CLEFT LIP AND CLEFT PALATE

THE FACTS

Source CDC

WHAT IS CLEFT LIP AND CLEFT PALATE?

- Cleft lip and cleft palate are birth defects that occur when a baby's lip or mouth do not form properly during pregnancy.
- Together, these birth defects commonly are called "**orofacial clefts**".
- They happen early during pregnancy.
- A baby can have a cleft lip, a cleft palate, or both a cleft lip and cleft palate.
- Facial Development
  - To make the face, body tissue and special cells from each side of the head grow toward the center of the face and join together.
  - This joining of tissue forms the facial features, like the lips and mouth.

WHAT IS CLEFT LIP?

- The lip forms between the fourth and seventh weeks of pregnancy.
- A cleft lip happens if the tissue that makes up the lip does not join completely before birth, resulting in an opening in the upper lip.
- The opening in the lip can be a small slit or it can be a large opening that goes through the lip into the nose.
- A cleft lip can be on one or both sides of the lip or in the middle of the lip, which occurs very rarely.
- Children with a cleft lip also can have a cleft palate.

WHAT IS CLEFT PALATE?

- The roof of the mouth (palate) is formed between the sixth and ninth weeks of pregnancy.
- A cleft palate happens if the tissue that makes up the roof of the mouth does not join together completely during pregnancy.
- For some babies, both the front and back parts of the palate are open.
- For other babies, only part of the palate is open.

WHAT ARE THE CAUSES OF CLEFT LIP AND CLEFT PALATE?

- The causes of orofacial clefts among most infants are unknown.
- They may be caused by a combination of genes and other factors, such as things the mother comes in contact with in her environment, or what the mother eats or drinks, or certain medications she uses during pregnancy.

WHAT ARE THE CAUSES OF CLEFT LIP AND CLEFT PALATE?

- Important findings from research studies about some factors that increase the chance of having a baby with an orofacial cleft:
  - **Smoking:** women who smoke during pregnancy are more likely to have a baby with an orofacial cleft than women who do not smoke.[2-3]
  - **Diabetes:** women with diabetes diagnosed before pregnancy have an increased risk of having a child with a cleft lip with or without cleft palate, compared to women who did not have diabetes.[5]
  - **Use of certain medications:** women who used certain medicines to treat epilepsy, such as topiramate or valproic acid, during the first trimester (the first 3 months) of pregnancy have an increased risk of having a baby with cleft lip with or without cleft palate, compared to women who didn't take these medicines.[6-7]

DIAGNOSIS

- Can be diagnosed during pregnancy by a routine ultrasound.
- Can also be diagnosed after the baby is born, especially cleft palate.
- However, sometimes certain types of cleft palate (for example, submucous cleft palate and bifid uvula) might not be diagnosed until later in life.

MANAGEMENT AND TREATMENT

- Children with orofacial clefts often require a variety of services that need to be provided in a coordinated manner throughout childhood and into adolescence and sometimes adulthood.
- Surgery to repair a cleft lip usually occurs in the first few months of life and is recommended within the first 12 months of life.
- Surgery to repair a cleft palate is recommended within the first 18 months of life or earlier if possible.[8]
- Surgical repair can improve the look and appearance of a child's face and might also improve breathing, hearing, and speech and language development.
- Children born with orofacial clefts might need other types of treatments and services, such as special dental or orthodontic care or speech therapy.[4,8]

FURTHER CONSIDERATIONS

- With treatment, most children with orofacial clefts do well and lead a healthy life.
- Some children with orofacial clefts may have issues with self-esteem, if they are concerned with visible differences between themselves and other children.
- Parent-to-parent support groups can prove to be useful for families of babies with birth defects of the head and face, such as orofacial clefts.

QUESTIONS, SUGGESTIONS, FEEDBACK?

- Email us at oasisdiscussions@cda-adc.ca
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Thank you

References are available in pdf format in the oasis discussions post.