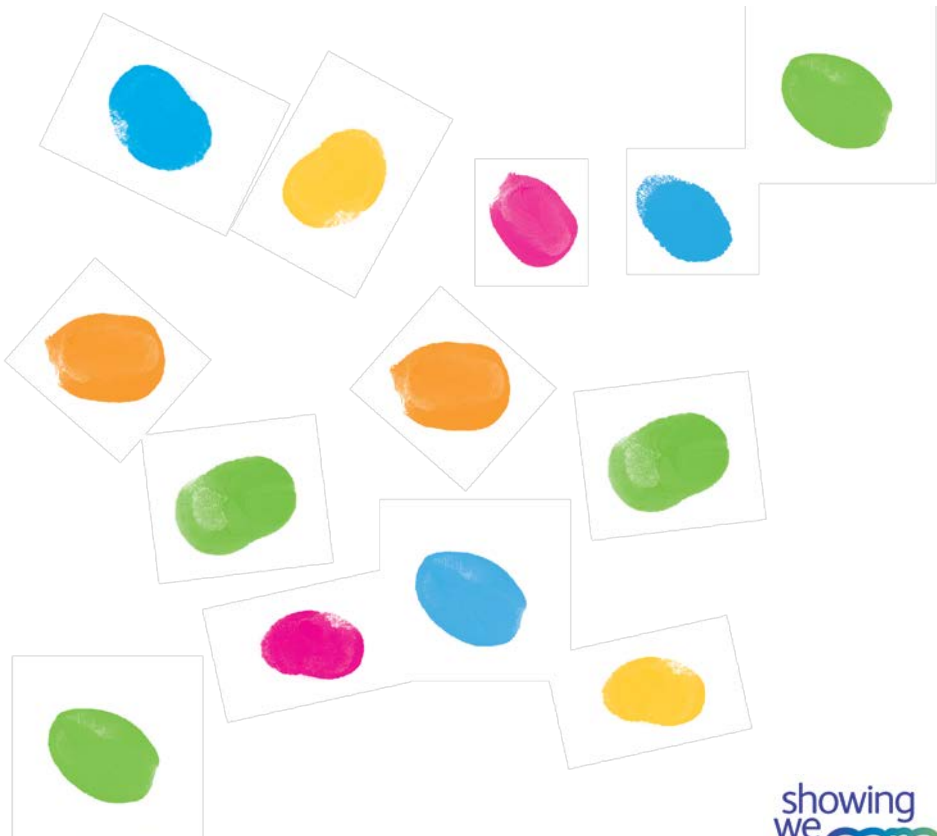


# Speech and language advice after your baby's cleft surgery



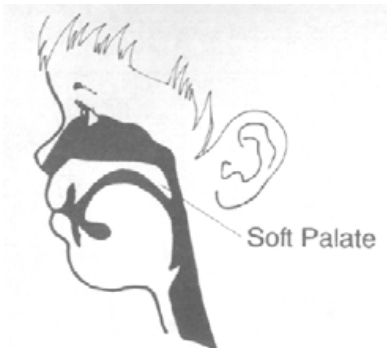
## Why is the palate important for speech?

Many children born with a cleft palate will develop normal speech. Some need more help than others to achieve this. It is important to encourage your child's interest in speech, language and communication in the normal way. This leaflet explains how to do this.

The palate works to separate the nose from the mouth for feeding and for speech. When the palate lifts to close off the nose, it allows pressure to build up in the mouth for sounds such as p, b, t, d, k, g, s, z, f, and v.

It also stops liquid and food passing back through the nose when swallowing.

The soft palate at rest  
and for sounds m and n



The soft palate elevated,  
closing off the mouth from the  
nose for sounds such as p, b, t,  
d, f, v, s, z, k, and g.



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In about 3 out of 10 cases, even after the palate has been repaired, the muscles are not quite long enough or stretchy enough to reach the back of the throat to block off the nose from the mouth during speech. This can allow air to escape into the nose when speaking and the tone of the voice can be hypernasal (this means the speech sounds too nasal).

It's important to show your child that you understand the words they are trying to say, even if they sound nasal.

## **Patterns in cleft speech development – things to listen out for**

Children born with a cleft palate will vary in the speed of their speech development. Many will have no problems, while others find some sounds more difficult to make.

Children who have had a cleft palate may develop a tendency to use the back of their tongue more often to make sounds. They might replace 'front sounds' such as p, b, t, and d with sounds made at the back of the mouth such as k, or g. So a word such as "daddy" may sound like "gaggy".

Sometimes if the palate isn't quite closing off the back of the throat tightly, some children will make sounds at the level of the vocal folds (for example, h). Sounds such as m, n and h do not require the palate to close against the throat during speech, meaning these sounds are easier to produce.

## How can speech and language therapists help?

The speech and language therapy team can:

- work with you and your child to help to try and prevent abnormal speech sound patterns which can be caused by a cleft palate
- check your child's soft palate is working well for speech.
- involve other teams and make referrals to other services your child may benefit from.

Your child's speech will be monitored closely by the SLT team as they grow. Appropriate interventions and investigations will be offered if your child needs them.

## Hearing and speech

Children with a cleft palate are more likely than most children to experience hearing problems during the early years of life due to a condition called glue ear.

Glue ear is caused by eustachian tube dysfunction. The eustachian tube connects the ear and throat and equalises pressure in the middle ear space, behind the ear drum.

If this tube doesn't open and close properly then the middle ear space can fill with liquid (known as glue ear). This can have an effect on hearing and subsequently, speech development.

**It is important that your child's hearing is checked every six months (until aged 5)** by your local audiology service. If glue ear is detected for a significant period, then your child may be referred to the Ear, Nose and Throat Department for further management (usually grommets and/or hearing aids).

## What can you do to help speech and language development?

Your baby will have started to babble at 4 to 6 months of age. Your baby's early babble would have been affected by their cleft palate and often sounds such as m and n are easier for your baby to make before the cleft is repaired.

Following their surgery, your baby needs help to learn sounds which they have never experienced saying before. These are sounds which require the palate to close against the throat, such as p, b, t, d, f, v, s, sh, ch, j, k, and g.

### Speech sound modelling

As your child is still young, we advise that parents model sounds in a visual, clear way during play activities. The focus is very much on play, and there is no expectation on the child to do or say anything at this stage.

Instead, they are listening, watching and feeling as you model certain sounds. By hearing, seeing and feeling sounds over and over again, your child is more likely to absorb them into their early sound patterns.

In time, it is hoped that the child will consciously attempt to copy your sounds, but this may take months and is not expected at first.

## Sounds to focus on: p, b, t, d, and s

### Tips about how to produce the sounds:

- p – make this sound quietly so it is whispered and not “puh”.
- b – make this sound louder so this is produced “buh”
- t – make this sound quietly so it is whispered. In addition to this, also stick out your tongue so it is between your teeth when making this sound. This provides a more useful, visual model for your child to see.
- d – make this sound louder so it is produced “duh”. Also stick out your tongue so it is between your teeth when making this sound. This provides a more useful visual model for your child to see.
- s – make this sound quietly (“ssss” not “suh”) Again, stick out your tongue for this sound, so it is produced like a “thhh” as this provides a visual model for your child to see.

### Other tips

Don't produce the sounds forcefully. If you do, your child may produce sounds with extra stress or force (which may encourage use of throaty, growly sounds). If your child does make growly/ throat noises, do not copy these and model “p, p, p” or “b, b, b”. This encourages sounds at the front of the mouth.

Eye contact and close proximity is essential but do not tell or try to make your child look at your face. If they are not interested, just try again another time.

It may seem strange to encourage sound modelling with exaggerated tongue placement. This is because children with repaired clefts have a preference for making sounds to the back of the throat.

By modelling sounds and making the tongue placement very visual, this will help your child to realise the sound is at the front of the mouth which will help them to make the sounds in the correct place.

## Using sounds in play activities/routines

- Make the sounds during play activities to make it fun and engaging for your child. This type of activity needs to be little and often (for example, five minutes, three times each week) and can be done in a variety of settings (bath time/meal times etc).
- **Bubbles** – Put the bubble wand next to your mouth (to model “p, p, p” or “b, b, b”). Once your child has watched the sounds, then blow the bubbles.
- As you pop the bubbles, say “pop, pop” as this emphasises the p sound. You might also do this when washing up.
- **Changing time** – use phrases such as “arms up”, “top off” – emphasising the last sound in the word
- **Jigsaw puzzles** – hold up a piece of the jigsaw (near your mouth) and model “t, t, t” or “d, d, d” for your child to see. Once they have seen the sounds, give them the jigsaw piece to put in the puzzle
- **Car track** – Ask your child to look at the car and hold it near your mouth – produce “ssss, ssss”. Praise them for doing ‘good looking’ and then give them the car to roll down the track.
- **Posting** – select objects to post and put them in a bag. Ask your child to feel in the bag to pick an object. Take the object, place it near your mouth and produce some of the sounds (for example, “d, d, d”). Praise your child for ‘good looking’ and let them post the object.

- **Imitating** tongue/lip movements, puffing out cheeks, blowing kisses, wiggling your tongue, etc, all encourage babies and children to use their mouth and tongue. This is great to do at lunch time when you're sitting close to your baby.
- **Bath time** is a great time to blow bubbles/scoop up the bath foam and blow it/blow raspberries etc.
- Make **animal noises** and environmental noises such as "brmm", "beep", "meeow", "baaa".
- Don't forget favourite toys which contain front sounds (for example Peppa Pig/Bob the Builder etc)
- **Blow raspberries and kisses**, make funny sounds sticking your tongue out ("a-la-a-la") and blow on hot food. These all encourage forward tongue placement as well as increasing awareness of air flowing through the mouth instead of down the nose.

## Listening and language activities

In addition to sound work, it's important to develop listening skills as these are key in helping your child to develop new words and speech sounds. Babies need to hear a new word many times before trying to say it.

### Listening tips

- Cut down background noise (TV/radio) when talking/playing with your child. This helps them to hear your voice easily and the quiet speech sounds such as p, t, etc.
- Sit opposite your baby and get down to their level so they can see your face and mouth.
- Play with musical instruments, shakers and toys which play tunes as this also develops listening skills.



- Listen to everyday noises with your baby, and draw attention to the phone ringing/vacuum cleaner/door bell, etc.
- Play waiting games where you say, 'Ready, steady, go!' This encourages your child to wait and listen before carrying out an action.

### **Language tips**

- Observe your child playing and follow their lead. Use simple language to comment on what they are doing (for example, "car – brum, brum", "train – choo-choo"). Do not use long, complex sentences.
- Give choices and label objects in everyday routines. "Banana or apple?", "Milk or water?"
- Copy your child's sounds and attempts at words. This teaches them how to take turns in early conversations.
- In everyday routines or in play, comment on what you are doing using simple language (for example, 'Mummy's turn', 'Daddy's cooking')
- Vary the pitch and volume of your voice and use exaggerated facial expressions.
- Play repetitive games such as peep-po, nursery rhymes and songs to develop your baby's language.

### **If you're speaking more than one language**

Use your own language when you speak to your child – it is okay if it isn't English. Children often learn English very easily once they start at nursery. If you and your child's other parent speak two different languages and you would like your child to learn both, you should each speak to them in your own language. Your child will automatically acquire these two languages.

## What happens next?

All children with cleft lip and/or palate have a full speech assessment at two years of age. This will be at your local outreach clinic or at St Thomas' Hospital.

You will also receive a further speech information pack through the post when your baby is 18 months old.

## Helpful online resources

Today your SLT has demonstrated some activities using items from a babble bag. You can also access the following YouTube videos about early language activities and sound modelling (courtesy of Spires Cleft Team and South West Cleft Team)

YouTube Search: 'Cleft SLT Babble Bag Instructional Video' or use this link:

[www.youtube.com/watch?v=CSXAV47sMtc&index=1&list=PLrGD\\_EpZQ1t4xWsXhEZt\\_zsfNhWLvyK\\_h](http://www.youtube.com/watch?v=CSXAV47sMtc&index=1&list=PLrGD_EpZQ1t4xWsXhEZt_zsfNhWLvyK_h)

Spires Cleft Team 'Say and Play together' video-

[www.youtube.com/watch?v=7\\_Ucu-riZ7I&feature=em-share\\_video\\_user](http://www.youtube.com/watch?v=7_Ucu-riZ7I&feature=em-share_video_user)

### Contact us

If you have concerns, please contact the SLT team at the South Thames Cleft Service, Monday to Friday, 9am to 5pm.

St Thomas' Hospital, **t:** 020 7188 1318,  
020 7188 1317 or 020 7188 1315  
Queen Victoria Hospital, **t:** 01342 414296



## **Evelina London Medicines Helpline**

If you have any questions or concerns about your child's medicines, please speak to the staff caring for them or contact our helpline.

**t:** 020 7188 3003 10am to 5pm, Monday to Friday

**e:** [letstalkmedicines@gstt.nhs.uk](mailto:letstalkmedicines@gstt.nhs.uk)

## **Your comments and concerns**

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

**t:** 020 7188 8801 (PALS)      **e:** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

**t:** 020 7188 3514 (complaints) **e:**

[complaints2@gstt.nhs.uk](mailto:complaints2@gstt.nhs.uk)

## **Language and Accessible Support Services**

If you need an interpreter or information about your care in a different language or format, please get in touch:

**t:** 020 7188 8815      **e:** [languagesupport@gstt.nhs.uk](mailto:languagesupport@gstt.nhs.uk)

## **NHS Choices**

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

**w:** [www.nhs.uk](http://www.nhs.uk)

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