

**Assessment of Mothers' Practices
regarding the Feeding of Infants with
Cleft lips and Palate**

تقييم ممارسات الأمهات حول تغذية أطفالهن المصابين بفلح
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Abstract

Objective(s): To assess mothers' practices about feeding their infant with cleft lip and palate and find some relationship between mothers' practices and their demographic data of age, level of education, and residence.

Methodology: A descriptive design was used in the present study, which was conducted for the period of June 13th, 2024, to February 2nd, 2025. The study was conducted on a non-probability (purposive) sample of 25 mothers and their infants with cleft lip and/or cleft palate was chosen. The data were analyzed through the application of descriptive and inferential statistical approaches, which are applied by using SPSS version 22.0.

Results: The findings of the study indicated that poor levels of performance toward feeding of their infant with cleft lip and/or cleft palate. There is no significant relationship among mothers' knowledge with all demographics at $p\text{-value} = 0.05$, except there is a relationship between mothers' performance and level of education.

Conclusion The present study concluded that mothers had an unsatisfactory level of practice regarding the feeding technique of their children with cleft lip and palate.

Recommendations: The researcher recommends that they need an interventional program about feeding to improve and enhance the level of the mother's performance. There is a real need for coordination with the media in order to increase mothers'

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knowledge and practices about feeding techniques for their infants with cleft lip and/or cleft palate.

Keywords: Assessing Mothers' Practices, Feeding, Cleft Lip, and Cleft Palate

Introduction

The term cleft lip and palate (CL/CP) denotes congenital or acquired anomalies of the upper lip and palate. Cleft lip and cleft palate may manifest independently or together. Both anomalies result from inadequate fusion of the hard or soft palate (often occurring at 8-9 weeks of gestation) or a disjointed amalgamation of the genital lips (generally at 35 days of gestation). The palate develops between the 6th and 9th weeks of gestation. A cleft palate, characterized by an opening in the palate, arises when the tissues comprising the palate fail to fuse entirely during gestation. Some neonates exhibit complete openings of their front and posterior palates, while others present with only partial palate openings. (Shkoukani, Chen, & Vong, 2013; Hockenberry & Wilson, 2015; Kenner, Altimier, & Boykova, 2019).

The etiology of cleft formation remains ambiguous; nonetheless, medical professionals postulate that both environmental and genetic factors contribute to its development (Gad Soliman Ebrahim & et al., 2023). Globally, orofacial clefts affect approximately 1 in 600 to 700 individuals. The incidence of oral and facial clefts differs with race, country, and socioeconomic status, occurring in around one in every 500–550 births (Seifeldin, 2016; Fitzsimons et al., 2021).

Cleft lip and palate impact children and their families. Difficulties in eating, speaking, and hearing exemplify immediate repercussions. Bullying, taunting, and social isolation exemplify indirect repercussions (Wehby et al., 2014; Dardani et al., 2020). Despite robust data indicating advancements in centralization (Ness et al., 2018), certain aspects of care, such as dental caries, still necessitate enhancement.

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The psychological state of children with cleft lip and/or cleft palate is a vital aspect of evaluating the success of overall management as care continues into adulthood and beyond (Acum, Mastroyannopoulou, O'Curry, & Young, 2020).

While these anatomical defects can be physically rectified (when medical care is accessible), certain adverse effects, including speech impediments, aesthetic concerns, and diminished mental health, may persist into adulthood. is associated with effective outcomes (Feragen, Sarvold, Aukner, & Stock, 2017).

Mothers must be thoroughly educated about infants with cleft lip and palate (CLP). They require assistance in perceiving their children holistically instead of concentrating solely on their external shortcomings while mourning the loss of their expected and idealized child (Ball, Bindler, Cowen, & Shaw, 2012).

To effectively breastfeed their children, women must comprehend the process. They will likely require additional techniques and supplementary breastfeeding practices (Nasar, Amer, & Aly, 2018).

Nurses constitute about 70% of the healthcare workforce. They maintain greater interaction with children and their families. A primary responsibility of nurses is to educate children and their parents as part of medical treatment providing. Nurses ought to equip mothers with essential training, particularly in nutrition, to enable them to care for their children at home prior to surgery. She advocates for moms to initiate nursing promptly to cultivate an emotional connection between mother and child (Arvalho et al., 2021).

Pediatric nurses must enhance maternal understanding, inform them of the importance of engaging with the craniofacial team for follow-up to foster child health, and maintain frequent communication with all moms of children with cleft lip and palate (CLP). Nurses must address and respond to nutritional concerns. They must deliberate about the evaluation of growth. Issues and

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anomalies associated with the growth and development of infants, along with prevention, early identification, and many treatment modalities for CL/CP. Nasar et al. (2018).

It is emphasized that supportive treatment is essential during the preoperative, postoperative, and follow-up phases to meet physical, informational, practical, emotional, spiritual, and psychosocial needs. The information needs of nurses, who collaborate closely with medical personnel, are directly linked to the guidance provided to mothers. Nurses collaborate with moms by imparting essential knowledge for childcare and empowering them to select treatment alternatives for their children. Professional collaborations empower women to take control, sustain their optimism, and formulate strategies that will directly assist their infants in becoming healthy members of the community in the future. (Madhoun et al., 2020).

Mothers must be apprised of treatment plans and the various professionals involved to facilitate their participation in care within the designated timeframe, as well as be made aware of their infants' deficiencies. Supplying mothers with both oral and written information regarding the challenges their infants may face and the possible implications for their development as they mature. Mothers ought to utilize this format in the absence of healthcare providers. Khanjari, Oskouie, Eshaghian Dorche, and Hagani (2013).

Consequently, to address the issue of newborns with CLP, it is essential to develop certain competencies. These skills derive from enhancing the knowledge and practices of parents, particularly mothers (Faghihi & Kajbaf, 2017). Research findings indicate that childhood sickness influences family dynamics, with parents experiencing feelings of responsibility, dread, worry, and guilt, which can eventually impair overall family functioning (Khanjarie et al., 2013).

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Methodology

A descriptive design study was carried out at in Bint Al-Huda Teaching Hospital for obstetrics & pediatrics and Al-Habbobi teaching hospital in order to assess Mother's performance toward their children with cleft lips and palate about feeding technique which conducted for the period of June 13th 2024 to February 2nd, 2025.

The sample of the study is non probability (purposive) sample which is chosen for the current study. The sample involves (25) mother are selected for the study and (10) Mother are selected for the initial need assessment and (5) mothers are selected for pilot study.

Ethical Considerations

Scientific Research Committee at the University of Baghdad, College of Nursing has approved the study to be conducted. All mothers who have participated in the study have signed consent form for the human subjects' rights.

The Study Instrument

A questionnaire is constructed and introduced to the mother to evaluate the questionnaire of the program upon mother's demographic information, child demographic information, practice performance which is composed of 5 parts each part is divided to items.

Validity of the Study

Instrument Content validity of the study tools is determined by the panel of 10 experts in different nursing and medical fields. The experts were asked to analyze the questionnaire to clarify the validity and appropriateness of the content. Their responses are taken and some changes are made according to their opinion.

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Reliability of the Study

Reliability of the tools was performed to confirm its consistency by using Cronbach's alpha test.

Data Collection

Data are collected through the use of the study instrument.

Data Analysis

Data are analyzed through the application of the descriptive and inferential statistical data analysis approaches.

Results:

Table 1: Distribution of the Participant Mothers according to their Sociodemographic Characteristics

No.	Characteristics	f	%	
1	Age (year)	> 20	10	40
		20 – 29	6	24
		30 – 39	4	16
		40 +	5	20
		Total	25	100
2	Level of education	Illiterate	2	8
		Primary graduate	8	32
		Secondary graduate	9	36
		Medical institute graduate & college graduate	6	24
		Total	25	100
3	Residency	Urban	18	72
		Rural	7	28
		Total	25	100
4	Drugs used during pregnancy	No	10	40
		Sometimes	8	32
		Always	7	28
		Total	25	100

No: Number, f: Frequency, %: Percentage

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Table 1 Founded that, 40% of mothers' age ranged below 20years old and Regarding to level of education for mothers 36% in secondary school. The same table revealed that, the majority of mothers 72% came from Urban area. In addition, 40% of mothers hadn't take dregs during pregnancy.

Table (2): Distribution of the Children according to their Socio-demographic Characteristics

No.	Characteristics	f	%	
1	Age (Month)	> 1	15	60
		1 – 6	7	28
		7 – 11	3	12
		Total	25	100
2	Gender	Male	15	60
		Female	10	40
		Total	25	100
3	Gestation period for baby	Premature	16	64
		Full-term	9	36
		Post-term	0	0
		Total	25	100
4	Type of cleft lip and palate	CL	10	40
		CP	9	36
		CL&CP	6	24
		Total	25	100
	Type of feeding	Normal	10	40
		Artificial	8	32
		Mixed	7	28
		Total	25	100

No: Number, f: Frequency, %: Percentage

Table 2 Reveals that the majority of the infants (60%) were aged less than 1 month, with more than half of them being boys and less than half of them (40%) having cleft lips. Regarding type of feeding, the majority of the infants take normal feeding (breastfeeding).

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Table 3 Evaluation of Mother's Practices

No.	Items Related to Mother's Practice	M.S.	Ass.
1	Mothers' practices of breastfeeding	M.S.	Ass.
1.1	Facilitate the baby's awakening by stimulating in the usual care using touch, changing the baby's position, or changing diapers.	.36	Poor
1.2	Keep your baby's breath calm by using a crib, pacifier, or feeding the baby before crying.	.12	Poor
1.3	Improve mouth movement by using either stimulation around the mouth or moisturizing the lips.	.04	Poor
1.4	Wrap the baby, including his arms and hands (swaddling).	1.48	Good
1.5	Hold the baby vertically and with an inclination of 45-75 degrees.	.16	Poor
1.6	The child's head is curved forward, i.e., the chin is closer to the chest.	.04	Poor
1.7	Placing the hand on the baby's cheeks to help the lips hold the nipple by placing the index finger and thumb on the cheek and the middle finger under the chin.	.00	Poor
Total average of part I		.32	Poor
2	Mothers' practices of Nipple Insertion and Starting Breastfeeding	M.S.	Ass.
1.1	Insert the nipple without touching the incision by placing the nipple in the mouth area without incision or by inserting the nipple straight and holding the bottle without moving Or insert the nipple to the center of the tongue.	.00	Poor
1.2	Cleaning the mouth and nose with a tissue in case milk comes out of the nose or mouth.	1.04	Fair
1.3	If milk comes out of the nose or mouth several times, carry the baby vertically.	1.76	Good
1.4	The duration of one feeding should not last more than 30 minutes.	1.04	Fair
Total average of part II		.96	Fair
3.	Mothers' practices of Helping the Child to Suck	M.S.	Ass.
1.1	Tilt the bottle or squeeze the nipple to produce milk.	.00	Poor
1.2	Take a break by removing the bottle from the baby's mouth.	.00	Poor
Total average III		.00	Poor

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4.	Mothers' Practices of Making the Decision to Stop Breastfeeding	M.S.	Ass.
1.1	Decreased level of awakening through sleep even when stimulated, not opening the mouth, keeping the mouth open, tongue not moving, raising the tongue, or not sucking	.00	Poor
1.2	Resist feeding by crying or moving the body violently.	.00	Poor
Total average of part IV		.00	Poor
5.	Post-lactation Maternal Practices	M.S.	Ass.
1.1	The baby should burp during and after each feeding.	.36	Poor
1.2	Baby should be kept upright after feeding for 15-30 minutes to minimize reflux.	.00	Poor
Total average of part V		.18	Poor

M.S. = Mean of score, No. = number of domain, level of assessment: Poor = 0 – 0.66, Fair = 0.67 – 1.33, Good = 1.34 – 2

Discussion

Congenital maxillofacial anomalies, such as cleft lip and cleft palate, are prevalent.

Eating disorders are significant complications related to cleft lip and palate.

Feeding infants with cleft palates can be rather difficult, whether they are breastfed, bottle-fed, or get a combination of both methods.

The level of difficulty is determined by the crack's dimensions, position, and additional factors.

Malnutrition and stunted growth result from inadequate nourishment of the newborn. (Katge, Shetty, & Shetty 2014).

Mothers of newborns with cleft lip and palate encounter numerous challenges related to feeding, necessitating precise information and effective strategies for proper nourishment. The objective of the present study was to assess the feeding behaviours of mothers for their infants with cleft lip and cleft palate.

The present study, as shown in Table 1, reveals that 40% of the sample population was below the age of 20 years. This outcome

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diverges from the conclusions of a study (Alaswad NK et al. 2018) that investigated eating behaviours in infants with CL and/or CP. The findings indicated a mean maternal age of 28 years, whereas fewer than two-thirds of the mothers in the control group were aged between 30 and 40 years, with a mean age of 29.7 ± 5.25 years. Conversely, the present study contradicts the findings of **Abd-Alrazzaq and Aziz A. (2021)**, which indicated that more than one-third of mothers are aged between 38 and 40 years.

The majority of the study sample (36%) consisted of moms who were secondary school graduates. These findings correspond with those of **Alaswad NK et al. (2018)**, which demonstrated that the majority of moms in the study completed secondary education. This outcome contradicts the findings of **Ali RA and Ajil ZW (2021)**, which suggested that the educational attainment was low among educated mothers.

The residency variable indicates that 72% of moms in the research dwell in urban regions. The results correspond with the study of **Adel Karim EA & AL-Mosawi KM. (2021)**, which revealed that the majority of the examined mothers resided in urban areas, totaling 154 (77%). This study, however, contradicts the findings of **Khalel M & Shawq AH. (2024)**, which indicated that the biggest number of children lived in rural regions (52.6%).

The present investigation verified that 40% of the sample population refrained from drug usage throughout pregnancy. The findings correspond with the study of **Hong Y et al. (2021)** on Environmental Risk Factors for Non-syndromic Cleft Lip and/or Cleft Palate, which revealed that more than one-third of mothers of infants with cleft palate abstained from drug consumption during pregnancy.

(Table 2)

In the present study, more than fifty percent of the sample infants were under one year of age, specifically 60%. This conclusion contradicts the results of **Mahmoud Mohamed B et al. (2022)**, which stated that one-third of participants were aged between 21 to 30 months regarding mothers' understanding and

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practices about postoperative care for children with cleft lip and cleft palate. Nonetheless, the present study refutes the conclusions of **Shaker and Al-Mosawi (2022)**, which suggested that 33.3% of children aged 3-5 years exhibited an average of 7 ± 3 .

The present study revealed that 60% of the infants in the sample were male. This may be ascribed to the incidence of congenital anomalies in males for unclear reasons. These results align with the work of **Erdost SK et al. (2025)**. In his research about the influence of nutritional education on the weight requirements for surgery in infants with cleft lip and palate, it was observed that more than half of the sample, particularly 60%, were male infants.

A significant proportion of infants were classified as "premature," with 64% of the research group identified as such; these findings align with **Al-Musawi KM et al. (2020)**, which reported 48.3% of infants as preterm based on gestational age.

In the study sample, 40% were identified with cleft lip, aligning with the findings of **Erdost SK et al. (2025)**. In his research on the impact of nutrition education on the weight prerequisites for surgery in newborns with cleft lip and palate, 49 (57.6%) of the subjects presented with cleft lips.

The present study revealed that the primary feeding method for babies was breastfeeding, comprising 40% of the sample population. These results contrast the findings of **Swamy AS and Santhosh G. (2018)**, who examined the "Nutritional Status of Children with Cleft Lip, Cleft Palate, and Awareness of their mothers at Health Care Centres," which reported a normal eating rate of 9%. Furthermore, these findings contradict those of **Al-Musawi KM et al. (2020)**, whose investigation of risk factors for congenital abnormalities in the neonatal critical care unit in Baghdad indicated that 86.8% were artificially fed.

Table 3 indicates that the mother exhibits inadequate evaluation procedures in parts I, III, IV, and V; nevertheless, her performance in part II was satisfactory. The findings align with **Mahmoud Mohamed B. & et al. (2022)**, indicating that fewer than one quarter

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exhibited an unsatisfactory awareness and practice concerning postoperative care for their children with cleft lip and cleft palate before the intervention program.

Conclusion The present study concluded that mothers had an unsatisfactory level of practice regarding the feeding technique of their children with cleft lip and palate.

Recommendations: The researcher recommends that they need an interventional program about feeding to improve and enhance the level of the mother's performance. There is a real need for coordination with the media in order to increase mothers' knowledge and practices about feeding techniques for their infants with cleft lip and/or cleft palate.

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