Policy on the Management of Patients with Cleft Lip/Palate and Other Craniofacial Anomalies

Latest Revision

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A child born with cleft lip/palate (**CL/P**) or other craniofacial anomalies has multiple and complex problems, including early feeding and nutritional concerns, middle ear disease, hearing deficiencies, deviations in speech and resonance, dentofacial and orthodontic abnormalities, and psychosocial adjustment concerns.[1]

Reports by the United States Surgeon General on children with special needs issued in 1987[2] and 2005[3] stressed that the care of these children should be comprehensive, coordinated, culturally sensitive, specific to the needs of the individual, and readily accessible.

Patients with craniofacial anomalies require dental care throughout life as a direct result of their condition and as an integral part of the treatment process. As such, involvement of a pediatric dentist in the craniofacial team is ideal as these patients frequently have unique dental needs that require alteration from the standard periodicity schedules for routine examinations and restorative treatment. As members of the interdisciplinary craniofacial team, pediatric dentists can collaborate with their orthodontic, oral and maxillofacial surgery, and prosthodontic colleagues, as well as with the child's primary care dentist when applicable, to ensure that comprehensive primary and specialty care services are provided at timely intervals to monitor growth and development and promote optimal oral health.

The American Academy of Pediatric Dentistry, in its efforts to promote optimal health for children with CL/P and other craniofacial anomalies, acknowledges the current statements by the American Cleft Palate-Craniofacial Association[4] and the American Academy of Pediatrics[5] as in-depth summaries of care for patients with CL/P and supports the strategies therein.

References

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ABBREVIATION

CL/P: Cleft lip/palate.