

Specialty Feeding System: Medela SpecialNeeds® Feeder

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

- A baby with only a cleft lip may be able to feed normally or with a little help, depending on the size of the cleft. They can also often breast feed normally.
- Babies with a cleft palate almost always need a special feeding system to be safe and efficient.
- Babies with a cleft palate have a weak suck and may have a hard time creating enough suction to breast feed or get milk or formula from a regular bottle.
- Babies with a cleft can go to the breast for comfort and to help the breastfeeding parent make milk, but breast feeding alone often doesn't get a baby with a cleft palate enough nutrition.
- Babies with a cleft palate may also have liquid or food go into and 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 is the Medela SpecialNeeds® Feeder?

- 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 adjust the milk flow to suit your baby's feeding needs. It also has a one-way valve that keeps milk in the nipple.
- This special feeding system is available in different bottle and nipple sizes including the standard SpecialNeeds® Feeder nipple, and the Mini-SpecialNeeds® Feeder nipple.
- The Mini-SpecialNeeds® Feeder comes with a smaller nipple for smaller babies or those born early.
- The SpecialNeeds® Feeder is a compression-based system, so every time the baby puts their mouth on the nipple to suck the liquid flows.

What are the parts of the Medela SpecialNeeds® Feeder?

Medela SpecialNeeds® Feeder includes:

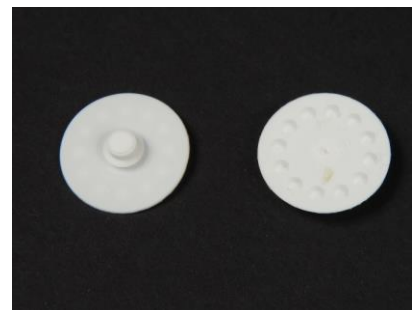
1. Nipple (Mini or Standard)
with 3 flow-rate lines



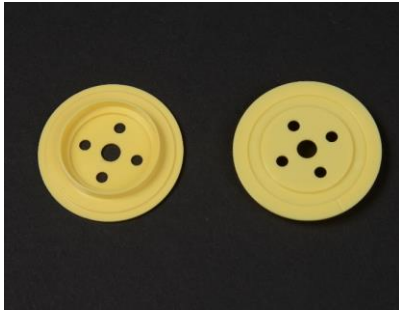
2. Collar



3. Valve membrane



4. Disc



5. 80ml or 150ml bottle

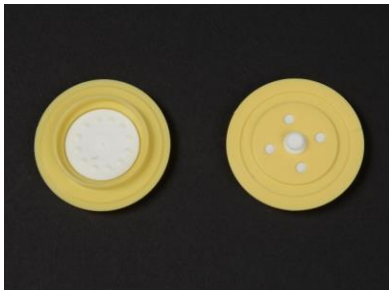


How to put the Medela SpecialNeeds® Feeder together

1. Put the nipple in the collar.



2. Press the white valve membrane into the yellow disc. Next put the assembled valve membrane into the nipple. Make sure the white valve membrane (with the raised bumps and high rim of the disc) is facing the inside of the nipple.



3. Fill the bottle with breast milk or formula. Put the assembled nipple and collar over the container and screw all the parts together using the collar. **DO NOT** over tighten.



How to use the flow rate lines on the SpecialNeeds® Feeder nipple

- The end of the nipple has an opening with a slit-valve, which can be changed based on your baby's sucking skills. The flow rate is shown by three lines on the nipple.
- The three raised lines on the barrel of the nipple are the short, medium, and long flow rate lines.
- The lines identify the orientation of the slit of the nipple in baby's mouth which then controls the flow of the milk or formula.
 - Minimum flow (shortest line) - slit is horizontal and pressure keeps valve closed for zero flow.
 - Medium flow line (middle line) - slit is diagonal and the valve partly opens for medium flow.
 - Maximum flow (longest line) - slit is vertical and pressure keeps valve open for fastest flow.

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SpecialNeeds® Feeder Function

Function of slit-valve:



a) minimum flow - slit is horizontal



b) medium flow - slit is diagonal



c) maximum flow - slit is vertical



How to use the SpecialNeeds® Feeder with feedings

- Hold the bottle upright and squeeze the nipple to remove air from the system. Keep squeezing until the nipple collapses and then point the feeder upside down. Let go of the nipple. Milk will start to fill the nipple. Repeat the steps several times until the nipple is almost full. As a baby feeds, the nipple will automatically refill.



- When feeding, find the best flow rate for your baby.
- To adjust the flow rate, turn the bottle and move the flow rate line to match your baby's nose. Change as necessary based on your baby's behaviors.
- At the first feeding, it may be helpful to use the minimum flow (shortest line) until your baby starts sucking and then turn the nipple toward the middle line to allow flow of milk when your baby sucks on the nipple.
- If your baby gets overwhelmed or shows signs of stress (loud swallows, coughing, choking, or loses milk from the corners of their mouth) it means the flow rate is too fast and you should make a change.
- Some babies handle a flow that is in-between the flow rate lines. For example, they may do best in-between the middle and the longest flow rate lines.
- Some babies need additional help in pulling milk from the nipple so they don't spend too much energy. If so, the nipple can be **GENTLY** squeezed (don't do this unless it has been suggested to you by a feeding specialist or a nurse, not all babies need additional help). When using the squeeze technique, provide gentle squeezing of the nipple in rhythm with your baby's sucking pattern and stop squeezing when your baby stops sucking. Do not keep squeezing as this can overwhelm your baby with too much milk.

Positioning your baby when feeding

- Most babies with a cleft lip and/or palate will feed better in an upright sitting position close to your body. This will help prevent liquid from going back up into their nose.
- Try to keep feeding times less than 30 minutes, including time for burping. If feedings last longer than 30 minutes, the baby may be working too hard and burning too many calories.
- A baby with a cleft may need to be burped every ½ - 1 ounce because they could be taking in extra air during a feeding.



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Author: Cleft Lip and Palate Team | Approved by Patient Education Committee | Valid through 2026

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How to clean the bottle

- After each feeding, flush cold water through the slit in the SpecialNeeds® Feeder nipple to remove as much milk as possible.
- Do not push a brush in the nipple or through the slit in the nipple.
- Take the feeder apart and make sure the valve membrane is separated from the disc.
- Wash parts in warm, soapy water, rinse, and air dry.
- Medela recommends that all parts of the feeder be sanitized by boiling, preferably in distilled water, for 20 minutes every day.
- **DO NOT** use a dishwasher to clean this feeding system.

How to order the SpecialNeeds® Feeder

- The SpecialNeeds® Feeder including the Mini-SpecialNeeds® Feeder can be ordered through Medela at 1-800-435-8316 or by going to the website at www.medela.com.
- The standard SpecialNeeds® Feeder and Mini-SpecialNeeds® Feeder can also be ordered on Amazon.

If you have questions or concerns

- Contact Medela at 1-800-435-8316.
- Contact the feeding specialist/medical team who recommended this specialty feeding system.

Helpful hints when using this specialty bottle system

- If the nipple isn't filling properly: unscrew the collar and check that the white valve membrane is in the disc properly or hasn't come apart from the disc. If the disc isn't in the right spot or is upside down, it won't fill the nipple correctly.
- If air is entering the nipple as you feed, tilt the bottle so the liquid completely covers the valve membrane and the disc.
- The Mini-SpecialNeeds® Feeder nipple is designed for smaller babies or babies born early. Talk to a feeding specialist to decide if your baby needs the Mini-SpecialNeeds® Feeder nipple.
- If the bottle is leaking, check that the feeder has been correctly assembled.
 - The stud of the valve membrane must be properly inserted through the hole in the disc.
 - The collar must be firmly screwed onto bottle.
 - Make sure the bottle fits well; most bottles with standard threading will fit with the SpecialNeeds® collar.
- If the feeder isn't working, check the slit in the nipple to make sure that it has opened properly. The slit on a new nipple should be about 3mm long. Gently squeeze the nipple to open if needed.
- If your baby starts to have trouble handling the flow of the milk from nipple, check the slit to make sure it doesn't have a tear. Parts are worn out if the slit in the nipple has grown longer than 4mm or the white valve membrane is warped and no longer sits flat.

IN CARE OF KIDS

- Discard the nipple or valve membrane if there are signs of wear and tear and replace the parts.
- The SpecialNeeds® Feeder bottle is available in either an 80ml or 150ml container. You can order all the parts that go with the SpecialNeeds® Feeder separately or as a system.
- Check the nipple regularly to be sure that it hasn't ripped or is too soft. Medela recommends that the SpecialNeeds® Feeder nipple and valve membrane be replaced every 5 weeks.
- Families need 2-3 additional SpecialNeeds® Feeders before going home from the hospital.

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