Breastfeeding cleft babies







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The nutrition of the newborn, apart from the essential nutrients provided, is also an enjoyable experience both for the infant and mother. It even helps to create a bond between mother and child.

Nowadays parents need to know that most children with cleft are able to feed by suckling the mother's breast or from specially shaped feeding bottles.

Undoubtedly breast milk is the best and most complete food for your newborn and an artificial interruption of milk is not advisable unless there is a specific reason. Babies with cleft lip and/or palate can present difficulties in breastfeeding in the beginning. The reason is the absence of the normal separation between the nose and the mouth. This makes the creation of negative pressure more difficult, which is essential for the baby so as to suck the milk, resulting in being forced to make a great effort in order to get the amount of milk needed. Furthermore, by trying to eat, air can be swallowed, resulting in excessive belching or vomiting. If this happens, the baby might not gain weight satisfactory.



The initial difficulties in the nutrition are usually overcome, because both the mother and the baby are adapted quickly to the existing situation.

If the baby is suckling directly from the breast, the nipple and the areola (the area around the nipple) may clog the gap in the cleft area thus facilitating the consumption of milk. The pressure with the fingers under the areola can also help.

Breastfeeding can still be helped with preliminary rubbing of the breast, so the milk is concentrated around the nipple and run more easily. If despite this there are still difficulties, it may be preferable to pumped milk with a special pump and give to the baby milk by bottle. In cases where the baby cannot be breastfed and need to get breastmilk or formula from a bottle, nipples used must be soft. Usually the nipples for premature is softer, but the rest can be softened by boiling. Carving crosswise the nipple with a pair of scissors, widens the gap and facilitates the flow of the milk or formula.



The use of squeezable plastic feeding bottles that can increase the flow are also recommended. Parents soon get used to the technique of the feeding and they are relieved that the baby's weight is increasing satisfactory.



The orthodontist applies a special plaque which helps in settling florets bone of the upper jaw, lips and nose cartilage preparing the newborn for surgery. This helps also in feeding with the bottle. It works like an obliterator of cleft and oral connection with the nose, so that the child is breastfed much easier.



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