

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



Cleft Palate and Craniofacial Program

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Congratulations on the birth of your baby! Feeding a newborn baby is one of the first acts of love and care parents do for their new baby. It is common for parents to worry about how the cleft of the lip and/or palate will affect your baby's ability to feed – breastfeeding in particular. No matter what your feeding choice is, we hope this information pamphlet will help answer some of the common questions that you may have about feeding your special baby.

Will breast or bottle feeding hurt my baby?

No. The cleft is not an open wound. The cleft is a natural part of how your baby was formed.

Can I breastfeed if my baby has a cleft lip?

Yes, your baby should be able to breastfeed. The key is getting your baby and breast into the right position that lets your baby latch onto the nipple and suck effectively. Your nurse will help you to learn how to use your hand and the breast to “seal off” the cleft. You may also help close the cleft with tape that will not hurt baby's skin..This is a special hypoallergenic tape which means it is sensitive to your baby's skin.

Can I breastfeed if my baby has a cleft palate?

Most babies with cleft palate have difficulty breast-feeding. How difficult it will be depends on the type of cleft palate. Many babies with a cleft palate will not be able to breast feed because they will not be able to create the suction they need to draw the milk from a breast.

If your baby cannot create good suction then he will need to have his milk (breast milk or formula) put in a special bottle for feeding. The important thing to remember is that your baby will be able to feed using this bottle!

What if the cleft is just in the gum?

Your baby *may* be able to breastfeed if:

- She has a cleft in the hard palate (the part of the palate that the tip of your tongue can touch) and if;
- The soft palate (the soft portion just before the throat) is fine.

You will have to try different positions at the breast. You may need extra time to get feeding started while you and baby learn together how to seal the cleft of the lip with your breast tissue, fingers and/or hypoallergenic tape. Be patient, you and baby will learn together!

What if the cleft is in the back of the palate?

If your baby has a **cleft of the soft palate (the soft portion just before the throat), breastfeeding will most likely not be possible.** The cleft will prevent your baby from sealing off the mouth from the nose during feeding to create suction. The cleft will make your baby's suction too weak and ineffective for successful breastfeeding. If baby is left only to nurse at the breast, his weak suction will not give the right signal to your body to produce enough breast milk and your baby will not get enough food.

How do I feed my baby who has a cleft of the soft palate?

You will offer your baby breast milk or formula using a special soft squeezable bottle with a cross-cut nipple. We usually recommend the Mead Johnson Cleft Palate Nurer. This bottle will help your baby get the milk she needs without becoming tired during feeding. This bottle is easy to use and baby will learn very quickly.

Should I choose breast milk or formula feeding?

Breast milk is the best food for all babies. Mother's milk gives baby what he needs for healthy growth. It also protects against infection. The touch of mother's bare breast is a great comfort for baby and helps breast milk production. These benefits are especially important for babies with a cleft lip/palate who will have surgery. No matter what type of cleft your baby has, you will be able to give baby breast milk if you want to. If your baby has a cleft palate, he will have difficulty breastfeeding and will need some help. But, your baby can still suckle at the breast and enjoy skin to skin comfort with you very soon after birth.

If you have decided to give your baby breast milk, you should begin to pump to express breast milk as soon after birth as possible. It is important to put your baby to your breast for suckling as a comfort and to help get your milk supply established. We suggest you encourage baby to suckle no longer than 5-10 minutes as part of each feeding. Longer than this will tire baby too much and she will be too tired to take the rest of the feeding from the special bottle. You should continue to pump your breasts as often as you feed your baby (at least every 3 hours) to help maintain a good supply of breastmilk.

Most maternity units have electric breast pumps available for your use. The nurse will show you how to pump your breasts effectively. See a Lactation Consultant if one is available. She is someone who will help you get your milk production established.

What if I decide to feed my baby formula?

While experts agree that breast milk is the milk that Mother Nature made for your baby, infant formula provides a good second choice if that is what you decide.

The important thing to remember is that your baby is getting good nutrition and thriving.

How do I express my breast milk?

Your nurse will show you and your partner how to assemble the parts and use the breast pump. Most mothers get no milk when they express for the first few times. Drops of your mother's milk will come slowly at first and it may take up to a week before you have a good supply. **Give all your breast milk, even the first few drops to your baby.**

Steps for pumping to express breast milk:

- Start pumping your breasts as soon as possible after your baby is born.
- Pump at least eight times in twenty-four hours for 10 minutes on each breast.
- Keep pumping regularly.
- Slowly increase the suction on the pump from low to high over the first week.
- It may be several days until you have more than a small amount of breast milk.
- The milk will increase between the 4th and 7th day in the first week. As soon as there are drops of milk, save them for your baby.
- Pump your breasts **after each feeding**. Save this milk for baby's next feeding.

What do I do if I don't have enough breast milk?

If you do not have enough breast milk, despite regular pumping you can use donor breast milk from the milk bank (if available in your area) or infant formula. Your nurse will be able to provide you with information about each of these alternatives.

Contact the Lactation Consultant or Public Health Nurse in your area for help to increase your milk supply.

How do I feed my baby with the special bottle?

Babies with cleft palate just need a little extra time to learn how to feed. What works for one baby doesn't always work for others. You may need to try some different nipples and bottles to find what works best for baby and is easiest for you. Your nurse will be able to help you find the right choice for you and your baby.

The most common choice is a soft squeezable bottle with a cross-cut nipple, called the **Mead Johnson Cleft Palate Nurser**. It is most often all that is needed.

Remember if you have decided to give breast milk: Use your entire breast milk first, then infant formula only if you do not have enough to satisfy baby. **You want baby to drink all of your breast milk** then supplement with infant formula if necessary.

Feed your baby in an up-right or sitting position. Put your baby's head in a line with his body and do not let it tilt to the side or back. In the first few days of life, it is common for some milk to come out of the

nose during feeding. Don't Worry! This doesn't hurt your baby; it just doesn't look very nice. This position will help the milk flow down your baby's throat and less milk will go into the nose. In a few days, your baby will learn to control the milk better and much less will go into the nose.

You will **gently squeeze the bottle in time with your baby's sucking rhythm** so that she gets milk without working too hard. Milk should flow from the bottle to mouth with ease. It will take you and your baby a couple of days to feel comfortable with using this method.

Your baby needs to be burped more often during the feeding. Your baby will swallow a lot of air during the feeding and will think he is full, when he has not had enough milk. We recommend that you burp your baby when he is starting to slow at feeding. This will help your baby feel more comfortable during the feeding and be able to drink enough milk.

Be gentle and patient with yourself! Trust your motherly instincts! With practice you and your baby will learn together what works best.

How do I know if my baby is feeding well?

- Your baby feeds about eight times in twenty-four hours.
- Your baby has about 8 wet diapers in 24 hours.
- Your baby gains about 5 oz every week.

You may need to adjust the feeding plan after a few days once you see how well baby is doing with it. Your baby may need more or less at each feed. **Trust your motherly instinct about baby's feeding.**

At each feeding,

- Try to cuddle your baby skin to skin.
- Try letting your baby suckle at your naked breast for five to ten minutes **if this is a comfort for baby.**
- Give expressed mother's milk (or banked donor milk) or infant formula from the special bottle.

Are there signs that tell me my baby is having a hard time feeding?

All parents need to know that their newborns are feeding well. Your nurse will help you recognize signs that your baby is getting enough milk.

Signs that tell you baby is having a hard time sucking well at the breast or bottle:

- Your baby makes a smacking sound during breastfeeding or bottle feeding.
- Your baby has a weak latch at the breast or baby cannot stay latched.
- Milk comes out of your baby's nose during feeding.
- Your baby tires after taking a small amount. This leads to a *snacking pattern*, where your baby takes 1/2 ounce (15 mls) then falls asleep but wakes soon for another small feed. Your baby eats every 1-2 hour but only small amounts.
- Your milk supply falls off.
- Your baby is very sleepy and does not wake for feedings.
- Your baby loses weight or does not gain weight.

Important things to remember:

- Your breast milk is very important to your baby
- Your baby should not have to work hard to get the milk.
- You and your baby will learn together.
- With practice, feeding your baby will become much easier
- Ask for help when you need it.

Who should I call if I need help?

- Your bedside nurse, while in hospital.
 - The lactation (breastfeeding) consultant in your area.
 - Cleft Palate Program Secretary – 604-875-3146
 - Cleft Palate Program Nurse Clinician – 604-875-2345 local 7057
 - Your doctor will ask the nurse clinician with the Cleft Palate/Craniofacial Team to contact you soon after your baby's birth. She will arrange follow-up for you with the Cleft Palate/Craniofacial program. Your child will be treated by the team of health professionals in this clinic. The nurse clinician will remain a resource for you in the years ahead.
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