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

Latest Revision

2023

How to Cite: American Academy of Pediatric Dentistry. Policy on the management of patients with cleft lip/palate and other craniofacial anomalies. *The Reference Manual of Pediatric Dentistry*. American Academy of Pediatric Dentistry; 2026:84.

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

1. Shprintzen RJ, Siegel-Sadewitz VL, Amato J, Goldberg RB. Anomalies associated with cleft lip, cleft palate, or both. *Am J Med Genet*. 1985;20(4):585-595. DOI: 10.1002/ajmg.1320200404
2. US Department of Health and Human Services. *Children with Special Health Care Needs: Surgeon General's Report: Campaign '87*. United States Bureau of Health Care Delivery and Assistance. Division of Maternal and Child Health; 1987. DHHS Publication No. HRS/D/MC 87-2. Accessed March 20, 2023. https://profiles.nlm.nih.gov/101584932X515
3. Office of the Surgeon General (US), Office on Disability (US). *The Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities*. Office of the Surgeon General; 2005. Accessed March 20, 2023. https://www.ncbi.nlm.nih.gov/books/NBK44667/
4. American Cleft Palate-Craniofacial Association. *Parameters for Evaluation and Treatment of Patients with Cleft Lip/Palate or Other Craniofacial Differences.* The Maternal and Child Health Bureau, Health Resources and Services Administration, US Public Health Service, DHHS; January 2018. Grant # MCJ425074. Accessed March 20, 2023. https://acpacares.org/parameters-of-care/
5. Lewis CW, Jacob LS, Lehmann CU; AAP Section on Oral Health. The primary care pediatrician and the care of children with cleft lip and/or cleft palate. *Pediatrics*. 2017; 139(5):e20170628. DOI: 10.15 42/peds.2017-06

ABBREVIATION

CL/P: Cleft lip/palate.