

Feeding Your Baby with a Cleft Lip and/or Cleft Palate

Babies born with a cleft lip and/or palate may have a harder time feeding.

- A baby with a cleft lip alone may be able to feed normally or with a little help depending on the size and location of the cleft.
- Babies with a cleft palate often need to use a specialty feeding system so that feeding is successful.
- Babies with a cleft may have a weak suck or may have a hard time creating enough suction to breast feed or transfer milk/formula from a regular bottle.
- Babies with a cleft palate may also have liquid or food come out of their nose during and after feeding. This is due to the area of the palate that is open between the nose and the mouth.

What does a baby with a cleft lip and/or cleft palate eat?

- Your baby's care team will carefully go over feeding your baby with a cleft, talk with you about any concerns you might have and answer all your questions.
- Babies with a cleft lip and/or cleft palate can be fed breast milk, formula, or a mixture of both. Your baby's main doctor (also called PCP) can help you make the decision of what to feed your baby.
- Most often babies with a cleft lip and/or cleft palate start spoon feeding with solids at the same time as babies that don't have a cleft lip and/or cleft palate. Your baby's main doctor and all members of their care team here at Children's Hospital Colorado can help you decide when to start giving your baby solids.

What are the different specialty bottle systems that a baby with a cleft lip and/or cleft palate may use to help them be successful when eating?

A cleft lip and/or cleft palate can make it hard for a baby to feed with a regular bottle system that you buy at the store. The Cleft Lip and Palate Team at Children's Hospital Colorado may suggest one of several bottles available for babies with a cleft lip and/or cleft palate.

- The **Medela SpecialNeeds® Feeder** (formerly called the Haberman Feeder) is made for babies with special feeding needs, including babies with facial differences. The nipple has flow rate lines that will let you change the milk flow to suit your baby's feeding needs and is made of a soft material which lets you squeeze the nipple to support efficient feedings. The bottle has a one-way valve that helps avoid too much air intake and lets milk flow only when the baby sucks or the nipple is squeezed.

This specialty feeding system is available in two different nipple sizes including the SpecialNeeds® Feeder standard nipple, and the mini-SpecialNeeds Feeder nipple. The feeding specialist on your baby's care team can help you decide which nipple may be best for your baby and deciding if your baby needs the nipple to be squeezed gently while your baby is eating to support efficient feeding.

- The **Dr. Brown's® Zero-Resistance™ Specialty Feeding System** includes a bottle and nipple with a special blue insert called the Infant-Paced Feeding Valve. When the blue valve is used with the Dr. Brown's® Zero-Resistance™ bottle system, it helps the baby generate the flow of milk when they press down on the nipple.

The Dr. Brown's Bottle System has multiple levels of nipples that can be tried to figure out the best flow rate for your baby.

When do I know whether my baby needs supplemental nutrition?

It's important that all babies get enough nutrition for growth and development. Talk with your baby's doctor about if this type of feeding is needed.

- Some babies will need to have the calories of their formula or breast milk increased. When this is needed, a very specific recipe is followed.
- Some babies may need nasogastric tube (NG tube) feedings. This type of tube feeding provides supplemental nutrition for a short period of time when a baby is having a hard time taking their all their feedings with a bottle. A NG tube is passed from the nose, down the throat, and into the baby's stomach.
- Some babies need gastrostomy tube (G tube) feedings. This type of tube feeding is most often recommended when a baby needs supplemental feedings for a longer period of time or when a baby is having a lot of trouble with feeding. A G-tube is surgically placed through a hole in the belly that goes into the stomach.
- Any of these supplement feeding/nutritional needs will be determined and guided by your baby's main doctor or specialty doctors as needed to help support growth.

Helpful hints when feeding a baby with a cleft lip and/or cleft palate:

- Use a bottle specially made for babies with a cleft lip and/or cleft palate.
- Hold your baby in an upright, sitting position with your baby's head well supported, their body and legs gently tucked, and with arms towards the middle of your baby's body.
- If there is a cleft of the lip, try and close the gap as much as possible with the nipple of the bottle or with breast tissue if your baby is breastfeeding.
- If your baby needs extra help transferring milk out of the SpecialNeeds® nipple, you can gently squeeze the nipple in a pulse-squeeze pattern while your baby is sucking and then stopped when they take a rest break. A member of the Children's Hospital Colorado Cleft Lip and Palate Team can help teach you how to use this special technique. If you give your baby extra help, it is important to time squeezing the bottle/nipple with your baby's sucking efforts and to closely watch your baby's behaviors for signs that the milk is flowing too fast. Some examples your baby may show that if the flow rate is too fast includes pulling away from the bottle, losing milk out of their mouth, demonstrates a loud swallow, and coughs or chokes.

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IN CARE OF KIDS

- Try and keep feedings to less than 30 minutes, including time for burping. If feedings last longer than 30 minutes, your baby may be working too hard and burning too many calories.
- Your baby may need to be burped more often because they could be taking in extra air with feeding because of their cleft. Consider burping them at least ½ way through their feeding or more if they appear uncomfortable.
- It's important to have your baby weighed (naked) every week for the first month to make sure they are growing. Keep a log of your baby's feedings to help keep track of how much they are eating.
- If your baby's main doctor has questions or concerns, they can call the Children's Hospital Colorado Cleft Nurse at 720-777-5364.

What about feeding my baby after cleft lip and/or cleft palate surgery?

After cleft lip surgery:

Within a few days after surgery, most babies will be able to eat the way they were fed before the surgery. Sometimes babies will feed from a special **TenderCare™ Feeder** or from a syringe with **Brecht®** tubing after the cleft lip surgery for the first few days. These feeding devices will lower the chance of injury to your baby's lip.

After cleft palate surgery:

Within a few days after surgery, most babies will go back to drinking the same amount of liquid that they were drinking before the cleft palate surgery. Most surgeons will suggest feeding from a special **TenderCare™ Feeder**, a syringe with **Brecht®** tubing, an open cup, or a special sippy cup after the cleft palate surgery. It is important to talk with the Children's Hospital Colorado Cleft Palate nurse about specific cups that are good for your baby/child to use after the cleft palate surgery.

It may be helpful to schedule a visit with a feeding therapist in the Cleft Lip and Palate Clinic before surgery to practice cup drinking and to decide the best cup to use during the post-surgery recovery period.