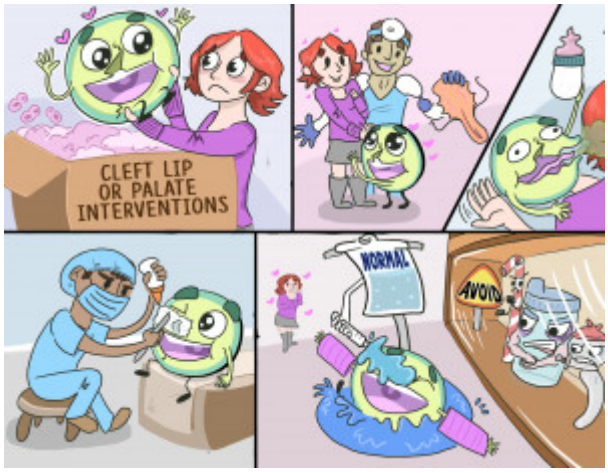
Cleft Lip or Palate Interventions

Cleft Lip or Palate may occur separately or together and are due to a failure of fusion of tissues during fetal development. It is the most common facial abnormality in children. Difficulties arise with these children with feeding as they are usually unable to form an adequate seal around a nipple or breast. This inadequate seal may cause aspiration or ingestion of excessive amounts of air as well as inadequate caloric consumption. Management following surgical repair includes safety measures to prevent trauma to the healing suture line for both cleft lip and palate.



PLAY PICMONIC

Considerations

Encourage Bonding
Encouraging Bonding
Mothers may be initially shocked at the appearance of their newborn. Newborns may have other anomalies, such as heart defects, skeletal malformations and urinary or genital malformations. It is important to encourage continuous mother-baby bonding by holding the infant immediately after birth if possible and reinforce that corrective surgeries are available with excellent success rates.

Prosthodontic Device
Prosthetic Mouth-device
A prosthodontic or orthodontic device may be used and functions as a prosthetic palate in patients with a cleft palate.

Modified Nipple
Modified Bottle-nipple
Newborns with this condition are either unable to form an adequate seal around the nipple or breast, unable to create adequate suction, or both. Modified nipples allow for a larger portion of the nipple to reside inside the mouth allowing a seal to form further inside the mouth. Mothers who breastfeed can pump and use the modified nipple to give their newborn breast milk.

Burping
Burping
A poor seal around the nipple or breast creates excessive air ingestion during feeding. Adequate burping is important to expel the additional air.

Surgical Repair
Surgeon
Repair is performed once an infant weighs approximately 10 pounds and usually at an age of 2-3 months for cleft lip and 6-9 months for cleft palate. Early surgical repair is important to promote normally appearing facial features later in life. Care of the surgical site is important to promote adequate healing.

Normal Saline Rinse
Normal Saline-sail Rinsing
Post feeding rinsing of the suture line with normal saline decreases the risk of infection. An antibiotic ointment or petroleum jelly may also be applied as directed.

Elbow Restraints
Elbow Floaties
Restraints of the arms/elbow after surgical repair prevents the child from physically touching and causing trauma to the suture sites.

Avoid Rigid Eating Utensils
Avoid-sign with Hard Eating Utensils
It is important to avoid hard or rigid utensils such as straws, hard sippy cups, or spoons, especially after cleft palate repair. This is indicated to reduce physical trauma to the suture lines.

Sign up for FREE at picmonic.com