

Immediate neonatal care

Immediate/neonatal care

- Feeding Babies born with a cleft involving the palate will feed well and thrive, provided that they receive the appropriate CNS input. The feeding aids for a child with a cleft palate aim to improve the efficiency of delivery of milk, reducing the effort of feeding. Expressed breast milk is best. A range of modified bottles and teats are available. Soft bottles allow the parents to do much of the work of milk delivery for the child by synchronising their 'squeeze' to the baby's 'suck'. Feeding plates, constructed from a dental impression of the upper jaw, were used in the past in the UK and may still be used in other parts of the world. In some units, babies are provided with an active plate that aims not only to improve feeding but also to reduce the width of the cleft and improve the shape of the nose prior to surgery – nasoalveolar moulding (NAM). The evidence in the literature of long-term benefit using such a regime is conflicting. - Summary box 50.4
Immediate/neonatal care for a patient with a cleft and/or palate /uni25CF /uni25CF /uni25CF - -

Babies born with a cleft may have issues with feeding and airway A team of clinicians is required to meet all the needs of a child with a cleft Most of the care delivered to a child with a cleft lip and/or palate is non-surgical in the initial phase

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