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Babies identified with a bifid uvula



Canolfan Cymru ar gyfer
Gwefus a Thafnod Holtt
The Welsh Centre for
Cleft Lip & Palate

Speech and Language Therapy
Morrison Hospital, Swansea, SA6 6NL

<https://sbuhb.nhs.wales/hospitals/a-z-hospital-services/cleft-team/>

This leaflet has been given to you because your baby has been identified as having a bifid uvula following your baby's newborn examination.

What is a bifid uvula?

A uvula is an extension at the back of the soft palate and hangs above the throat.



A bifid uvula, is a uvula that is split in two.



Lots of people will have a bifid uvula, up to 11% of the population (Fekaa, 2019), and for some people, it doesn't affect them in any way. For other people, a bifid uvula could be related to a condition called a 'submucous cleft palate'. This can affect around 0.08% of the population (Ten Dam et al 2013).

If you have any questions, queries, or require more information, please contact the Cleft Team on:

Telephone: (01792) 703810

Monday to Friday (excluding Bank Holidays)

8.30am to 4.30pm

An out-of-hours answering machine is available

An on-call system is operated on weekends and bank holidays by the Clinical Nurse Specialist.

Email: SBU.CleftEnquiries@wales.nhs.uk



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I'm worried about my baby/child, what should I do?

If you're worried about feeding:

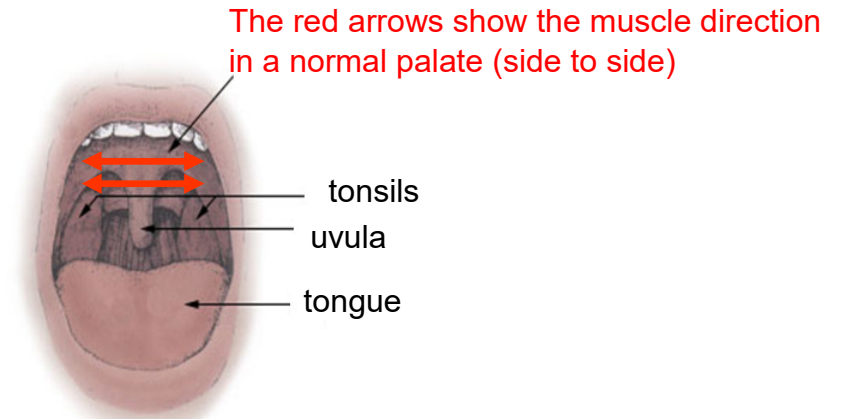
If you have any concerns about your child's feeding (i.e. if they are not gaining weight, if you notice foods coming down their nose or a clicking sound when they feed) then contact the Cleft nursing team on (01792) 703810.

If you're worried about speech:

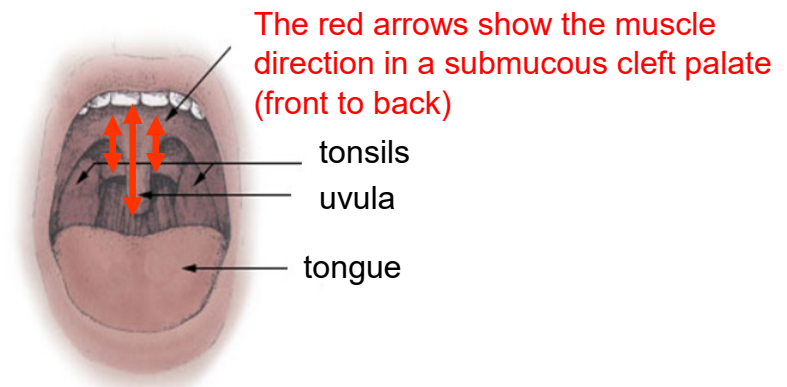
If you have any concerns about your child's speech (i.e. if they are not developing their oral sounds of p,b,t,d,f,s etc or if their speech sounds nasal, then contact the Cleft Speech and Language Therapy team on (01792) 703810.

What is a submucous cleft palate?

In a palate (roof of the mouth) that is working well, the muscles run from one side to the other, in an arch, allowing the palate to close off the nose from the mouth during talking and swallowing.



In a submucous cleft palate, the palate looks normal, but the muscles in the palate run from front to back, not side to side. This means the palate may not work properly which could affect talking and swallowing.



Will my baby be able to feed if they have a bifid uvula or submucous cleft palate?

A baby with a bifid uvula should have no problems with feeding, however if you notice milk coming from the nose then this could indicate a submucous cleft palate.

This is because the palate is not able to close against the back wall of the throat, so liquid will escape at the back of the palate and down their nose. It will not hurt them.

Additional indicators of a submucous cleft palate are:

- * Clicking sounds when feeding
- * Taking a long time to feed (more than 30 minutes)
- * Tiring when feeding
- * Poor weight gain

If you have any concerns regarding the above, please contact the Cleft Nurse who will be able offer further advice.

Checklist of things to notice as my baby/child grows and develops that might suggest their palate isn't working well:

If you notice any of these things, please contact the cleft team:

- Foods or liquids coming down their nose when they eat or drink.
- They haven't developed oral sounds such as p, b, t, d, f, v, s, z, sh, ch,; j.
- They only use nasal sounds such as m or n.
- They have a nasal quality to their talking.
- You can hear air escaping from their nose when they talk.
- They are now 10-12 years old and their speech has changed to sound nasal or they have air escaping from their nose. Speech can very occasionally change at this age when the adenoids shrink and creates a larger gap in the throat.

What will happen next?

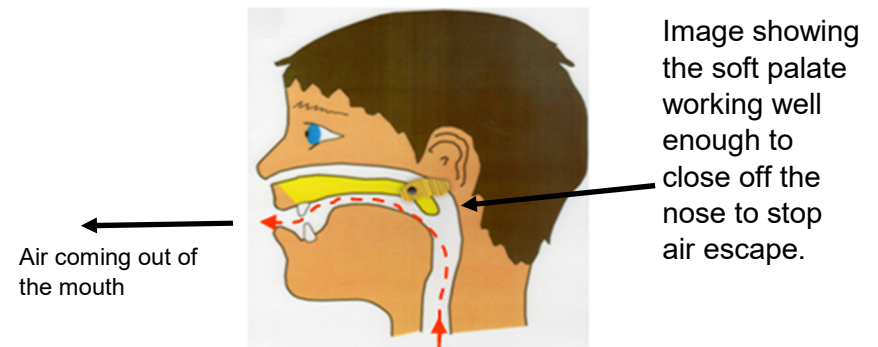
If your baby has some difficulties with feeding that are related to the palate and / or if there are other reasons to suggest the palate might not be working properly, we will continue to monitor your baby as they grow and develop:

- The nurses will support you with feeding
- The Speech and Language Therapist will contact you to discuss speech development when your baby is young and will contact you again when they have some words. This is usually at around 18 months.
- If you have any concerns, you can contact the team at anytime.

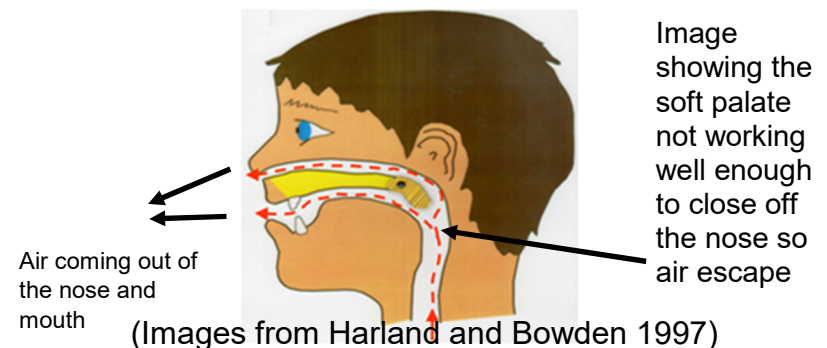
If your baby has no feeding difficulties related to the palate and if there are no other reasons to suggest the palate might not be working properly, you will be discharged from the cleft team. On the next page, we have devised a checklist of symptoms to look out for as your child develops. These symptoms might suggest that their palate isn't working well. If you notice any of these, please contact the Cleft team and we will be more than happy to help.

Why is the palate important for speech?

The palate has an important role in speech production as it closes off the nose from the mouth during speech. Most sounds are made with the palate raised (with the nose cavity closed off). All the air from the lungs exits the mouth allowing the production of 'oral' sounds, for example, 'p, b, t, d, k, g, f, v, s, z, sh, ch and j'. There are three sounds, 'm, n and ng', where the palate is lowered, allowing the air into the nose. These sounds are called 'nasals'.



If the soft palate is not working well enough to close off the nose from the mouth, speech may have a 'nasal' quality. If this is the case, speech and language therapy alone is not enough to help and surgery is needed.



How does talking develop?

Babies and infants develop their communication skills at different stages. See the table below as a rough guide of babble and first word development.

Stages of communication development Lanza, J. R. & Flahive, K. (2008)	
0-1 month	Your baby will make sounds such as crying, burping and coughing
2-3 months	Your baby will make cooing sounds made up of mostly vowel sounds
4-6 months	Your baby will begin squealing, growling, blowing raspberries and beginning to explore sounds such as p/b/m
7-9 months	Your baby will start babbling and will repeat the same sounds. They will use nasal sounds (e.g. mamama) and oral sounds (e.g. bababa/ dadada).
10-12 months	Your baby will start babbling and will repeat different sounds (e.g. ba-muh-guh)
12 months +	First words develop

What do I need to listen out for?

The earliest oral sounds that develop are p, b, t; d. Please monitor the development of these early oral sounds (p/b/t/d) in babble strings such as 'bababa' or 'dadada' and first words (e.g. baby/ dog etc).

If the oral sounds do not develop or if you are only hearing nasal sounds (m/n) or a nasal tone, then we advise that you contact the cleft team for further advice.

How can I help my baby's speech and language development?

Help your baby to develop their first sounds and words by:

- Talking to your baby using symbolic noises (e.g. animal noises such as 'woofffff', car noises such as 'brum brum'; every day noises— such as shhhhh' (when the tap is on) and single words.
- Keep your language simple—single words are enough!
- Allow pauses for them to join in.

The BBC's 'Tiny Happy People' has lots of helpful communication advice tailored to your baby's development stage.

Our Website has a video that explains how to encourage some of the early oral sounds using some everyday toys:

Enter the link into your browser or scan the QR code on your phone to access the video:

<https://youtu.be/CSXAV47sMtc>

