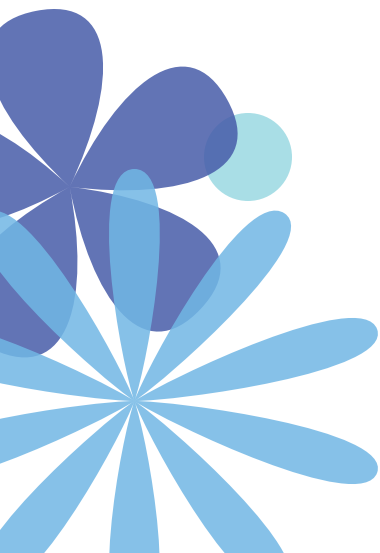


Cleft Lip and Palate

BIRTH DEFECT RESEARCH FOR CHILDREN



Cleft lip and palate are birth defects that affect the upper lip and/or the palate when the tissues don't join together completely during pregnancy.



Fact Sheet by Birth Defect Research For Children, Inc.
<https://www.birthdefects.org>



CLEFT LIP AND PALATE



What Are Cleft Lip and Cleft Palate?

Cleft lip and cleft palate are birth defects that happen when the tissues forming a baby's upper lip or the roof of the mouth (palate) don't join together completely during early pregnancy.

A baby may have a cleft lip, a cleft palate, or both. The cleft can affect one side of the lip (unilateral) or both sides (bilateral), and a cleft palate can involve part or all of the roof of the mouth.

How Common Are These Conditions?

In the United States, about 1 in 1,031 babies is born with a cleft lip, with or without a cleft palate. Cleft palate alone occurs in about 1 in 1,563 babies. Exact rates vary somewhat depending on the specific type of cleft and the population studied.

What Causes Them?

Most researchers believe the cause is a mix of genetic and environmental factors that affect how the lip and palate develop early in pregnancy.

Some children have a family history of clefts; many don't. A few factors are linked to higher risk, including smoking during pregnancy, diabetes that existed before pregnancy, and certain medications (including some epilepsy drugs). None of these factors means an exposure definitely caused any individual child's cleft, they simply raise the odds on a population level.

How Are They Diagnosed?

Cleft lip is sometimes visible on a routine prenatal ultrasound. Cleft palate is often harder to detect before birth and may not be found until an exam after delivery. Some milder forms, like submucous cleft palate, aren't diagnosed until later in childhood.

Treatment and Care

Children with cleft lip and/or palate typically work with a team of specialists who tailor a treatment plan to the child's needs. Care may include:

Surgery - Cleft lip repair is usually done in the first few months of life. Cleft palate repair usually happens within the first 18 months, depending on the child's health and the care team's plan.

Feeding support - Some babies struggle to create enough suction to breastfeed or bottle-feed. A feeding specialist, lactation consultant, or cleft team can help find a method that works, and specialized bottles are sometimes useful.

Hearing care - Fluid buildup, ear infections, and hearing problems are more common with cleft palate. Regular hearing checks help catch issues early.

Speech and language - Some children have differences in speech or resonance. Speech-language pathologists can assess development and recommend therapy if needed.

Dental care - Regular checkups track tooth development; some children need specialized dental or orthodontic treatment. Additional procedures or treatments are sometimes needed as the child grows.

Growing Up With Cleft Lip and/or Palate

With coordinated care, most children with cleft lip and/or palate grow up healthy and active. Every child's path is different, some need ongoing medical, dental, speech, hearing, or surgical follow-up over the years.

Emotional, social, and practical support matters too. Cleft care teams can help families plan ahead for their child's treatment and overall well-being.

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