

NORTH WILLI'S CLEET LIP AND PALATE

Central Manchester University Hospitals

Cleft Lip and Palate Update NORTH WALES 2022





North West England, the Isle of Man and North Wales Cleft Lip and Palate Network

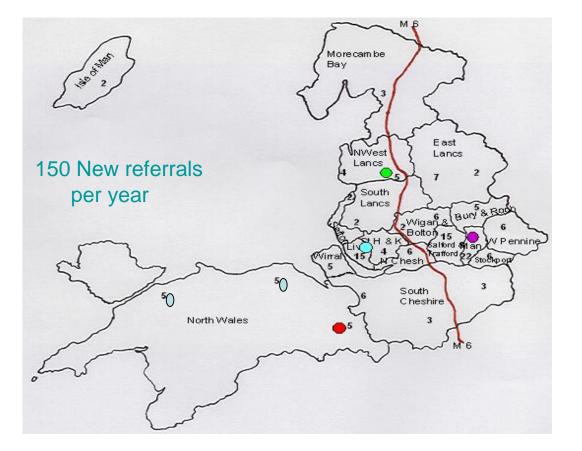


Aims

- Service Overview
- Cleft Palate & Cleft Lip (+ Antenatal Care)
- Impact of Cleft on Baby and Family
- Best Practice Guidelines
- Referral pathways to Cleft Team
- MDT care
- Cleft in North Wales
- Jess and Toby's Story



North West, Isle of Man & North Wales Cleft Network



Surgical hubs

Liverpool and Manchester

CNS locations

- Liverpool
- Manchester

Outreach Preston and Wales



Multiple Disciplinary Care

- Hospital of birth
- Clinical Nurse Specialist
- Surgeon
- Speech and Language Therapist
- Dentist/Dental Therapist
- Orthodontist
- Psychologist
- Audiologist

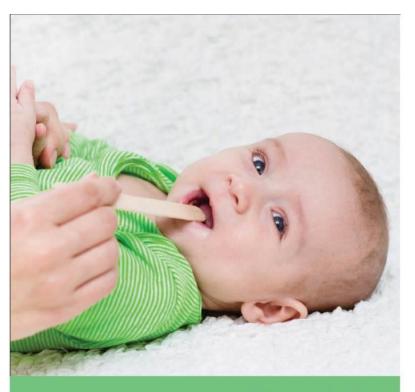




Incidence of clefting

- 1 in 650 -700 live births
- Cleft lip+/- palate more common in boys
- 10% CL/P associated syndrome or other anomaly
- CP commoner in Girls 50% CP associated syndrome or other anomaly





Palate examination: Identification of cleft palate in the newborn

October 2014

British Association of Perinatal Medicine Cleft Lip and Palate Association Royal College of General Practitioners Royal College of Midwives Royal College of Paediatrics and Child Health The Craniofacial Society of Great Britain and Ireland







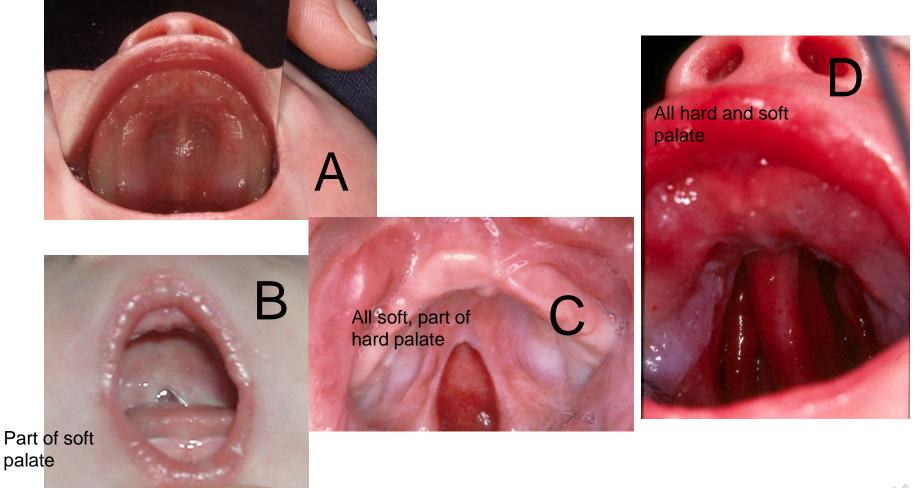
Best practise recommendations

- 1.Healthcare professionals should examine a baby's hard and soft palate as part of the full newborn physical examination and record this in the child health record.
- 2.Examination of the baby's palate should be carried out by visual inspection.
- 3.A torch and method of depressing the tongue should be used to visualise the whole palate.
- 4.Parents should be informed if the whole palate (including the full length of the soft palate) has not been visualised during the newborn examination.
- 5.If the whole palate is not able to be visually inspected at first attempt then a further attempt at visual examination should be made within 24 hours.
- 6.Trusts should provide training on the correct method of visual inspection of the palate to all healthcare professionals required to carry out the newborn examination





2. Cleft Palates



Lip and Palate Network



Effects of Cleft for the Infant

- Breathing (SLUMBRS research) Feeding
- Hearing
- Surgery
- Babbling/Speech



Cleft Lip with or without Palate 10% associated anomalies













Beginnings:- Antenatal

- 50% clefts involve lip
- Clefts of lip increasingly being identified at 20 week anomaly scan (Foetal Anomaly Screening Programme guidelines).

3D Scan at 28 weeks





Following Antenatal Referral

- CNS contact within 24hours of referral/diagnosis
- Home visit by CNS arranged

- Accompany to FMU if required
- Counselling and Information





Following Referral (2)

- Offer of opportunity to meet extended team
- Meet other parents
- Attend antenatal group
- Letter/contact with Primary Care Team
- Free private 4D bonding scan options





CNS care in pregnancy

- Help adjust to diagnosis and re-establish control of pregnancy.
- Home visits by CNS to plan early neonatal care
- Supports maternal choice of planned feeding
- Management plan agreed with parents and sent to DGH of delivery
- Feeding equipment and electric pump provided to parents

FMU:-Further investigations

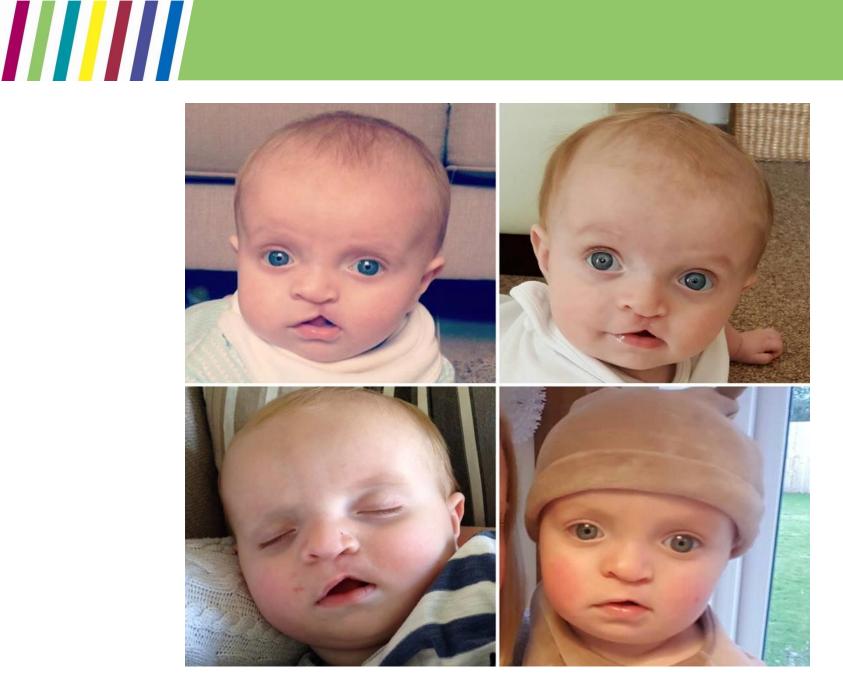
Additional anomalies/syndromes more commonly associated with:

- Isolated cleft palate (not identified on scan)
- Bilateral cleft Lip & palate
- Family history of syndrome
- Invasive testing should be offered only where other markers are identified (Gillham 2009).
- Genetic consultation may be appropriate
- Termination may be considered if other serious markers/chromosome anomalies present.













Pierre Robin Sequence

- Cleft palate
- Micrognathia
- Glossoptosis



Upper airway obstruction









Pierre Robin Sequence





MILD OBSTRUCTION Positioning with feeding support

MODERATE OBSTRUCTION Positioning with NG/Limited oral feeding

MORE SEVERE OBSTRUCTION Nasopharyngeal airway Non nutritive stimulation/NG feeding



Early management from birth

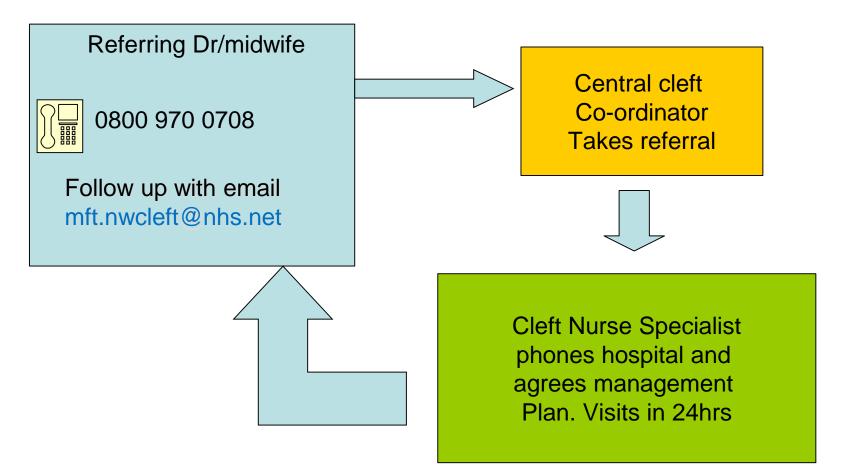
• Refer as soon as possible

 Cleft type, gestation, other medical conditions determine feeding management





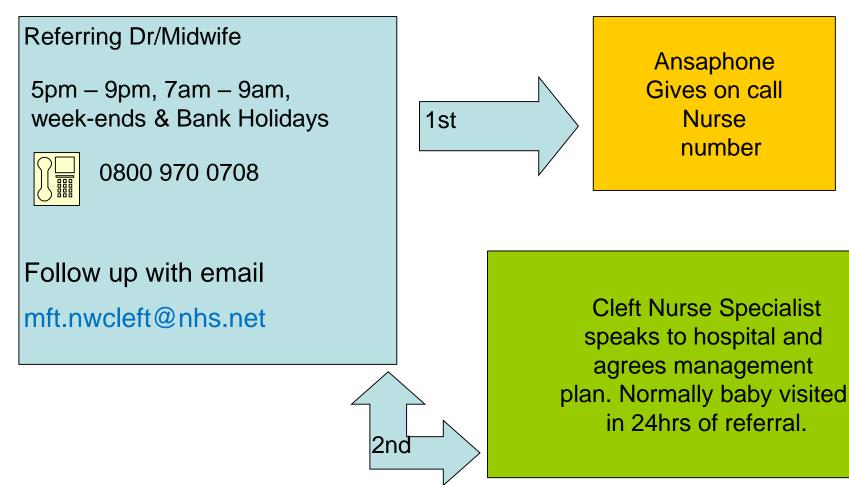
Referral Process (Mon – Fri 9.00-17.00)







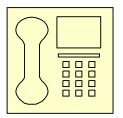
Referral Process out of hrs







Referring Clefts



0800 970 0708



New referrals 0800 970 0708

Follow up with email mft.nwcleft@nhs.net



Please fax to 0161 701 9093. If you have any queries, please phone 0800 970 07 08 ANTENATAL / NEW BABY REFERRAL FORM

DATE OF REFERRAL	NAME OF HOSPITAL (and Trust)			
MUM'S NAME				
CHILD'S NAME				
DOB	EDD	MALE or FEMALE		
CLEFT TYPE				
OTHER CONDITIONS KN	OWN AT TIME OF REFERRA	NL.		
HOME ADDRESS				
HOME/CONTACT TELEPH	IONE NUMBER			
GP NAME				
GP ADDRESS				
GP TELEPHONE NUMBER	R			
BABY'S LOCATION AT TI	ME OF REFERRAL			
REFERRED BY:				
NAME: DE SIGNATION:				
ADD RESS FOR CORRESPO	NDENCE:			
SIGNATURE:				
REFERRING CLINICIAN'S CONTACT NUMBER				
PATIENT'S CONSULTANT PAEDIATRICIAN:				
FOR CLEFT OFFICE USE				
CLEFT SURGEON INITIALS:	CLINICAL NURSE SPECIALIST:	ANTENATAL REFERRAL YES D NO D		









CLEFT LIP AND PALATE NETWORK North West England, Isle of Man and North Wales

Please fax to 0161 701 9093 or email <u>mft.nwcleft@nhs.net</u> **FOLLOWING** your initial referral telephone call to 0800 970 07 08.

Referrals should not be faxed or emailed without having already TELEPHONED the referral though to the Cleft Network.

ANTENATAL / NEW BABY REFERRAL FORM						
DATE OF REFERRAL		NAME OF HOSPITAL (and Trust)				
MUM'S NAME						
CHILD'S NAME and NHS number						
DOB	EDD		MALE or FEMALE			
CLEFT TYPE						
OTHER CONDITIONS KNOWN AT TIME OF REFERRAL						
HOME ADDRESS						
HOME/CONTACT TELEPHONE	NUMB	ER				
GP NAME						
GP ADDRESS						
GP TELEPHONE NUMBER						
BABY'S LOCATION AT TIME OF REFERRAL						
REFERRED BY: NAME:						
		220.014110				
REFERRING CLINICIAN'S CONTACT NUMBER						
PATIENT'S CONSULTANT PAEDIATRICIAN:						
FOR CLEFT OFFICE USE						

1	CLEFT SURGEON INITIALS:	CLINICAL NURSE SPECIALIST:	ANTENATAL REFERRAL YES D NO D

October 2021

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Genetics

- Available to all parents & children
- Referral where other anomalies
- Clinical and chromosome assessment
- Advise on further investigations
- Chromosome investigations only necessary where other markers
- Cleft collective study



CLEFT IN NORTH WALES

- 6000 livebirths
- Incidence of all clefts variable year on year and across 3 hospitals
- UK incidence 1/650-700 livebirths
- Network average 1/650 livebirths



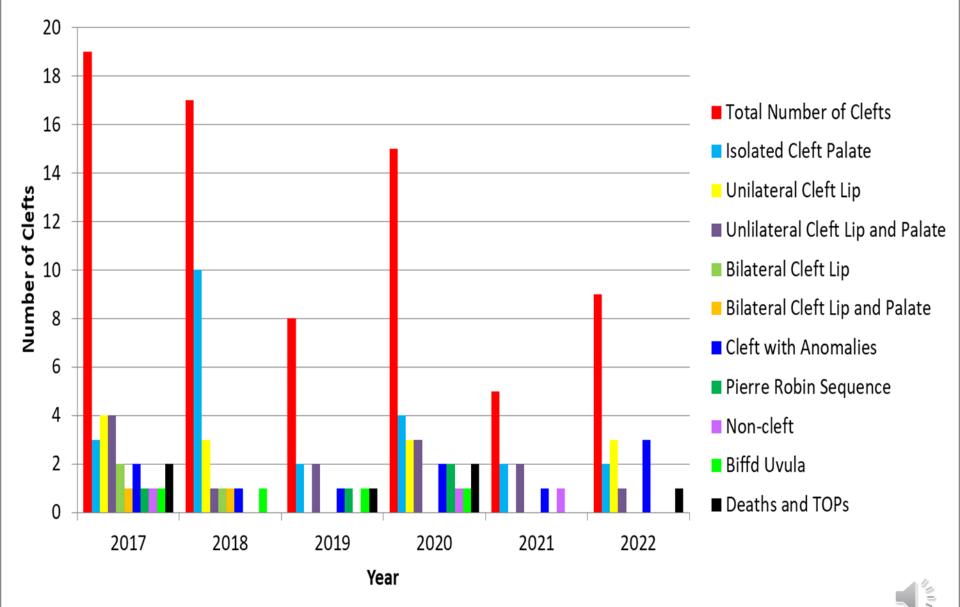


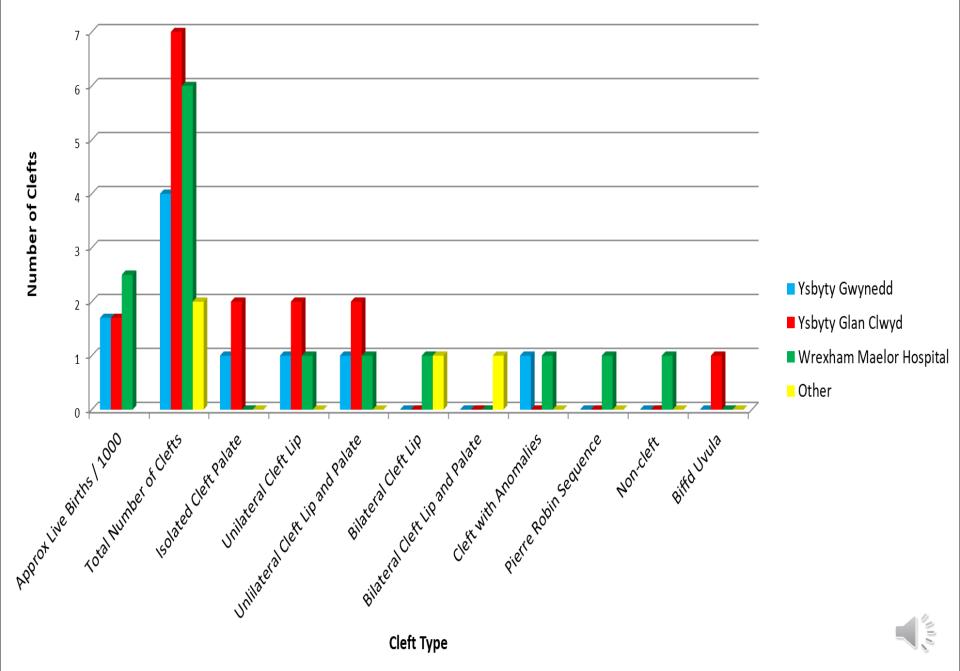
North Wales INCIDENCE BY YEAR

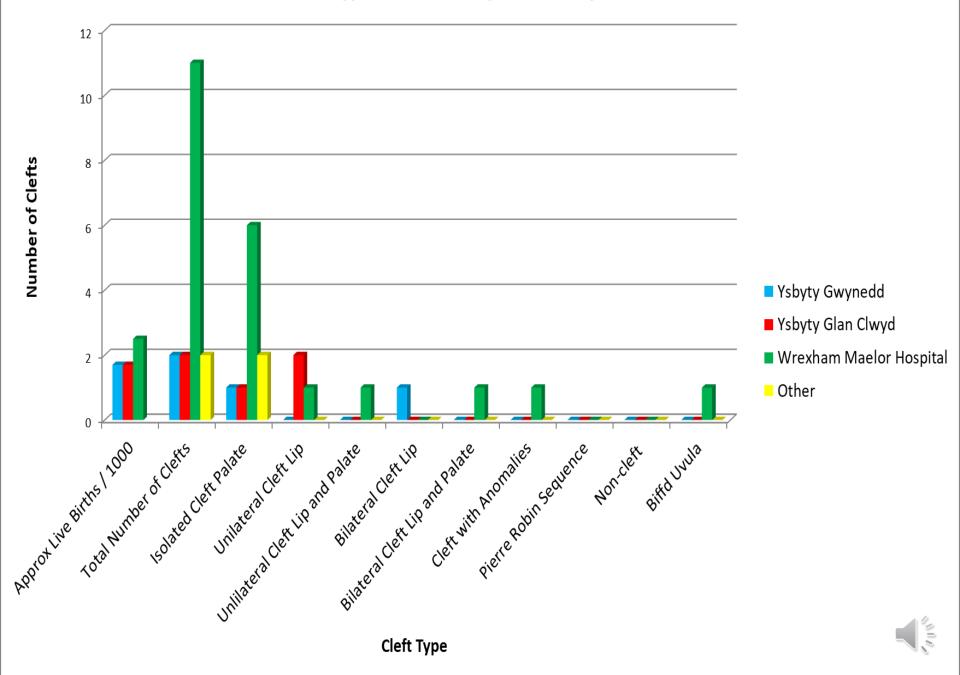
- 2017 19 clefts 1/333
- 2018 17 clefts 1/352
- 2019 8 clefts 1/750
- 2020 15 clefts 1/400
- 2021 5 clefts 1/1200
- 2022 (to date) 9 clefts (1/666)

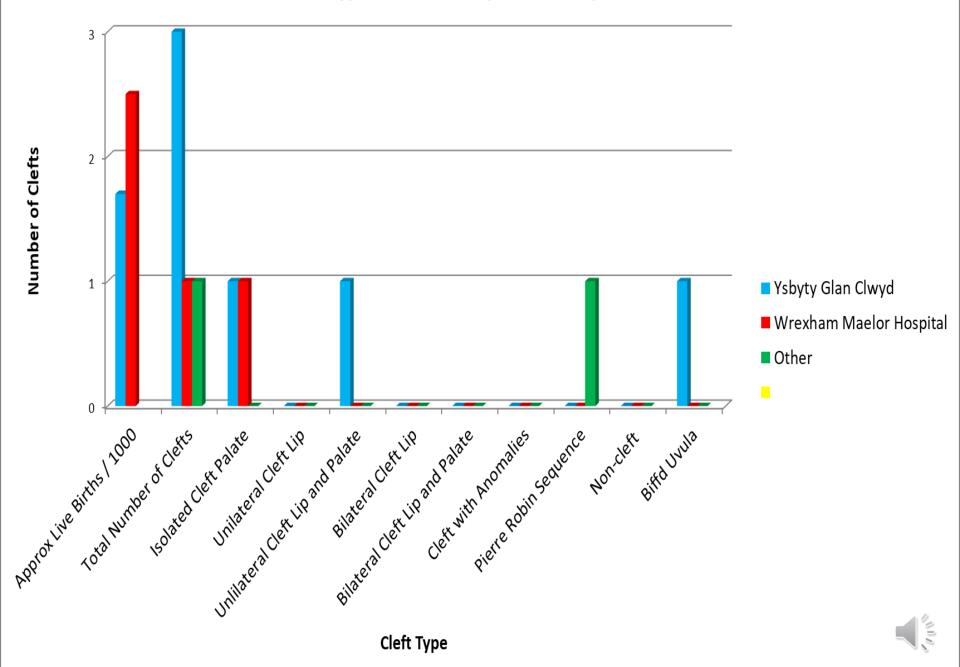


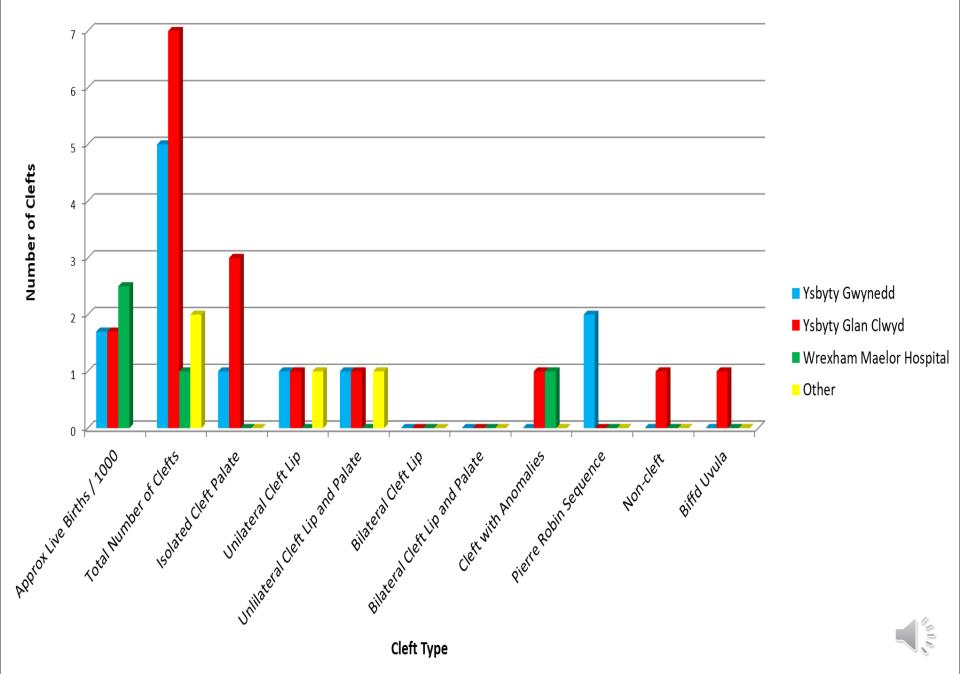
Yearly Cleft Data

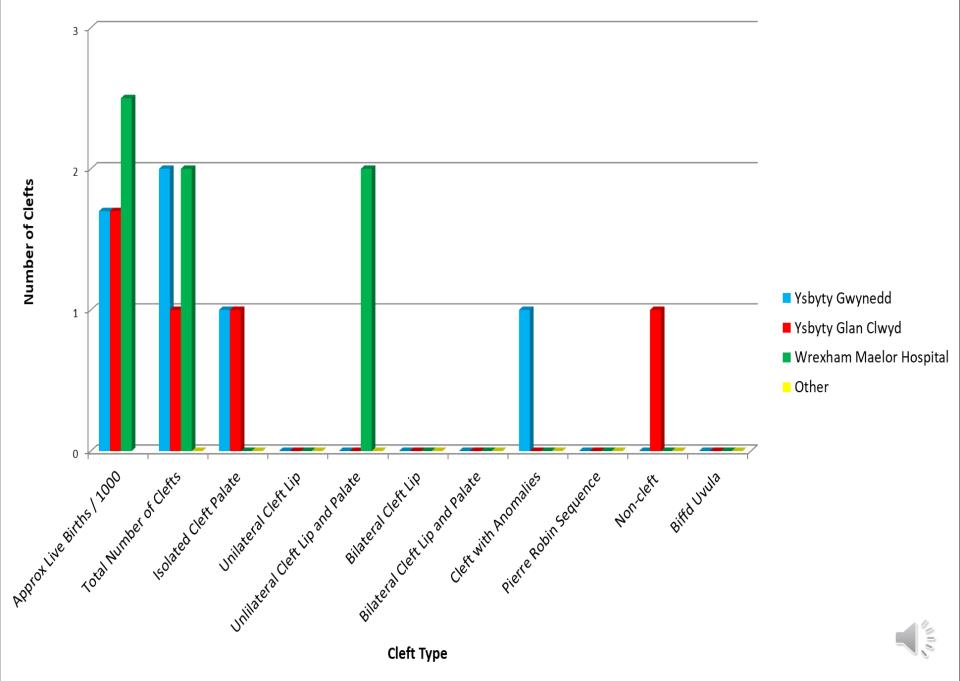




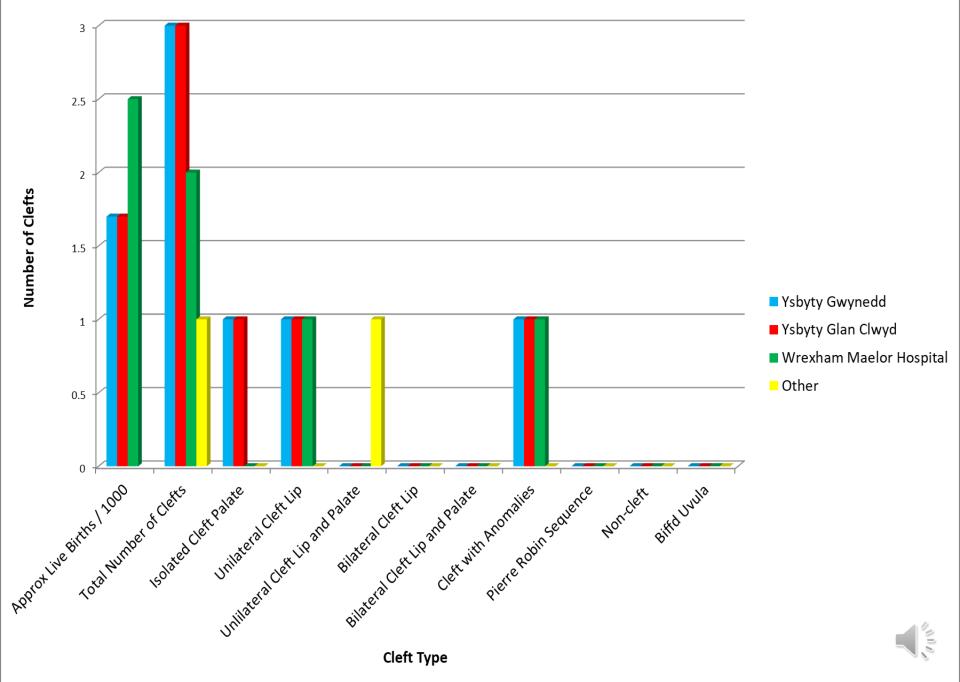








Cleft Type and Number Per NW Hospital 2022 To Date



Jess and Toby's Story







SUMMARY

- Cleft Service and role of MDT
- Best Practice Guidelines re detection of cleft palate
- Early referral to Nurse Specialist 0800 9700708 mft.nwcleft@nhs.net





THANK YOU

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