Breastfeeding, Cleft Lip and Cleft Palate

Cleft palate and cleft lip are some of the most common birth defects that happen as a baby is developing in the womb. A cleft, or opening, in either the palate (*roof of the mouth*) or lip can happen together or separately. Both can be corrected through surgery. Both conditions can prevent babies from breastfeeding. This is because the baby cannot form a good seal around the nipple and areola with his or her mouth. Because of this, the baby has difficulty getting enough milk out of the breast.

There are special benefits of breastfeeding for babies with cleft defects:

- Babies with a cleft palate tend to have more ear infections, because fluid can more easily accumulate in the middle ear. The immune properties of human milk protect the baby against many kinds of infections, which is important as the infant faces surgery.
- Human milk is a body fluid that is less irritating to a baby's tissues than formula.
- Breastfeeding is calming and soothing for mother and baby. It gives the benefit of skin-to-skin contact with the mother. It is beneficial for an infant to suck for comfort, as well as for nourishment.
- The breast is soft and flexible, and it molds itself in order to compensate for abnormalities of the lip and mouth.
- Breastfeeding allows the baby to have increased control over the flow of milk.

Cleft palate can happen on one or both sides of a baby's mouth. It can be partial or complete. Right after birth, a mother whose baby has a cleft palate can try to breastfeed her baby. If the cleft is large enough to prevent the infant from nursing effectively, the mother can start expressing her milk right away, to keep up her supply. Even if the baby cannot latch on well to the mother's breast, the baby can be fed breast milk by cup or spoon. In some hospitals, babies with cleft palate are fitted with a mouthpiece called an obturator. It fits into the cleft and seals it, for easier feeding. After surgery, the baby should be able to exclusively breastfeed, if the mother’s milk supply has been maintained.

Begin breastfeeding as soon as possible after birth. Try different positions, while the breast is still soft and pliable. An upright position is often easiest for a baby with a cleft palate, because milk is less likely to leak into the baby's nose. The mother can use her thumb or breast to help fill in the opening left by the lip, in order to form a seal around the breast. It is important to be patient and to find the way that breastfeeding will work best for you and your baby. With cleft lip repair, breastfeeding may only need to be stopped for a few hours during the infant’s surgery and recovery period.

Talk with a lactation consultant in the hospital for assistance as soon as possible. Human milk and early breastfeeding is still best for your baby's health.

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