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# Cleft Lip And Palate

## **What are they?**

A cleft lip is a split in the upper lip; a cleft palate is a split in the roof of the mouth. They occur during early development in the womb, when the upper lip or palate doesn't join together properly. A baby may be born with either defect on its own or both together.

Associated problems include recurrent ear infections (as the defects make children prone to build up of fluid in the middle ear), aspiration pneumonia and speech problems later in life if the defect isn't treated early.

## **Who's affected?**

Cleft lips and palates affect around one in 700 babies born in the UK.

## **What causes them?**

Cleft lips and palates sometimes run in families. There's a slight genetic predisposition, and other developmental abnormalities are present in about half of cases as a result of inherited conditions such as trisomy of chromosome 18.

The risk of a cleft lip or palate is increased by:

Taking certain medicines during pregnancy, such as the anticonvulsant drug phenytoin  
Drinking large amounts of alcohol during pregnancy  
Maternal infection during pregnancy  
A deficiency in folic acid during pregnancy

However, in many cases the cause remains unknown.

## **How is it diagnosed?**

Antenatal diagnosis of cleft lip is occasionally possible during ultrasound scanning. Cleft palate alone isn't detectable before birth.

## **What's the treatment?**

A cleft lip is usually repaired surgically at around the age of three months. A cleft palate is usually repaired surgically between six and 15 months.

If a baby is having feeding problems before surgery is possible, a plate may be fitted into the roof of the mouth. Special feeding teats are also available.

As the child grows up, speech therapy may be necessary.

## **Advice and support**

Cleft Lip & Palate Association

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