

Cleft Care: Feeding your baby

Feeding can look different depending on the type of cleft your baby has – cleft lip, cleft palate (the roof of the mouth), or both.

When babies feed, their lips, tongue, and palate work together. They make a seal around the nipple or teat with their lips and tongue and use the palate to create suction to draw milk from the breast or bottle. With a cleft, it can be harder to make and keep this seal.



If your baby has a cleft lip without a cleft palate

Most babies with a cleft lip who don't also have a cleft palate, are able to breastfeed or bottle-feed because they can create the suction needed to draw milk from the breast or bottle.

Small changes can help feeding:

- use a cross-cradle or football hold when breastfeeding
- gently use your breast tissue to help fill the gap and support lip seal
- choose a wide-based bottle teat to help create a better seal.

If your baby has a cleft palate (with or without a cleft lip)

Babies with a cleft palate have a gap in the roof of the mouth. Air can escape through the gap, which makes suction harder.

Because of this:

- breastfeeding or regular bottles may not work well
- you may need to use expressed breastmilk or formula
- you may need a specialised cleft bottle
- feeds may take more time and effort
- feeding can be more tiring for both you and your baby.

Specialised cleft bottles allow babies to drink when they press or 'chomp' on the teat instead of using suction. At Perth Children's Hospital, we recommend the Pigeon or Sepal brand cleft bottles. More information is available in our resources [Cleft Care: Using the Pigeon cleft bottle](#) and [Cleft Care: Using the Sepal cleft bottle](#).

With the right equipment and support, most babies with a cleft palate feed safely and grow well.



Supporting safe and comfortable feeding

How long should a feed take?

Most feeds should take less than 30 minutes. Longer feeds can use extra energy and make babies tired.

If your baby often takes more than 30 minutes to feed, is getting very tired feeding, or feeding is becoming stressful for you, please contact the cleft team for support.

Positioning

Positioning your baby well during feeds can help reduce the amount of air they swallow and limit milk flowing into their nose.

When feeding:

- hold your baby in an upright or slightly leaning back position
- support their head and neck
- avoid feeding your baby while they are lying flat
- keep the bottle tilted so the teat stays full of milk.



Let your baby set the pace

Following your baby's cues allows feeding to happen in a calm and safe way, helping them gradually build their feeding skills.

Signs your baby is hungry:

- turning head toward the bottle
- smacking lips
- bringing hands to mouth
- becoming unsettled.

Signs your baby is full:

- slowing down
- turning head away
- closing mouth when the teat is offered
- falling asleep.

Pause the feed if:

- your baby slows down
- they cough often
- milk pools in their mouth
- breathing sounds noisy
- they seem tired.

If your baby is coughing a lot, sounding wet or gurgly during feeds, or not gaining weight, please contact the cleft team for support.



Nasal regurgitation

If your baby has a cleft palate, you may sometimes see milk coming from their nose. This is called nasal regurgitation. It is common and happens because the gap in the palate allows milk to pass into their nose during feeding.

If this happens:

- stay calm
- sit your baby upright
- gently wipe their nose.

Most babies will clear their nose on their own, often by sneezing.



Burping, wind, and reflux

Babies with a cleft often swallow more air during feeds. We recommend burping your baby halfway through and at the end of feeds. Signs of wind may include squirming, arching, and pulling their legs up.

Small spits after feeds can be normal and is common in all babies, including babies with a cleft. Speak with your Child Health Nurse, GP, or your cleft team if you notice:

- frequent large vomits
- arching or crying during or after feeds
- refusing feeds
- poor weight gain.

Watching growth

Steady weight gain is a good sign that feeding is going well. Your Child Health Nurse and cleft team will monitor your baby's growth, however if you are worried about feeding or weight gain, please contact your cleft team.

Breastfeeding and expressing

Even if your baby cannot fully feed at the breast, you can still enjoy many of the special moments of breastfeeding. Skin-to-skin contact, gentle cuddles, and allowing your baby to nuzzle or explore the breast can support bonding and help your milk supply.

Many families chose to express breastmilk. Expressing regularly can help maintain supply, especially in the early months. You can find more information on expressing in our resource [Cleft Care: Expressing and Pumping](#).



Finding your feeding path

Every family's feeding journey is different. There is no single 'right' way to feed a baby with a cleft palate.

Some families choose to:

- express breastmilk and bottle-feed
- combine breastfeeding moments with expressed breastmilk bottle feeds
- use formula feeds.

What matters most is that your baby is fed, loved, and growing well. The best feeding plan is the one that works for your baby and your family.



Caring for yourself through this journey

Feeding routines, pumping, and cleaning equipment can take time and energy. Some parents find it helpful to talk with a health professional or psychologist if they are feeling low, stressed, or overwhelmed. We encourage you to contact your cleft team at any time for support.

Cleft Care team contacts

Clinical nurse specialist

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Produced by: Plastic and Reconstructive Surgery

Ref: 1966 © CAHS March 2026

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