Clinical Practice Guideline
Guideline coverage includes NICU KEMH, NICU PMH and NETS WA

Breastfeeding and Use of Expressed Breast Milk for Infants with Cleft Lip and/or Palate

This document should be read in conjunction with the Disclaimer

Clefts can range considerably from a small notch of the lip to complete opening bilaterally from the lip and extending to the nasal cavity.

The ability to breastfeed is related to the ability to generate suction which is necessary for attachment to the breast, maintenance of a stable feeding position and the mothers let down reflex.

There is a relationship between the amount of oral pressure generated during feeding and the size/type of cleft and maturity of the baby, therefore babies with Cleft Lip (CL) are more likely to breastfeed than babies with Cleft Lip and Palate (CLP) or Cleft Palate (CP).

Recommendations to Assist with Breastfeeding Support

- Mothers should be encouraged to provide the protective benefits of breast milk, in preference to formula milk.
- Counselling is required about the likely success of breastfeeding. There is moderate descriptive evidence that babies with CL are able to generate suction and successfully breastfeed. Evidence suggests that direct breastfeeding is unlikely to be the sole method of feeding for babies with CP or CLP as they may have difficulty generating suction and have inefficient sucking patterns.
- Babies with CL/CLP should be assessed individually for their ability to breastfeed successfully, including type of cleft, mother's wishes and previous experience.
- Monitoring of hydration and weight gain is important, if inadequate, supplementary feeds should be implemented or increased. These should ideally be expressed breast milk and given via a squeezy bottle.
- A small or preterm baby with a cleft will have less reserves so may also have more difficulty breastfeeding.
- The negative consequences of inadequate feeding include fatigue during breastfeeding, prolonged feeding times, and impaired growth and nutrition.
- Consideration should be given to allowing smaller volumes of expressed breast milk for healthy term babies in the first 48 hours as this is what they would be receiving if normally breastfeed. This should be monitored closely by weight and assessment of hydration during this period.
- Modification of breastfeeding positions may increase the efficiency and effectiveness of feeding.

- Skin to skin can provide comfort for the infant and aid lactation especially when breastfeeding is difficult.

Suggestions for Positioning the Infant for Breastfeeds

- Infants with CL should be held so the CL is orientated towards the top of the breast.
- The mother may occlude the CL with her thumb or finger and/or support the infant's cheeks to decrease the width of the cleft and increase closure around the nipple.
- Positioning should be semi upright to reduce nasal regurgitation and reflux. This may be facilitated with a football hold with infant's shoulders higher than the body.
- Mothers may need to manually express breast milk into the baby's mouth to compensate for absent suction, and compression and to stimulate the let-down reflex.

Plates

There is no strong evidence that plates (prosthesis used for palate alignment prior to surgery) significantly increase feeding efficiency or effectiveness.

References

1. Riley,S,eta.l The Academy of Breastfeeding Medicine. ABM Clinical Protocol #17: Guidelines for Breastfeeding infants with Cleft Lip, Cleft Palate, or Cleft Lip and Palate, Revised 2013. Breastfeeding Medicine. 2013 8(4) 349-52.

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