

Specialty Feeding System: Medela SpecialNeeds Feeder

Babies born with a cleft lip and/or palate may have a harder time feeding.

- A baby with a cleft lip alone may be able to feed normally or with a little help, depending on the size of the cleft. They can often breast feed successfully.
- Babies with a cleft palate almost always need a special feeding system for feedings to be safe and efficient.
- Babies with a cleft palate may have a weak suck and may have a hard time creating enough suction to breast feed, or get milk or formula from a regular bottle.
- Babies can go to the breast for comfort and to support mother's milk supply, but breast feeding alone often doesn't get a baby with a cleft palate enough nutrition.
- Babies with a cleft palate may also have liquid or food go into and come out of their nose during and after feeding. This is due to the area of the palate that is open between the nose and the mouth.

What is the Medela SpecialNeeds Feeder?

- The **Medela SpecialNeeds Feeder** (formerly called the Haberman Feeder) is made for babies with special feeding needs, including babies with facial differences.
- The nipple has flow rate lines that will let you adjust the milk flow to suit your baby's feeding needs. It also has a one-way valve that keeps milk in the nipple.
- This special feeding system is available in different bottle and nipple sizes including the regular SpecialNeeds Feeder nipple, and the Mini-SpecialNeeds Feeder nipple.
- The Mini-SpecialNeeds Feeder is designed with a smaller nipple for smaller babies or those born early.
- This is a compression based system, so every time the baby compresses their mouth to suck the liquid is free flowing.

What are the parts of the Medela SpecialNeeds Feeder?

Medela SpecialNeeds Feeder includes:

1. Nipple (regular or mini)
with designated flow rate lines

2. Collar

3. Valve membrane



4. Disc



5. 80ml or 150ml bottle



How to assemble the bottle

1. Put the nipple into the collar.



2. Press the white valve membrane into the yellow disc. Put the assembled valve membrane into the nipple. Make sure the white valve membrane (with the raised bumps and high rim of the disc) is facing the inside of the nipple.



3. Fill the bottle with breast milk or formula. Put the assembled nipple and collar over the container and screw all the parts together using the collar, taking care to not over tighten.



How to use the flow rate lines

- The end of the nipple has an opening with a slit-valve, which can be adjusted to suit your baby's sucking skills. The flow rate is shown by the three lines on the nipple.
- There are three clear lines on the barrel of the nipple which are short, medium or long.
- The lines control the slit of the nipple which then controls the flow of the milk or formula.
 - Minimum flow (shortest line) - slit orients horizontally and pressure keeps valve closed for little flow.
 - Medium flow line (middle line) - slit orients diagonally and the valve partly opens for medium flow.
 - Maximum flow (longest line) - slit orients vertically and pressure keeps valve open for fast flow.

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SpecialNeeds® Feeder Function

Function of slit-valve:



a) minimum flow - slit is horizontal



A

b) medium flow - slit is diagonal



B

c) maximum flow - slit is vertical



C

How to use the bottle correctly with feedings

- Hold the bottle upright and squeeze the nipple to remove air from the system. Keep squeezing until the nipple collapses and then tip the feeder upside down. Release the nipple. Milk will begin to fill the nipple. Repeat the steps several times until the nipple is almost full. As the baby feeds, the nipple will automatically refill.



- When feeding, identify the appropriate flow rate for your baby.
- To adjust the flow rate, turn the bottle and orient the identified flow rate line to your baby's nose. Adjust as necessary based on your baby's cues.
- At the first feeding, it may be helpful to use the minimum flow (shortest line) at first until your baby begins sucking, then turn the nipple toward the middle line to begin the flow.
- Turn the nipple to the minimum flow rate line if your baby gets overwhelmed or shows signs of distress. For example; loud swallows, coughing, choking, or experiences loss of milk from the corners of their mouth.
- Some babies tolerate the flow that is delivered in between the flow rate lines. For example, they may do best in between the longest and the middle flow rate lines.
- Some babies need additional help in pulling milk from the nipple. If so, the nipple can be GENTLY squeezed. (Don't do this unless it has been suggested to you by a feeding specialist or a nurse to determine if this technique is needed, as not all babies need this additional assistance.) When using this technique, provide gentle squeezing of the nipple in rhythm with your baby's sucking pattern and stop squeezing when your baby stops sucking.

Positioning the baby when feeding

- Most babies with a cleft lip and/or a cleft palate will feed better in an upright cradled position to help prevent liquid from going back up into their nose.
- Try to keep feeding times less than 30 minutes, including time for burping. If feedings last longer than 30 minutes, the baby may be working too hard and burning too many calories.
- The baby may need to be burped every ½ - 1 ounce because they could be taking in extra air with feeding because of the cleft.



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How to clean the bottle

- Wash parts in warm, soapy water, rinse and air dry.
- DO NOT use a dishwasher to clean this feeding system.

How to order the bottle

- The SpecialNeeds Feeder including the Mini-SpecialNeeds Feeder can be ordered through Medela at 1-800-435-8316 or by going to the website at www.medela.com.
- This can also be ordered on Amazon.

If you have questions or concerns

- Contact Medela at 1-800-435-8316.
- Contact the feeding specialist/medical team who recommended this feeding system.

Helpful hints when using this system

- If the nipple isn't filling properly - unscrew the collar and check that the white valve membrane is in the disc properly or hasn't been dislodged from the disc. If the disc isn't inserted properly and is upside down, it won't fill the nipple correctly.
- If air is entering the nipple as you feed, tilt the bottle so the liquid completely covers the valve membrane and the disc.
- The Mini-SpecialNeeds Feeder nipple was designed for smaller babies or babies born early. Talk to a feeding specialist to decide if your baby needs the Mini-SpecialNeeds Feeder nipple.
- If the bottle is leaking, check that the feeder has been correctly assembled.
 - The stud of the valve membrane must be properly inserted through the hole in the disc.
 - The collar must be firmly screwed onto bottle.
- If the feeder isn't working, check the slit in the nipple to make sure that it has opened properly. The slit on a new nipple should be about 3mm long. Gently manipulate the nipple to open if needed.
- If your baby starts to have trouble tolerating the flow of the milk from nipple, check the slit to make sure it hasn't torn. Parts are worn out if the slit in the nipple has grown longer than 4mm or the white valve membrane is warped and no longer sits flat on the disc.
- The SpecialNeeds Feeder bottle is available in either an 80ml or 150ml container. You can order all of the parts that go with the SpecialNeeds Feeder separately or as a system.
- Check the nipple regularly to be sure that it is not ripped or too soft.
- Families will need 2-3 additional bottles before getting discharged from the hospital.