

# Refresh Your Palate

## Cleft Lip & Palate Care

### Birth to 3 = Team Care

#### PART I

PRESENTED BY  
**Colette Reynolds,**  
M.A., CCC-SLP

**February 5, 2019**  
**Talks on Tuesdays Webinar**



**VCU**  
School of Education  
Partnership for People  
with Disabilities

Integrated  
training  
collaborative



## TODAY'S PRESENTER

**Colette Reynolds,**  
M.A., CCC-SLP

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# OBJECTIVES

- Increase comfort level with cleft lip and palate
- Identify structural landmarks and understand the function of the palate
- Recognize the impact of the cleft on feeding & speech before and after surgical repair
- Discuss why EI is part of Team Care, which eventually extends beyond age 3

**Have you worked with children who have cleft lip & palate?**

- A. Yes in EI
- B. No
- C. Yes outside of EI
- D. Both in and outside of EI





**What Do  
You Know  
about  
Cleft Lip  
& Palate?**

*Share with us in chat!*

## What is a Cleft Lip & Palate?

An opening when **one or both sides** of the **lip or roof of mouth** do not form and fuse **completely** at **midline**.



Congenital defect  
Disruption in embryonic development

Cleft Lip and Cleft Palate can occur separately **OR** in combination



Cleft Lip only

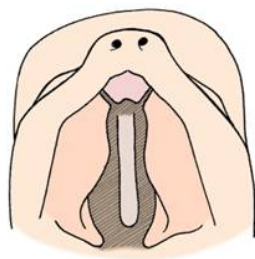


Cleft Palate only



Cleft Lip and  
Cleft Palate

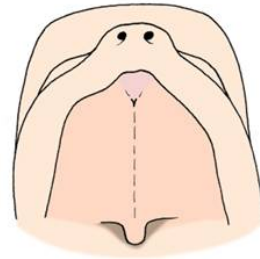
**A**



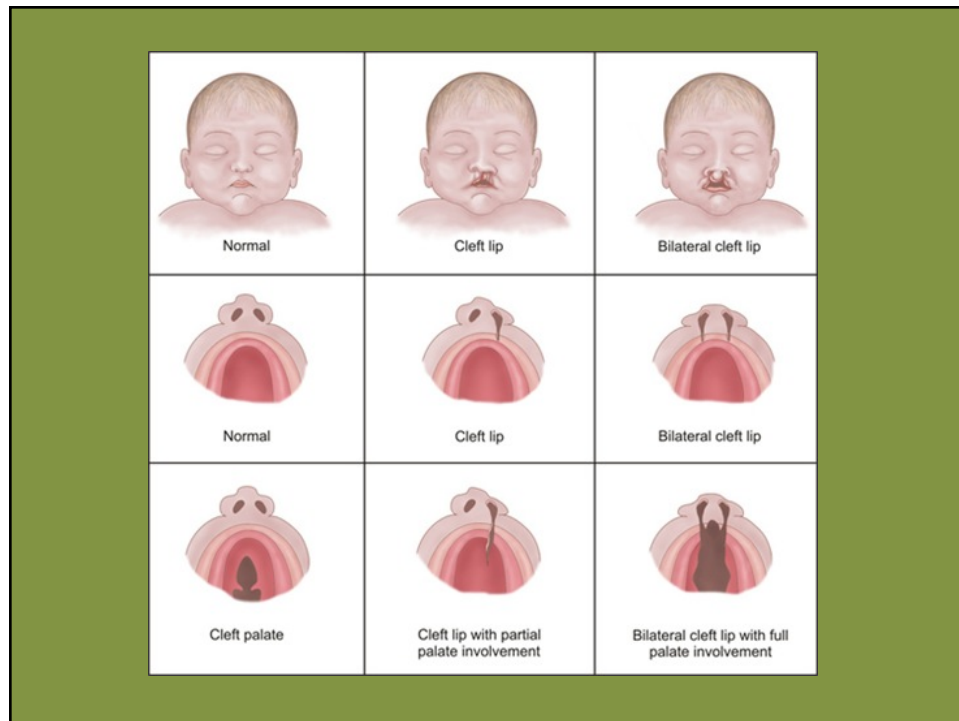
**B**



**C**







## ICD-10 Codes Q35-37

### Q35 CLEFT PALATE

- Hard palate
- Soft palate
- Hard palate with Soft palate
- Cleft uvula

### Q36 CLEFT LIP

- Lip, bilateral
  - Lip, unilateral
- (does not distinguish if Complete/Incomplete)

### Q37 CLEFT PALATE with CLEFT LIP

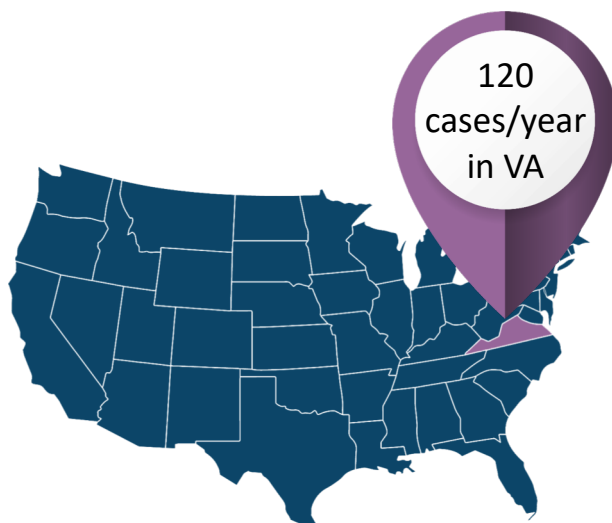
- Q37.0 Hard palate with bilateral lip
- Q37.5 Hard & Soft palate with unilateral lip

**CL ± P is one of the most common birth defects seen in newborns.**

**False**

**True**

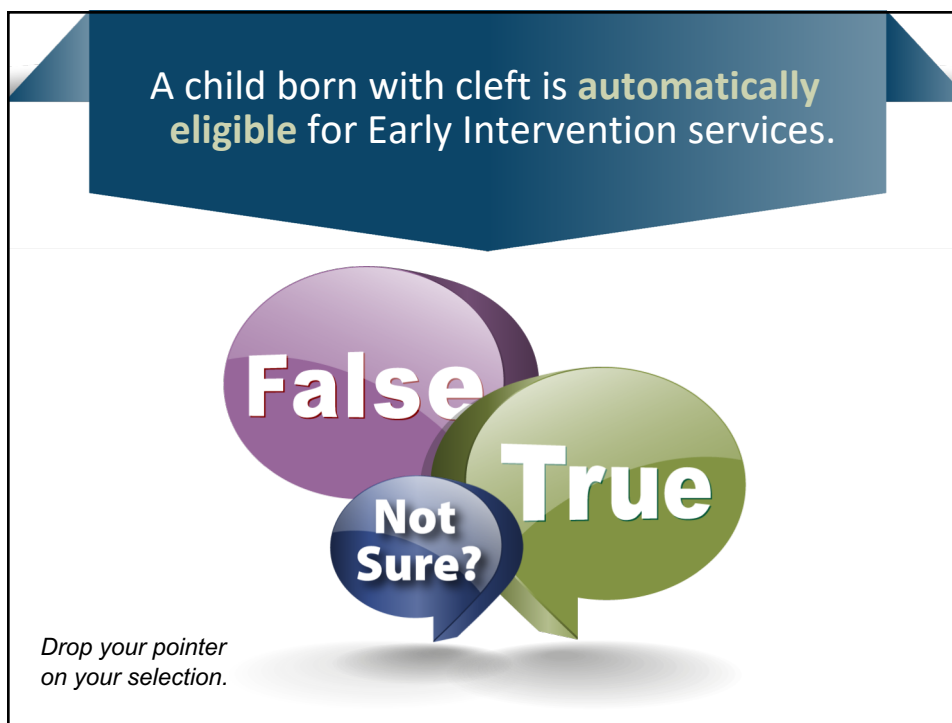
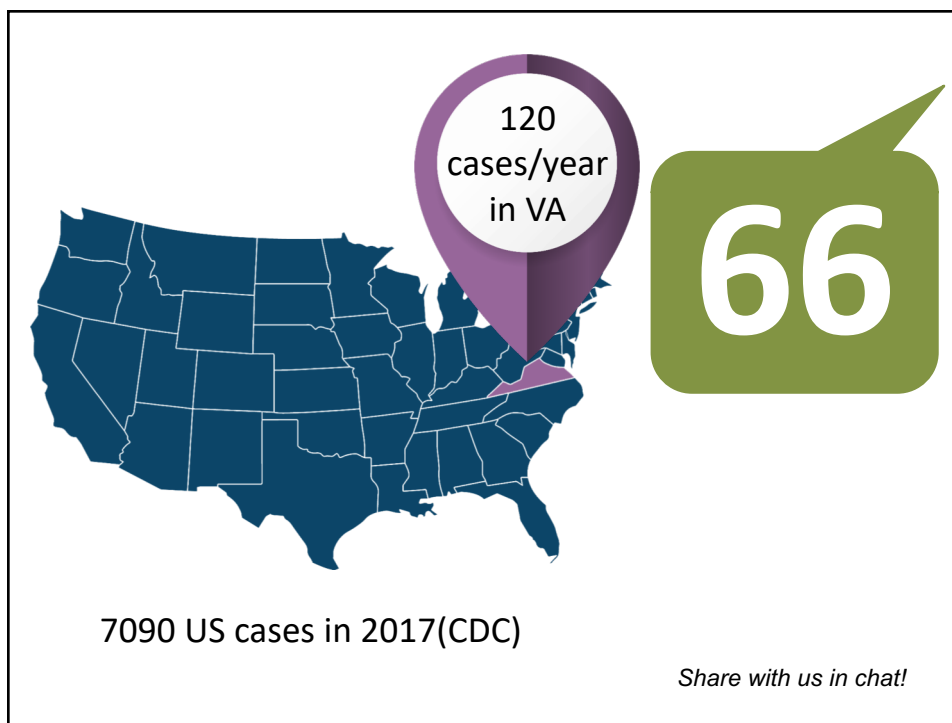
*Drop your pointer  
on your selection.*





**How many referrals were made to EI in Virginia based on a diagnosis of cleft in 2018?**

7090 US cases in 2017(CDC)

*Share with us in chat!*



	<b>Eligibility Criterion #2</b>
	<b>Diagnosed Condition</b>  <b>Cleft Lip and/or Palate</b>



**What RISK FACTORS  
or concerns may be  
associated with Cleft  
Lip & Palate?**

*Share with us in chat!*

## Children born with CL&P are AT RISK for

- |  |  |
|--|--|
| <input type="checkbox"/> Feeding             | <input type="checkbox"/> Middle Ear Function/Hearing |
| <input type="checkbox"/> Facial Differences  | <input type="checkbox"/> Emotional Health            |
| <input type="checkbox"/> Speech-Language     | <input type="checkbox"/> Dental Formation/Alignment  |
| <input type="checkbox"/> Learning Difficulty | <input type="checkbox"/> Nasal - Respiratory         |

**AND**

have other  
developmental needs

**OR** co-occurring medical  
conditions

**OR** have a syndrome  
(>400 syndromes  
associated with cleft)

Van der  
Woude

Velo-Cardio-  
Facial  
syndrome  
(22q11.2 DS)

Pierre  
Robin  
Sequence

Stickler  
syndrome

**Have you heard of  
these Syndromes?**

Down  
syndrome

Oral Facial  
Digital

CHARGE

Aarskog  
Scott

**Majority of Clefts are  
considered to be isolated  
without other birth defects.**

**70% of all  $CL \pm P$  and  
50% of  $CP$  only are non-syndromic.**

**What  
questions  
do you have  
about  
Cleft Lip  
and Palate?**

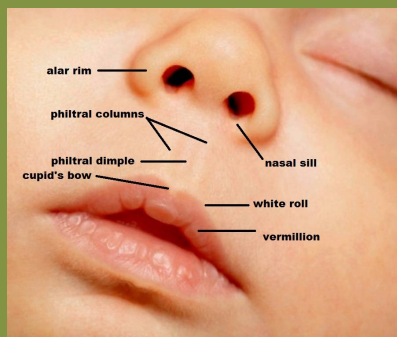




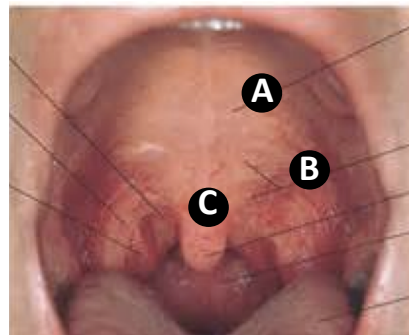
# Know your palate!

Before we can talk about atypical we need to understand typical **structure** and **function**!

## Primary Palate



## Secondary Palate

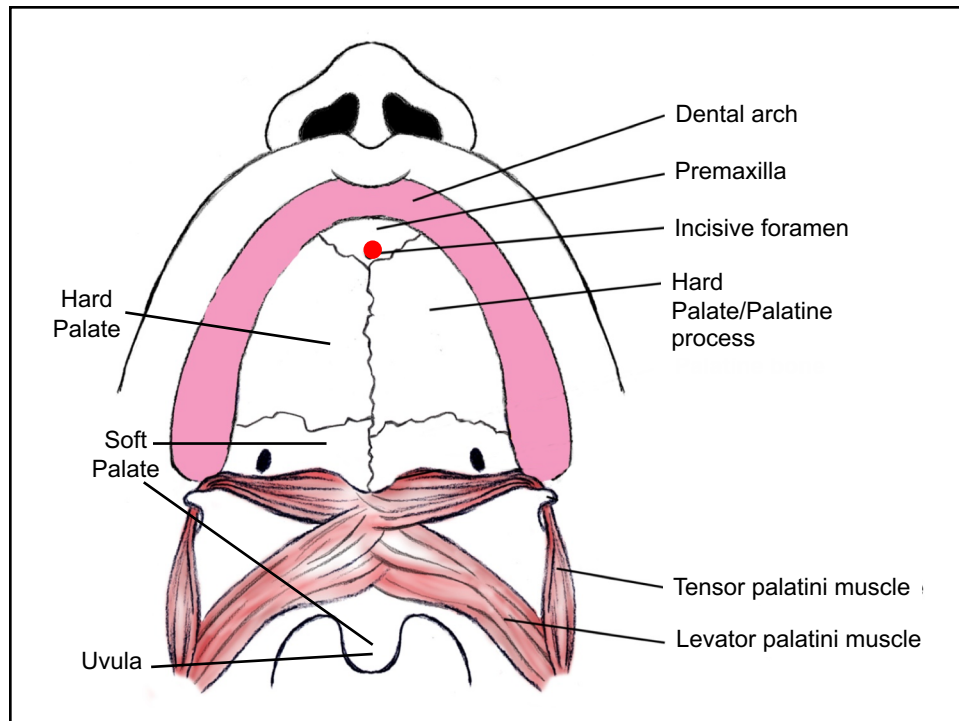


Hard

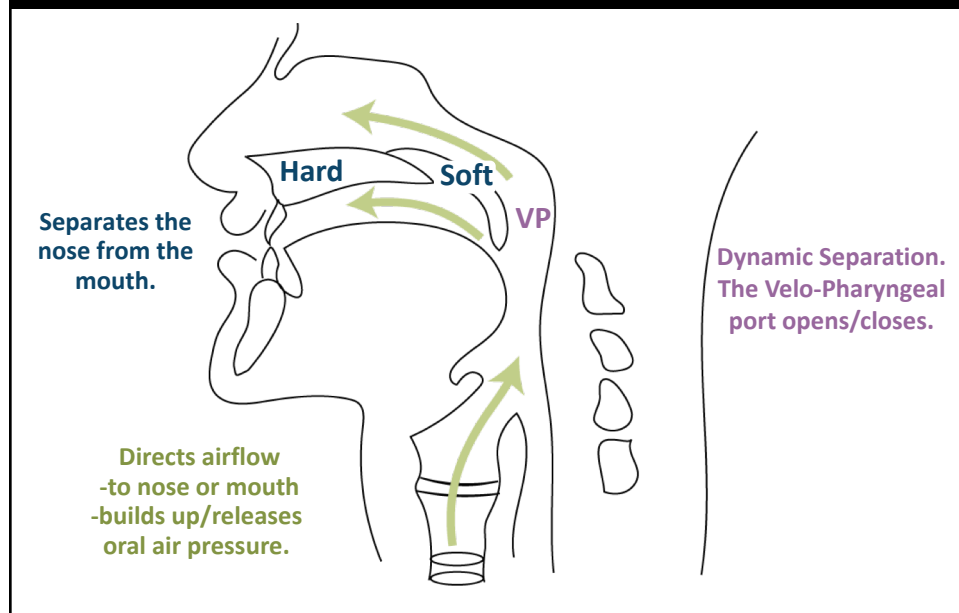
Soft

Uvula

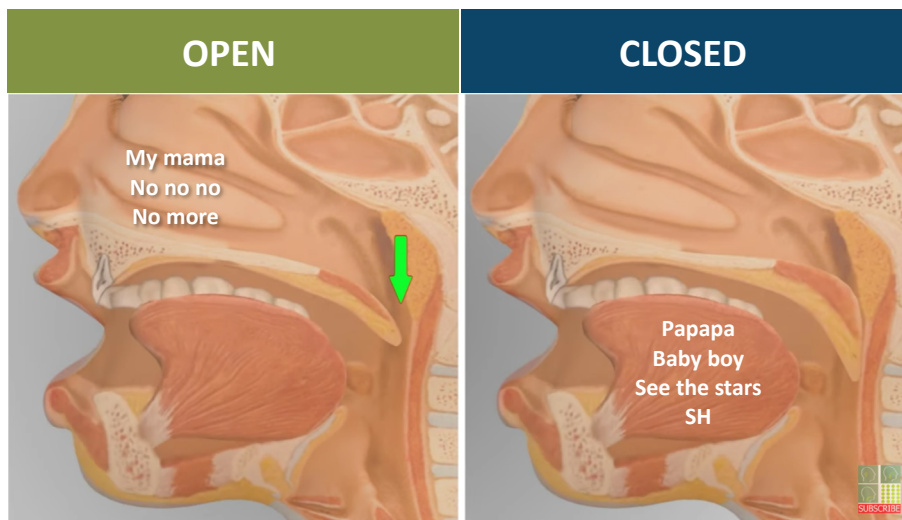
*Use your line drawing tool to connect the appropriate letter to the corresponding part of the Secondary Palate.*



## What Does the Palate Do?



## Velopharyngeal Port In Action



Chris Chang, M.D. ENT Fauquier ENT Consultants



## Who has CL&P?

- CL ± P occurs twice as frequently in Males than Females
- CP Only occurs twice as frequently in Females than Males

Increased incidence in Asian and American Indian descent

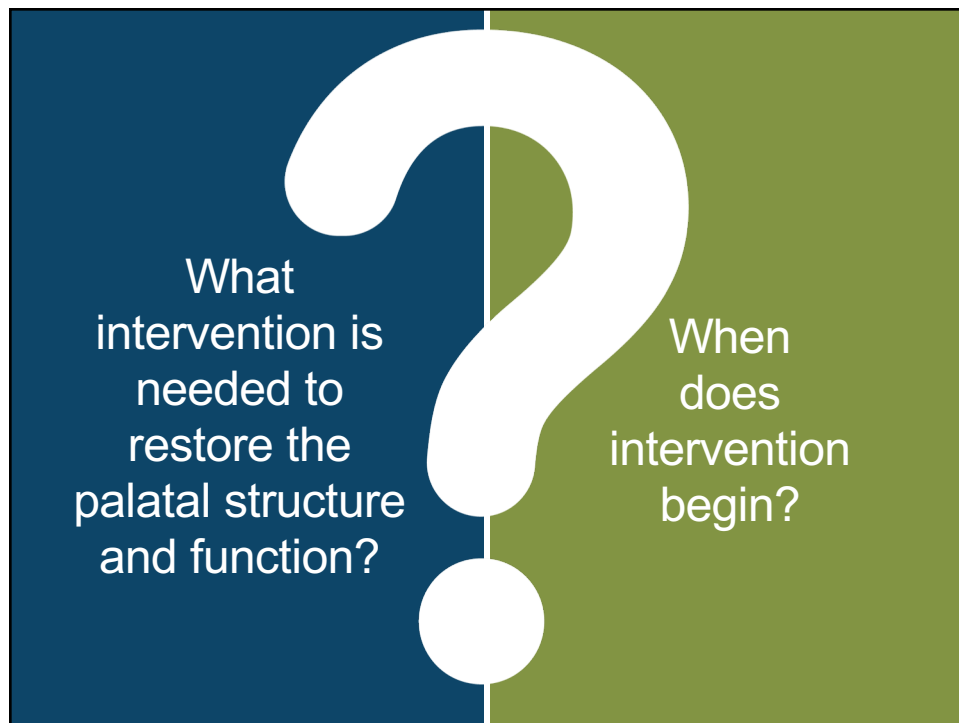


## Causes?

**Combination of genetic and environmental factors:**

- Nutrition
- Maternal health
- Medication
- Alcohol, smoking and drug use
- Maternal Diabetes
- Vitamin deficiency





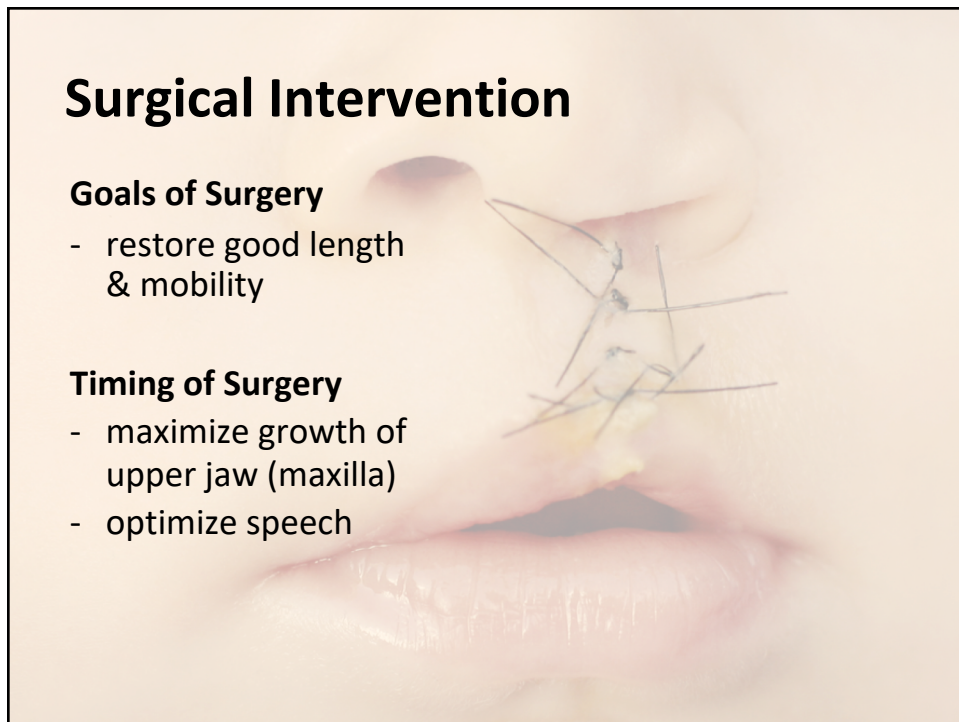
## Surgical Intervention

### Goals of Surgery

- restore good length & mobility

### Timing of Surgery

- maximize growth of upper jaw (maxilla)
- optimize speech



At what age is **cleft lip** and  
**cleft palate** repaired?



Combined Management for  
Best Outcomes







Feeding Your Baby:  
[www.acpa-cpf.org](http://www.acpa-cpf.org) and [www.seattlechildrens.org](http://www.seattlechildrens.org)

## Feeding Solutions

Before Surgery



### Specialty Nipples/Bottles

Access to nutrition

### Positioning

Upright reduces nasal leakage

### Infant Directed/ Cue-based Feeding

**Best  
Speech  
Outcomes**

=

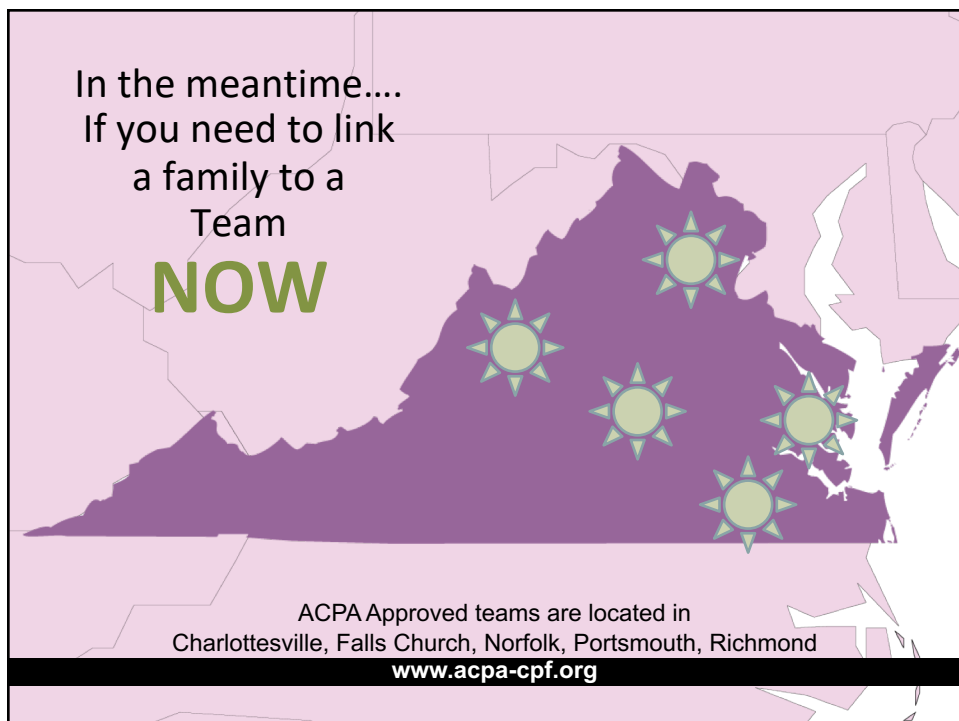
### Surgery

*as early as appropriate*

### Practice Speech consonants & vocabulary

*as early as possible  
monitoring or direct services*

**Development of speech sounds is a  
gradual process and takes time.**



# WHAT'S NEXT?

- Feeding and Speech Concerns
- How children with cleft compare to children without cleft
- Team Care for ongoing support before, in-between and after medical procedures



**THANK YOU!**

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