Are children receiving prompt cleft lip/palate treatment?

The timely repair of orofacial cleft (OFC) can greatly improve a child’s medical and psychosocial well-being. The American Cleft Palate–Craniofacial Association (ACPA) has set forth guidelines for the optimal time by which primary repair surgery should be received, broken down by type of OFC.

A retrospective study, published recently in The Cleft Palate–Craniofacial Journal (Vol. 46, Issue 6, Nov. 2009) was conducted to determine whether children with OFC receive primary repair surgery within the time recommended by these guidelines.

The study, conducted in North Carolina, found that most children in that state are undergoing primary repair surgery by the recommended age. The study involved vital statistics, birth defects registries and Medicaid files for resident children with OFC born between 1995 and 2002.

The many variables analyzed fell into five broad categories: maternal, child and system characteristics, perinatal care region and place of residence.

The findings suggest that most (78.1 percent) North Carolina children with OFC received primary repair surgery by the time recommended by the ACPA guidelines.

Percentages varied among cleft lip (about 90 percent), cleft palate (8 percent) and cleft lip and palate (80.6 percent).

According to the authors of the study, “Children whose mothers received maternity care coordination, received prenatal care at a local health department, or lived in the southeastern or northeastern region of the state were more likely to receive timely cleft surgery.”

The populations least likely to receive the surgery in a timely manner were African-American/non-Hispanic and those in the southwestern region of the state.

This is most likely due to the distance to the craniofacial center and the services provided by the different centers.