

North Carolina Women's Hospital

Cleft Lip and Cleft Palate

What is a cleft lip?

A cleft lip is an opening of the lip. The lips form during the 4th to 7th week of pregnancy. If the tissue in the lip does not form completely, a cleft lip will occur. The opening can be a small slit or a large opening that goes through the lip into the nose. It can be on one side of the mouth (unilateral), on both sides (bilateral) or in the center of the lip.



Baby with cleft lip

Baby with cleft palate

Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities

What is a cleft palate?

An opening of the roof of the mouth is called a cleft palate. The roof of the mouth forms during the 6th to 9th weeks of pregnancy.

A cleft palate occurs when the tissue in the roof of the mouth does not join correctly. A cleft palate can occur alone or with a cleft lip. It can sometimes be difficult to see if there is a cleft palate on ultrasound, so it may not be known if the baby has a cleft lip alone or a cleft lip with a cleft palate until after delivery. A cleft palate without a cleft lip is usually not diagnosed during pregnancy.

What causes cleft lip and cleft palate?

Most babies born with a cleft lip and cleft palate have no additional health problems. In these cases, it is thought that the cleft lip could have been caused by a combination of genetic and environmental factors. In most cases, the exact cause can not be determined. Certain medications or other exposures during early pregnancy may have led to the cleft lip or palate. Other times cleft lip and cleft palate are a part of a genetic condition in the baby.

It is important to remember that anyone can have a baby with a birth defect. It is estimated that about 1 in 1000 babies is born with a cleft lip (with or without cleft palate) and 1 in 2500 babies is born with a cleft palate alone. Although it is normal for parents to worry about what caused the problem, birth defects are rarely caused by something that the parents did or did not do during pregnancy.

Can cleft lip and cleft palate be repaired?

A cleft lip and cleft palate can be repaired with surgery after your baby is born. Usually surgery to repair a cleft lip is done in the first few months of life and is recommended to be done before 12 months. Surgery for cleft palate is usually done within the first 18 months. Some children will require more surgeries as they get older. A pediatric surgical specialist will talk with you about the options for surgery and help you decide what is best for your child.

Your child will likely be followed by the UNC Craniofacial Center, which is a team of healthcare professionals who care for children and families with cleft lip and cleft palate. The team includes many different specialists who will be involved in the care of your child.

*Approved by UNC Women's Hospital Patient Education Steering Committee on June 2007,
Reviewed & Revised on August 2010, April 2011.*

Will my baby have other health problems?

The majority of cases of cleft lip and cleft palate are isolated. This means that the baby has no additional birth defects or health problems. Some children born with a cleft lip have speech or dental problems later in childhood. Children born with cleft palate may have frequent ear infections.

Some children with cleft lip and cleft palate are found to have additional birth defects. When a cleft lip is diagnosed on routine ultrasound, a more detailed ultrasound is usually recommended to look for other birth defects. If other problems are found on the ultrasound, your genetic counselor or healthcare provider will discuss the findings with you in detail. Additional testing may be offered to you to help determine the cause of the birth defects.

Because not all health problems can be diagnosed during pregnancy, your baby will have more evaluations after delivery. You may meet with a pediatric geneticist (doctor who studies genetic conditions) after your baby is born. The geneticist may help you understand why the cleft lip and cleft palate happened and the chance of having another child with a similar condition.

How will my baby be delivered?

Having a baby with an isolated cleft lip with or without cleft palate should not change your plans for delivery. Because some of these babies may have breathing problems at birth, a hospital delivery is recommended. You and your healthcare provider will discuss the safest choice for you and your baby.

What can I expect after my baby is born?

If your baby does not have any other health problems, he or she will be cared for like a typical newborn. Your baby may need to go to the Newborn Critical Care Center (NCCC) if he or she has any problems, such as difficulty breathing, after delivery. Your baby will be examined by a pediatrician and possibly a pediatric surgical specialist before leaving the hospital.

Will my baby have feeding problems?

Most babies with cleft lip have few problems with breast or bottle feeding. Babies with cleft palates, with or without the cleft lip, often have problems with feeding. Special bottles and nipples are available to help your baby. Mother's milk is important for these babies to lower the risk of frequent infections. Lactation consultants (specialist who help mothers breast feed), nurses, and other hospital staff will help you develop a plan for feeding your baby.

Where can I get additional information?

We expect that you will have many more questions about the diagnosis of a cleft lip for your baby. We encourage you to speak with your genetic counselor and other healthcare providers about any other questions you may have.

Additional information and resources

- Cleft Palate Foundation: www.cleftline.org 1-800-24-CLEFT.
- March of Dime Birth Defects Foundation: www.marchofdimes.com 1-888-MODIMES
- UNC Craniofacial Center: <http://www.dentistry.unc.edu/pateint/craniofacial/> 919-966-2795

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