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**BONDING AND NUTRITION –
A BASIC NEED FROM THE FIRST DAY OF LIFE FOR CHILDREN BORN WITH A CLEFT**

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Introduction: There are many different ways to deal with children who have a cleft. Whether they are breastfed or not, all of them should have our full support at the beginning of their lives. During my long-term international experience, I have learned several different ways to breastfeed these babies.

Methods: Intensive advisory consultations for parents and ongoing education for nursing staff on ante and postnatal wards have contributed to better feeding methods. We have worked very hard to provide support and education to parents about the benefits of breast milk and the various ways to breastfeed.

Results: We have observed good results for babies with cleft lip and palate due to the implementation of a breastfeeding-supportive environment:

- Putting the newborn skin-to-skin directly after birth for as long as possible
- Prevention of mother and baby separation postpartum
- Expression of milk in addition to breastfeeding
- Breastfeeding and complementary feeding of expressed breast milk (EBM) via a Supplementary Nursing System (SNS), finger-feeding or a SpecialNeeds® (Haberman) teat
- Assessment and fitting of a palatal obturator
- Support through trained lactation consultants, midwives, nurses, doctors

Conclusion: Applying new scientific results, using newly developed medical appliances and following the “HERZOG© Principle” during the early treatment of infants born with a cleft have significantly improved the quality of life for these children as well as for their parents.