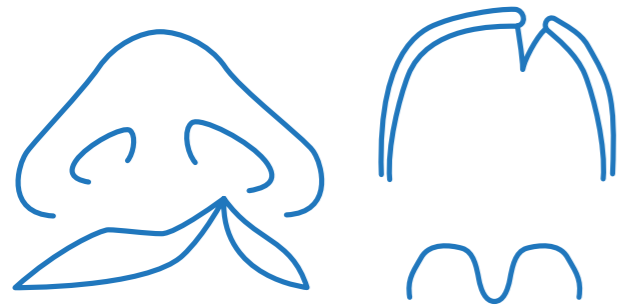


Feeding Advice for New Babies Diagnosed with Cleft Lip and/or Palate

Always immediately inform the cleft team upon diagnosis of a cleft. We will arrange a review either at the maternity unit, or at an outpatient Cleft Clinic. Please only use this chart in the absence of other medical conditions (e.g. respiratory, cardiac, syndromic diagnosis). In the presence of other conditions or feeding difficulties it is safer to feed via a naso-gastric tube and use finger/dummy to stimulate and maintain the suck reflex until assessment by our team.

Cleft Lip Only



Should feed normally via the breast or bottle. May need to occlude the cleft with the breast

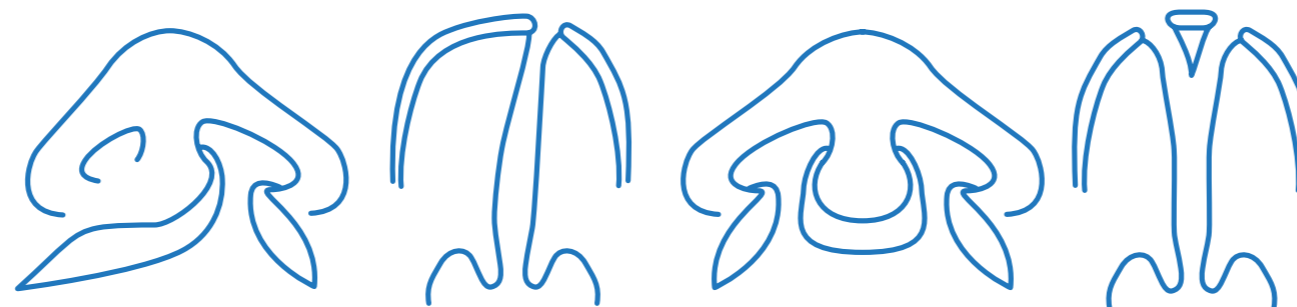
Is feeding timely and successful with no nasal regurgitation during feeding?

YES NO

Continue

If unsuccessful, prolonged or nasal regurgitation during feeding is observed, please recheck the palate

Cleft Lip and Palate (Unilateral/Bilateral)



Will the baby suck on a finger?

YES NO

Safe Option

- Insert NGT until full assessment is completed by CNS
- Continue to encourage sucking on the finger/breast for stimulation only

Has the mother been seen antenatally by the cleft team?
Has she brought soft bottle provided by the team?

YES NO

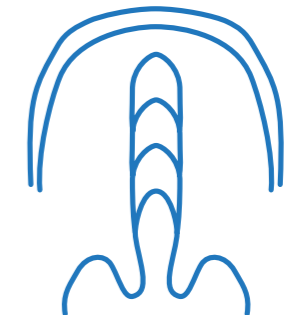
Feeding with soft bottle

- Try:
- Let baby start sucking
 - Start squeezing the bottle using continuous pressure
 - Stop squeezing when baby takes a breath break

Alternate to soft bottles

- Try:
- Normal bottle and squeezing teat
 - Syringe/finger feeding
 - Cup feeding
 - Await cleft CNS assessment

Isolated Cleft Palate



Observe baby lying on back – are there any obvious signs of respiratory difficulties (e.g. tracheal/sternal tugging?)

YES NO

Will the baby suck on a finger?

NO

YES

Where the palate is involved, breastfeeding is usually not possible and soft bottle will be required
 If coughing/choking/evident distress occur during trial of bottle feeding, please cease oral intake and insert NGT immediately