



### NUK TEATS

Nuk provide two types of teat one for cleft palate and one for cleft lip. The teats can be used on any standard bottle.

The cleft palate teat is designed so that the large mouth piece of the teat seals the cleft in the palate. Note: a feeding hole must be made to the teat – initially small but this can be enlarged later.

The cleft lip teat works best for babies with a unilateral cleft lip. It is designed to close the oral cavity to the atmosphere by covering the outer cleft area. This enables the baby to generate an intraoral vacuum. The part of the teat that covers the lip is particularly soft. When the baby begins to suck

this part seals against the upper lip preventing further air flowing through the cleft.

The cleft lip teat can be used for combined cleft lip and palate but only in limited circumstances. Full information and instructions are provided with the teats.

### Provision of Bottles

Some maternity hospitals supply an initial bottle to get feeding started. After that parents must purchase bottles themselves. Please contact your co-ordinator or refer to the Association (call or use the web site) to get an up to date list of outlets.

With the Special Needs Feeder (Haberman) and the squeezable bottles it is important to squeeze right from the start of the feed. Don't wait until your baby gets tired. Even though your baby can suck well, because of the cleft in the palate they cannot maintain efficient suction and tire very easily. If you squeeze in time with your baby's sucking right from the start of each feed you will reduce the time taken for them to feed and they will conserve energy and gain more weight.

### Special Cases

Sometimes, in very specific cases, it is necessary to use other mechanisms for feeding such as such as 'Naso Gastric (NG)' tube feeding. Medical personnel will work with parents showing them how to manage this type of feeding. The baby will be continually assessed to see if they can be moved to more regular feeding such as bottles or cup. Please be aware that there are measures that can be put in place from day 1 that will help when weaning to bottle comes into play. You should get this information in the hospital baby unit but if instructions are not available it is essential that you follow up with the Cleft Co-ordinator or the Speech Language Therapist.

### TITLES IN THE SERIES:

1. *About the Cleft Lip and Palate Association of Ireland*
2. *What is Cleft Lip and Palate?*
3. *Questions and Answers for New Parents*
4. *Feeding Issues for New Parents*
5. *Speech and Hearing Concerns*
6. *The Genetics of Cleft Lip and Palate*
7. *Dental Health and Treatment*
8. *Surgical Treatment for Cleft Lip and Palate*
9. *Social and Psychological Aspects*
10. *Handout for Teachers and Carers*

Leaflets are available by post from the Association or can be downloaded from [www.cleft.ie](http://www.cleft.ie).

### ACKNOWLEDGEMENT:

The Association would like to thank the members of the cleft treatment teams and other health professionals for their valuable contributions. See [www.cleft.ie](http://www.cleft.ie) for the full acknowledgement and list of contributors.

### CONTACT DETAILS:

*The Cleft Lip and Palate Association of Ireland  
C/o 36 Woodlands Ave, Dunlaoghaire, Co. Dublin.*

*Tel: 087 131 9803*

*E-mail: [info@cleft.ie](mailto:info@cleft.ie) Web: [www.cleft.ie](http://www.cleft.ie)*

*Funded in part by the National Lottery*

*Design by Yellowstone*

*© 2009 Cleft Lip and Palate Association of Ireland*

## Cleft Lip and Palate Series

### Feeding Issues for New Parents



December 2009

Leaflet No. 4



*The Cleft Lip and Palate Association of Ireland,  
registered charity, is a limited liability company, No. 131497*

The first thing to note is that many children with clefts feed without difficulty and problems will not automatically arise because of a cleft.

## The Difficulties

That said, a baby with a cleft palate is more likely to have a feeding difficulty because, without a properly functioning palate, your baby may find it difficult to gain and maintain adequate suction which is required for successful feeding. Your baby may tire more quickly from the effort of trying to maintain suction. Your baby may also experience problems of liquid coming down the nose.

In rare cases (usually where the cleft is associated with other symptoms), swallowing difficulties do occur.

Following surgery, your baby may again experience temporary feeding difficulties. Try to see this as an adjustment period. If difficulties arise help is available from the hospital where surgery has taken place.

## Don't despair - seek help

It is important to remember that aside from the mechanical difficulty of the cleft your child is like any other baby and, given some help and direction, you can develop a workable feeding pattern. If your child is having difficulty it is important to acknowledge that the fault lies with the cleft, not with your child or with you.

If your baby is having feeding difficulties you can voice your concerns through the cleft co-ordinator, who can in turn arrange a feeding consultation or a feeding assessment as required. Feeding issues can be escalated to a Speech Language Therapist (SLT). SLT's are experts in the field of feeding as well as speech and language.

When feeding is an issue, it is important to monitor your baby's weight gain. After an initial weight loss which is normal for most babies, your baby should gain weight. Once you get home your public health nurse can help you with monitoring weight gain. Any loss, or

failure to gain weight should be followed up directly with the maternity hospital or cleft co-ordinator.

### Don't Wait – Get Help

The Association has a 'Useful Tips' sheet that is available in hospital maternity packs or by contacting the Association.

Feeding your baby is not only a matter of giving him/her sufficient nourishment. In usual circumstances feeding is a relaxed enjoyable time for parent and baby. If you find that feeding is stressed and frustrating, try to remember to seek out help, it is at hand.

## Breastfeeding



If you have decided prior to the birth of your baby to breastfeed, you should attempt to do so. Success depends on your baby making a seal with his/her lips and being able to suck properly while not swallowing too much air in the process. The gap in the roof of the mouth makes it more difficult for a baby with a cleft palate to feed and therefore makes breastfeeding more difficult in this instance. If breastfeeding is not working out, your baby can still be fed with breast milk by expressing. A breast pump can be hired for whatever length of time you need or can be bought. Maternity staff should be able to help you source the appropriate pump and show you how to use it. Excess breast milk can also be frozen which can be convenient. Latest storage guidelines should be available from the maternity hospital.

If breastfeeding is successful for you, you should still consider introducing bottle feeding with expressed milk so that your partner and family can share in the feeding experience. It can also give mother time to rest.

Some mothers express concerns about bonding. Please be assured bonding will happen with your baby regardless of whether he/she is breast or bottle fed.

## Bottle Feeding



There are several options available for bottle feeding. Typically medical staff will start your baby feeding with a Special Needs Feeder

(formally known as a Haberman bottle). Squeezable bottles are also available e.g. Mead Johnson or Mam bottle. There are also special teats that can be used with regular bottles e.g. Nuk cleft palate teat and Nuk cleft lip teat. On occasion a feeding cup might be recommended. Details of where to purchase the bottles/teats are published on [www.cleft.ie](http://www.cleft.ie)

Positioning your baby differently may also help with feeding. The recommendation of the Children's University Hospital cleft team is to feed babies in a more upright position. Using a more upright position may prevent fluids coming down the nose. The position should be comfortable for you and your baby for the duration of the feed.

Every baby is different, and you may have to try a number of different methods before you find one that suits you and your baby. Do persist in seeking advice until you get a working solution. If weight gain is becoming a concern, in addition to the help mentioned above, you can get advice from a dietitian on the types of formula to use.



## Types of Bottles

There are a wide range of bottles and teats available although distribution can be an issue given the relatively small market that exists for this type of product.

### SPECIAL NEEDS FEEDER (HABERMAN)

Consists of a bottle with a soft variable-flow teat and a pump action valve, requiring no active suction for operation. Milk flows from the bottle into the teat via a valve and cannot flow back into the bottle. The flow of milk is controlled by rotating the teat in the infant's mouth. The flow level can be set at zero, moderate or maximum to control the milk flow. You assist the milk flow by squeezing the bottle as per the recommended guidelines. The teat and valve unit need replacing at intervals of approximately 6 weeks and can be used with standard bottles. The disadvantage of the Haberman feeder is cost.



### SQUEEZABLE BOTTLES

These are soft bottles that can be squeezed to help the flow of milk and to which any standard teat can be fitted. The bottles reduce the amount of effort required of your baby and also reduces the amount of air your baby may swallow. They are less expensive than the "Special Needs Feeder". Two of the popular brands are described below. The Mead Johnson bottle is very soft, holds 6 oz and can only be cold sterilised. Its softness makes it particularly easy for parents to use but makes it less durable than regular bottles. The Mam bottle is not as soft, holds 8 oz and can be both cold and steam sterilised. It looks like and lasts as long as a regular bottle. Parents might have to work a bit harder initially to get used to squeezing. Both of these bottles have proven successful in feeding babies with cleft.

