WHAT IS THE DIFFERENCE BETWEEN CLEFT LIP AND CLEFT PALATE?

A cleft lip is an opening in the lip and floor of the nose, while a cleft palate is an opening in the roof of the mouth. A cleft lip often includes a separation of the bones of the upper jaw and/or upper gum. A cleft palate occurs when the two sides of the palate do not join together as the unborn baby is developing.

Either can occur on one side (unilateral cleft lip and/or palate) or on both sides (bilateral cleft lip and/or palate). Because the lip and the palate develop separately, it is possible for the child to have a cleft lip, a cleft palate, or both cleft lip and cleft palate. For most children, there are no other health issues. However, sometimes clefts occur in combination with other problems that are associated with various genetic syndromes. Associated problems are more commonly seen in children with an isolated cleft palate.

HOW ARE CLEFT LIP AND CLEFT PALATE TREATED?

Treatment depends on several factors. A cleft lip usually can be repaired between three and five months of life, while a cleft palate is typically corrected by one year of age. The medical team will determine the best time based on the type of cleft problem and your baby's health.

Early intervention may be important in creating the best outcome for your child. After an initial evaluation, a treatment plan will be developed that may include surgery and/or close monitoring of your child's facial growth, speech, hearing and dental development.

WHAT ABOUT FEEDING?

Again, it depends on the type and severity of the cleft. Babies with cleft lips alone usually have few problems feeding, while those with cleft palates often have more difficulty. Most children with cleft palate have difficulty breast feeding. There are special bottles and nipples that can help. Careful positioning of the baby can also make feeding easier.

WILL MY BABY HAVE TROUBLE LEARNING TO TALK?

For children with cleft lips, speech problems are unlikely. However, those with cleft palates may need the help of a speech pathologist and/or an additional operation to improve speech. They may have a nasal tone when they speak. In addition, children with cleft palates have an increased incidence of ear infections. Therefore it is important that your child is monitored by an ear specialist during the first years of life.

WHY DOES MY BABY NEED A MEDICAL TEAM? CAN'T JUST ONE DOCTOR HELP US?

Experience has shown that an interdisciplinary team of specialists who work together can best manage the complex health problems associated with cleft lip and/or palate. Bringing together their areas of expertise, members of the team can create a treatment plan based on your child's individual needs. Ideally, team members are co-located, which means that your child can see multiple medical, dental and other experts during a visit. This cuts down dramatically on the number of appointments necessary to carry out the treatment plan.

Children often enter a treatment program as babies and are evaluated and treated through their teen years. Because growth is a significant factor in the ultimate outcome of treatment, your child must be assessed thoroughly and regularly by the team until young adulthood.

For more information, visit www.rileyhospital.org.