your baby with soothing talk and they will learn not to panic. Giving your baby a teaspoon of cool boiled water will help to clear any milk left in their nose. Placing your baby on their side to sleep in the early months will help. If this continues as a problem your specialist nurse may advise a specialist formula or some simple medication.

What happens to feeding at the time of surgery?

We encourage babies to feed at the breast or with a teat or scoop and bottle as soon as they are awake and alert after their operation. It may take a few days for your baby to get used to the repaired lip or palate but this rarely causes any long-term problems.

Are there any other things I should look out for?

- Sometimes a baby with a cleft lip may experience dried lips and gums. If this happens apply a small amount of petroleum jelly or nipple cream to the area with your finger.
- Small amounts of cooled boiled water after a feed will help to keep your baby's mouth and the inside of the nose clean where there is a cleft palate. This is especially important if your baby experiences frequent nasal regurgitation of milk and is formula fed. Extra water is not usually necessary if your baby is fed breast milk.
- If your baby has a cleft palate, a white area may appear on the central part of the roof of the mouth, in the first few weeks. This is usually painless and will disappear quickly. It is important that you try to place the teat well into your baby's mouth on the centre of the tongue. Try to keep the teat still in your baby's mouth although it may be tempting to move the teat to stimulate your baby to suck.

Who will be available to help me?

When you go home from the maternity unit you will continue to get support and help from your Clinical Nurse Specialist who will visit you at home on a regular basis until your baby has had his or her first operation(s). As your child grows up you can contact your Clinical Nurse Specialist for further help either at clinic visits or by telephone.

Suggestions/Comments

The staff are here to help and it is important for them to know if you have any comments or suggestions about the services you have received. If you wish to speak to a member of the cleft team please telephone us:

Liverpool: 0151 252 5209

Manchester: 0161 701 9091

Monday to Friday, 9.00 am to 5.00 pm

Alternatively you can contact the Patient Advice and Liaison Service (PALS):

Manchester PALS: 0161 701 8700, Monday to Friday 9.00 am to 4.00 pm, e-mail childrens.pals@cmft.nhs.uk

Liverpool PALS: 0151 252 5374/5161, Monday to Friday 9.00 am to 4.30 pm, e-mail PALS@alderhey.nhs.uk

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Information leaflets about our service are available to download from both Alder Hey Children's Hospital and Royal Manchester Children's Hospital websites:
www.alderhey.com/services/cleftpalate.asp
www.cmft.nhs.uk/childrens-hospitals/our-services/cleft-lipand-palate.aspx

External contacts and information

Cleft Lip and Palate Association (CLAPA)

First Floor, Green Man Tower,
332b Goswell Rd, London EC1V 7LQ

Tel: 0207 833 4883 • Fax: 0207 833 5999
E-mail: info@clapa.com • Web: www.clapa.com

Changing Faces

The Squire Centre, 33-37 University Street,
London, WC1E 6JN

Tel: 0845 4500 275 • Fax: 0845 4500 276
E-mail: info@changingfaces.org.uk
Web: www.changingfaces.org.uk

This information is available in Welsh, if preferred.
Mae'r wybodaeth hon ar gael yn Gymraeg, pe baech yn dymuno hynny.

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