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Original article

Nursing diagnoses and interventions related to feeding in children with cleft lip and palate

Diagnósticos e intervenções de enfermagem relacionados à alimentação em crianças com fissura labiopalatina

Diagnósticos e intervenciones de enfermería relacionados con la alimentación en niños con fisura labiopalatina

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Abstract

Objective: to identify nursing diagnoses and interventions related to feeding in children with cleft lip and palate. **Method:** descriptive and documental study, using a quantitative design, developed at a support association for cleft lip and palate patients, with medical records of children aged zero to two years, attended at the association between 2015 and 2023. Data collection took place between July and October 2023. Data analysis was performed in Excel 2016®, using descriptive statistics to present absolute and relative frequencies of diagnoses and interventions. **Results:** the study involved a sample of 100 children. Seven nursing diagnoses were identified, including readiness for enhanced nutrition, interrupted breastfeeding, and ineffective child eating dynamics. Nursing interventions totaled 4,370, ranging from nutritional counseling, bottle feeding, cup feeding: newborn, among others. **Conclusion:** the use of standardized taxonomies highlights clinical reasoning in the approach to care for children with cleft lip and palate.

Descriptors: Cleft Lip; Cleft Palate; Nursing; Nursing Diagnosis; Nursing Care

Resumo

Objetivo: identificar os diagnósticos e intervenções de enfermagem relacionados à alimentação de crianças com fissura labiopalatina. **Método:** estudo descritivo e documental, utilizando delineamento quantitativo, desenvolvido em uma associação de apoio ao fissurado labiopalatal, com prontuários de crianças de zero a dois anos, atendidas na associação entre 2015 e 2023. A coleta de dados ocorreu durante julho e outubro de 2023. A análise dos dados foi realizada no Excel 2016®, utilizando estatística descritiva para apresentar frequências absolutas e relativas dos diagnósticos e intervenções. **Resultados:** a pesquisa envolveu uma amostra de 100 crianças. Foram identificados sete diagnósticos de enfermagem, incluindo disposição para nutrição

melhorada, amamentação interrompida e dinâmica alimentar ineficaz da criança. As intervenções de enfermagem totalizaram 4.370, e variaram desde aconselhamento nutricional, alimentação por mamadeira, alimentação com copo: recém-nascido, entre outras. **Conclusão:** a utilização de taxonomias padronizadas destaca o pensamento clínico na abordagem de cuidados a crianças com fissura labiopalatina.
Descritores: Fenda Labial; Fissura Palatina; Enfermagem; Diagnósticos de Enfermagem; Cuidados de Enfermagem

Resumen

Objetivo: identificar los diagnósticos e intervenciones de enfermería relacionadas con la alimentación de niños con fisura labiopalatina. **Método:** estudio descriptivo y documental, con diseño cuantitativo, desarrollado en una asociación de apoyo al fisurado labiopalatal, con historias clínicas de niños de cero a dos años atendidos en la asociación entre 2015 y 2023. La recolección de datos se realizó entre julio y octubre de 2023. El análisis de datos se realizó en Excel 2016®, utilizando estadística descriptiva para presentar las frecuencias absolutas y relativas de los diagnósticos e intervenciones. **Resultados:** la investigación involucró una muestra de 100 niños. Se identificaron siete diagnósticos de enfermería, entre ellos, disposición para nutrición mejorada, lactancia interrumpida y la dinámica alimentaria ineficaz del niño. Las intervenciones de enfermería totalizaron 4.370, y abarcaron desde asesoramiento nutricional, alimentación con biberón, alimentación con vaso: recién nacido, entre otras. **Conclusión:** el uso de taxonomías estandarizadas destaca el pensamiento clínico en el abordaje de la atención a los niños con fisura labiopalatina.
Descriptores: Labio Leporino; Fisura del Paladar; Enfermería; Diagnóstico de Enfermería; Atención de Enfermería

Introduction

Cleft lip and palate are common congenital malformations in the craniofacial region occurring between the 4th and 12th week of intrauterine life, and its etiology is multifactorial, involving genetic, biological, and environmental factors. This malformation can result in alterations that lead to difficulties in speech, language, dental, aesthetic, and functional difficulties, also compromising the child's emotional aspect and social interaction.[1] The estimated prevalence of cleft lip and palate in Brazil is 4.88 per 10,000 live births, while in China it is 7.55 per 10,000 live births, which reveals the epidemiological, social, psychological, and economic importance of this malformation.[2-3]

This health condition is characterized by incomplete development of the lip and/or palate, with variable extension and location. One of the most widely used classifications refers to the anterior incisive foramen, dividing it into three groups: pre-foramen, which can be unilateral or bilateral (cleft lip); post-foramen (cleft

palate); and transforamen, where communication between the nasal and oral cavities occurs, and may be unilateral or bilateral (cleft lip and palate).[4]

The treatment of children with cleft lip and palate involves not only surgical procedures but also rehabilitation and multidisciplinary follow-up, which may occur at different levels of complexity and duration, representing an enormous challenge for the child and their family.[1]

Breastfeeding and feeding these children can be difficult, since the child may have issues with latching, sucking, swallowing, and nasal reflux, as well as a higher risk of bronchoaspiration and early weaning. These moments can be even more worrying for parents when they do not receive professional support and proper guidance on how to proceed.[5]

The World Health Organization (WHO) recommends that breastfeeding occurs until the child is two years old or older, and exclusively during the first six months, considering the numerous benefits of breast milk, including strengthening the immune system.[6]

Nurses play a fundamental role in the breastfeeding process and in carrying out systematic, comprehensive and individualized actions that support this practice. To this end, they use the Nursing Process (NP) as a work tool, which consists of: assessment, diagnosis, planning, implementation and nursing evolution, according to Resolution 736/2024 of the Federal Nursing Council. The NP must be conducted in the entire socio-environmental context, in a systematic manner. Furthermore, the Systematization of Nursing Care (SNC) is considered a methodology aimed at planning, organizing, and directing the stages of the NP.[7-8]

Specifically, regarding nursing diagnosis (ND), this is a classification system, such as the North American Nursing Diagnosis Association International (NANDA-I) Taxonomy, used worldwide used worldwide by professionals to guide and substantiate care practices, understanding the diagnosis as a way to represent an individual's needs, serving as the foundation for developing an intervention.[9]

Based on the ND, nursing prescriptions are made, which refer to any direct care provided by nursing to the patient, aiming at their recovery. To carry out the prescriptions, the Nursing Intervention Classification (NIC) is used to base the care on

scientific studies and clinical practice. Thus, interventions are grouped into seven domains: basic physiological, complex physiological, behavioral, safety, family, health system, and community.[10-11]

In this context, identifying nursing diagnoses and interventions is necessary to consolidate the body of knowledge focused on children's health care, enabling the recognition of the main needs and, therefore, intervening to ensure assertive, safe, and high-quality actions for family members during breastfeeding and feeding of children with specific health needs, such as cleft lip and/or palate. Additionally, the findings may assist in the theoretical contribution for nursing professionals and academics when faced with children with this malformation.

This study aims to identify nursing diagnoses and interventions related to feeding children with cleft lip and palate.

Method

This is a descriptive, documental-based study with a quantitative design, conducted at the Association for the Support of Cleft Lip and Palate Patients of Maringá (*Associação de Apoio ao Fissurado Labiopalatal de Maringá* - AFIM), whose name was disclosed with due authorization. It refers to a non-profit civil society organization, with its own headquarters, that aims to provide follow-up and rehabilitation consultations, in addition to referring patients to specialized services. The institution is located in Maringá, a municipality in the northwest of Paraná, Brazil.

AFIM provides care to patients, from birth to adulthood, who live in Maringá and in 79 other cities in the region, organizing the care network for these patients. The facility offers dental, speech therapy, psychological, social work, nutritional and pedagogical services, with a multidisciplinary team. Part of the multidisciplinary team provides care at the rehabilitation hospital, where patients are referred. Although there are no nursing professionals at AFIM, patients are assisted by the nursing team that works at the rehabilitation hospital. Additionally, there is a research project, developed by nurses and nursing students, which provides support to the institution.

Children admitted to AFIM between 2015 and 2023 and who are regularly attended in the service were included, totaling 131 medical records. Of these, 31 medical records of children were excluded because they had syndromes associated with cleft lip and palate, and this situation could be a confounding factor for diagnoses related to feeding.

Data collection took place between July and October 2023 through solid analysis of the children's medical records, which are printed and contain information about all care provided to the child at the institution, such as anamnesis and physical examination. Data were extracted from the medical records up to the date on which the child was between zero and two years old.

This age range is justified by the promotion of exclusive breastfeeding (EBF) and supplementary breastfeeding, recommended by both the WHO and the Ministry of Health, due to the benefits to the child's health. Thus, EBF is recommended in the delivery room until the first six months of life and, after which appropriate complementary feeding should be started, with breastfeeding continued until two years old or more.[6]

This recommendation is based on the fact that breast milk provides antibodies to the child, protecting them against diseases and meeting their nutritional needs. From six months onwards, and with the physiological maturity to receive other foods, the introduction of solid food contributes to the inclusion of various proteins, vitamins and minerals, with the recommendation to avoid processed foods at this age.[6]

Two structured instruments were used in the study, the first composed of sociodemographic and health variables: sex, health insurance, guardian, type of cleft, lip surgery, palate surgery, housing situation, property, accommodations and housing conditions. The second instrument allowed the collection of health problems related to children's feeding, which subsequently enabled the assessment of nursing diagnoses, according to the NANDA 2021-2023 taxonomy,[12] as well as intervention proposals, according to the NIC classification.[11]

The diagnoses were classified according to NANDA-I[12] and separated according to the focus on the problem and health promotion. The data were compiled and analyzed individually, and, subsequently, a survey of the defining characteristics, related factors and identification of the Nursing Diagnoses of children with cleft lip and palate was conducted using Excel 2016® software. The ND were counted when they were identified only once in the medical records of each child included in the sample, while the nursing interventions were counted according to the frequency with which they appeared in the medical records. The results were subjected to descriptive statistical analysis, with absolute and relative frequencies.

The study was developed in compliance with the guidelines of Resolution No. 466/12 of the National Health Council/Ministry of Health and approved by the Permanent Committee on Ethics in Research with Human Beings of the *Universidade Estadual de Maringá* under opinion No. 4,095,90/2021, with Certificate of Presentation of Ethical Appreciation No. 31583720.3.0000.010.

Results

The final sample consisted of 100 children, 52% of whom were female. The majority were represented by their parents (97%) and did not have health insurance (65%), using only the Unified Health System (*Sistema Único de Saúde* - SUS). Regarding the type of cleft, 41% of the children had both cleft lip and palate simultaneously, and of these, 72% had undergone cheiloplasty and 68% had undergone palatoplasty. The surgeries were performed according to the type of cleft the child had, as explained in the table marked “Not applicable” for cases in which surgical procedure was not necessary due to the type of cleft presented (Table 1).

Most of the children and their families lived in urban areas (96%), owned their own homes (48%), had sufficient accommodation (71%) and considered their housing conditions to be good (65%) (Table 1). Housing conditions were measured from the perspective of each patient and family member.

Table 1 - Sociodemographic and health characteristics of children with cleft lip and palate. Maringá, PR, Brazil, 2023

Sociodemographic variable		n	%
Sex	Female	52	52.0
	Male	48	48.0
Health insurance	No	65	65.0
	Yes	23	23.0
	Ignored	12	12.0
Guardian	Parents	97	97.0
	Grandparents	1	1.0
	Others	2	2.0
Type of cleft	Lip and palate	41	41.0
	Lip	30	30.0
	Palate	26	26.0
	Bifid Uvula	3	3.0
Lip surgery (cheiloplasty)	Yes	72	72.0
	Not applicable	28	28.0
Palate Surgery (palatoplasty)	Yes	68	68.0
	Not applicable	31	31.0
	No	1	1.0
Housing situation	Urban	96	96.0
	Rural	3	3.0
	Ignored	1	1.0
Ownership	Own	48	48.0
	Rented	33	33.0
	Given	17	17.0
	Ignored	2	2.0
Accommodations	Sufficient	71	71.0
	Insufficient	16	16.0
	Ignored	13	13.0
Housing conditions	Good	65	65.0
	Regular	11	11.0
	Poor	2	2.0
	Ignored	22	22.0

Regarding the diagnosis of cleft, 70% of mothers discovered the malformation after the child birth and 31% were unaware of cleft cases in the family. Those who received the diagnosis during prenatal care (30%) obtained it during the morphological ultrasound and were then referred to AFIM to receive guidance, theoretical-practical instructions, and psychological support.

All children in the study received follow-up with speech therapy, psychology, dentistry, nutrition and social services since their first consultation in the institution.

Seven nursing diagnoses were identified with a focus on the problem: readiness for enhanced nutrition (n = 65), interrupted breastfeeding (n = 64), ineffective child eating dynamics (n = 43), ineffective breastfeeding (n = 24), impaired swallowing (n = 32), insufficient breast milk production (n = 29) and ineffective sucking-swallowing response of the infant (n = 31) (Table 2).

Table 2 - Distribution of nursing diagnoses focusing on feeding problems in children with cleft lip and palate. Maringá, PR, Brazil, 2023

Nursing Diagnoses	N	%
READINESS FOR ENHANCED NUTRITION (00163)	65	22.5
Defining characteristics		
Expresses desire to improve nutrition	65	100.0
INTERRUPTED BREASTFEEDING (00105)	64	22.2
Defining characteristics		
Non-exclusive breastfeeding	64	100.0
Related factors		
Abrupt weaning of infant	64	100.0
INEFFECTIVE CHILD EATING DYNAMICS (00270)	43	14.9
Defining characteristics		
Insufficient feeding	34	18.1
Frequently consumes low-quality foods	36	19.2
Frequently consumes processed foods	4	2.1
Food refusal	3	1.7
Excessive feeding	1	0.5
Avoids participation in regular mealtimes	1	0.5
Related factors		
Inadequate eating habits	42	22.5
Limitation of the child's feeding	32	17.2
Unpredictable eating patterns	28	15.0
Insecure parent-child relationships	2	1.0
Absence of regular mealtimes	2	1.0
Parenting style without commitment	1	0.5
Meals without company	1	0.5
IMPAIRED SWALLOWING (00103)	32	11.1
Defining characteristics		
Nasal reflux;	31	35.7
Ineffective "latch";	12	13.8
Ineffective sucking;	12	13.8
Related factors		
Feeding behavior problem	32	36.7
INEFFECTIVE INFANT SUCKING-SWALKING RESPONSE (00295)	31	10.7
Defining characteristics		
Impaired ability to initiate effective sucking	31	25.0
Impaired ability to maintain effective sucking	31	25.0

Related factors		
Unsatisfactory sucking behavior	31	25.0
Inadequate positioning	31	25.0
INSUFFICIENT BREAST MILK PRODUCTION (002016)	29	10.0
Defining characteristics		
Delayed milk production	27	16.7
Expressed breast milk is less than the prescribed volume for an infant	25	15.5
Absence of milk production with nipple stimulation	22	13.6
Unsustained sucking at the breast	5	3.2
Related factors		
Ineffective sucking reflex	28	17.4
Ineffective latch to the breast	28	17.4
Insufficient opportunity to suck at the breast	24	15.0
Insufficient time sucking at the breast	2	1.2
INEFFECTIVE BREASTFEEDING (00104)	24	8.3
Defining characteristics		
Unsustained sucking at the breast	23	20.3
Inadequate weight gain	4	3.6
Cries within one hour after breastfeeding	1	0.8
Perception of inadequate milk supply	1	0.8
Sustained weight loss	1	0.8
Related factors		
Inadequate parental knowledge of breastfeeding techniques	20	17.7
Interrupted breastfeeding	18	16.0
Ineffective sucking-swallowing response of the infant	15	13.3
Maternal anxiety	14	12.4
Insufficient opportunity to suckle at the breast	6	5.4
Supplementary feedings with artificial nipple	4	3.6
Inadequate parental knowledge about the importance of breastfeeding	3	2.7
Inadequate family support	2	1.8
Insufficient breast milk production	1	0.8

Nine nursing interventions were listed. To demonstrate the interventions in Table 3, the intervention codes and their nomenclature were used, highlighting the most frequent interventions in each topic.

Regarding nursing interventions, the following were observed, teaching: infant nutrition from 4 to 6 months (n = 340), teaching: infant nutrition from 10 to 12 months (n = 86), teaching: child nutrition from 13 to 18 months (n = 512), nutritional counseling (n = 1306), teaching: child nutrition from 19 to 24 months (n = 385), bottle feeding (n = 97), cup feeding: newborn (n = 84), lactation counseling (n = 984) and development improvement: infant (n = 673) (Table 3).

Table 3 - Distribution of nursing interventions listed for children with cleft lip and palate regarding the feeding process. Maringá, PR, Brazil, 2023

Interventions	N	%
5646 – Teaching: infant nutrition from 4 to 6 months	340	7.6
Guide parents/caregivers to allow the infant to begin eating and observe to avoid choking	85	25.0
Guide parents/caregivers to avoid sugary desserts and soft drinks	85	25.0
Guide parents/caregivers to include the infant in family meals	85	25.0
Guide parents/caregivers to offer a variety of foods according to the food pyramid	85	25.0
5643 - Teaching: Infant nutrition from 10 to 12 months	86	1.9
Guide parents/caregivers to start offering meals at the table	43	50.0
Guide parents/caregivers to offer three healthy meals and snacks	43	50.0
5660 – Teaching: Child nutrition from 13 to 18 months	512	11.4
Provide parents with written materials appropriate for the identified knowledge needs	155	30.4
Guide parents/caregivers to avoid force-feeding when appetite is decreased.	71	13.8
Guide parents/caregivers to avoid dietary foods/beverages (e.g., skim milk, diet soda)	29	5.8
Guide parents/caregivers to offer healthy snacks	114	22.2
Guide parents/caregivers to offer solid foods	114	22.2
Guide parents/caregivers to continuously use a spoon and encourage self-feeding	29	5.6
5246 – Nutritional counseling	1306	29.2
Encourage the use of the internet to access useful information about diet, recipes, and lifestyle changes, as appropriate	150	11.5
Help the patient consider factors such as age, growth and development stage, past eating experiences, trauma, illness, culture, and finances in planning, to meet nutritional needs	107	8.1
Determine the patient's food consumption and eating habits	150	11.5
Discuss food shopping habits and budget restrictions	150	11.5
Discuss the patient's knowledge of the four basic food groups, and their perceptions of the need to modify the diet	85	6.7
Praise efforts to achieve goals	107	8.1
Establish realistic short- and long-term goals for improving nutritional status	150	11.5
Establish a therapeutic relationship based on trust and respect	107	8.1
Facilitate the identification of food behaviors that need modification	150	11.5
Offer referral or consultation with other members of the health care team as appropriate	150	11.5
5661 – Teaching: Child nutrition from 19 to 24 months	385	8.6
Provide parents with written materials appropriate for the identified knowledge needs	150	38.9
Guide parents/caregivers to read labels to check nutritional content	150	38.9
Guide parents/caregivers to have regular meals and eat as a family	85	22.2
1052 – Bottle feeding	97	2.42
Place the bottle nipple over the tongue	15	15.4
Control liquid intake by adjusting nipple softness, hole size, and bottle size	15	15.4
Monitor/evaluate the sucking reflex during breastfeeding	24	24.7
Guide parents on the correct storage of concentrated or powdered formula	19	19.8
Position the infant in a semi-Fowler position for breastfeeding	24	24.7
8240 – Cup feeding: Newborn	84	1.88

Guide parents on cup-feeding procedures	42	50.0
Use a clean cup without a lid, spout, or rim; tilt the cup so that the milk touches the newborn's lips	42	50.0
5244 - Lactation counseling	984	22.0
Assist in holding the infant properly for breastfeeding (e.g., monitor proper alignment, hold, and compression of the areola, and audible swallowing	116	11.7
Correct misconceptions, misinformation, and inaccuracies about breastfeeding	180	18.3
Determine the mother's desire and motivation to breastfeed, as well as her perceptions of breastfeeding	180	18.3
Discuss milk expression options, including non-electric pumping (e.g., hand pump, manual pump) and electric pumping (e.g., single and double pumps; hospital-grade pumps for premature infants)	64	6.6
Provide information on the psychological and physiological benefits of breastfeeding	180	18.3
Monitor the baby's ability to suck	84	8.6
Guide with tips on feeding the baby (e.g., rooting reflex, sucking, and quiet alert state)	116	11.7
Guide on proper handling of expressed milk (e.g., collection, storage, thawing, preparation, fortification, and warming)	64	6.5
8278 - Improvement of development: Infant	673	15.0
Discuss and support the decision about breastfeeding or bottle feeding	256	38.0
Guide on proper storage, preparation, and handling of breast milk or infant formula	159	23.7
Introduce solid foods around 6 months of age, guiding parents on food selection, preparation, introduction methods, and food storage	85	12.6
Guide parents on proper infant nutrition and nutritional habits	173	25.7

Discussion

Regarding sex, the female sex prevailed, which corroborates the literature that addresses the fact that women are the most affected by cleft lip and palate.[8] A study conducted in the state of Paraná identified that cleft lip and palate occurred more frequently in males, diverging from the data found in this research.[13] Regarding socioeconomic level, there was a predominance of urban residence, owning a home and sufficient housing conditions.

Thus, it is clear that the profile of patients treated at this institution belongs to the most disadvantaged social classes, requiring the attention of the healthcare team to provide simplified and objective guidance to families regarding the care of children with cleft lip and palate.[14]

The use of the SUS for treatment prevailed, reflecting the inclusion of healthcare for people with cleft lip and palate since 1993, which guarantees government funding

for rehabilitation. Moreover, in 1998, the Ministry of Health created the Reference Network for the Treatment of Craniofacial Deformities (*Rede de Referência no Tratamento de Deformidades Craniofaciais* - RRTDCF), which aims to reduce inequity in access to and provision of services in the SUS.[15-16] A study found that 12 Brazilian states still do not have treatment centers for children with cleft lip and palate linked to the SUS, resulting in difficulty in accessing treatment, which can cause delays.[17]

Regarding the classification of the cleft, the most common type was cleft lip and palate, corroborating with the literature. In China, among the types of clefts, the highest prevalence was that of the lip and palate, with 2.98 per 10,000 births, while the prevalence of cleft lip was 2.34, and that of cleft palate was 2.22 per 10,000 births.[3] Complex anatomical malformations require more interventions, thus, cheiloplasty (lip correction) is performed, which is performed at six months; subsequently, palatoplasty (palate correction) is performed in two stages, and may vary depending on the protocol followed.[3,18]

Considering the diagnoses and interventions presented, it is worth highlighting that one of the most frequent difficulties encountered was during the breastfeeding phase of these children, since the method of sucking, swallowing, maternal anxiety, health education, among others, were considered in the development of the ND. To this end, clinical reasoning contributed to a unique assessment of each patient, considering their needs and care planning.[8] Researchers from Turkey conducted a study that revealed that only one-third of parents received guidance on feeding during prenatal care. Furthermore, most parents reported that they were unsuccessful in breastfeeding their children.[19]

The diagnosis of “ineffective breastfeeding” was listed, characterized by unsustained sucking on the breast and related to parents’ inadequate knowledge of breastfeeding techniques and interrupted breastfeeding.[12] This can negatively affect the mother-child relationship and discourage these mothers from providing exclusive breastfeeding, which can harm the child’s healthy development.[20-21]

In addition to the negative feelings caused in the mother, mainly due to the lack of support in the situation, difficulties during breastfeeding, such as poor suction, excessive swallowing, nasal reflux and choking, contribute to the

emergence of fear during this period.[20-21] A study conducted with mothers of children with cleft lip and palate identified that fear of breastfeeding children after surgical procedures is common, as well as the fear that the child will suffer an episode of choking.[5] Breastfeeding consists not only of feeding the infant, but it is also a way of creating an emotional bond between mother and child, which also provides adequate nutrition and immunity to the infant.[6,22]

For the diagnosis "ineffective breastfeeding," the interventions of "lactation counseling" were listed, focusing on clarifying misconceptions, misinformation and inaccuracies about breastfeeding, determine the mother's desire and motivation to breastfeed, as well as her perception of breastfeeding, and provide information on the psychological and physiological benefits of breastfeeding.[11]

The diagnosis "interrupted breastfeeding", which is characterized by non-exclusive breastfeeding and related to the abrupt weaning of the infant, demonstrates how exclusive breastfeeding is necessary due to the various benefits it offers to the mother, such as a reduced likelihood of breast cancer and uterine involution. For the infant, it serves as a protective measure, due to the immunological property that is offered through breast milk, protecting against possible infections, such as gastrointestinal and respiratory infections, and also contributing to the newborn's neurological development.[12,23]

In this case, interventions of "nutritional counseling" and "improvement of development: infant" were used, in which support was discussed and offered in the decision about breastfeeding or bottle feeding, along with guidance on the appropriate storage, preparation and handling of breast milk or infant formula.[11]

Considering the morphological changes in the oral cavity of the child with cleft, it was possible to identify the ND "impaired swallowing", which is characterized by nasal reflux, ineffective latch and sucking, and is related to the problem of feeding behavior, and the diagnosis "ineffective suck-swallowing response of the infant", characterized by the impaired ability to initiate and maintain an effective sucking, and related to unsatisfactory sucking behavior.[12]

These diagnoses take into account that children with cleft lip and palate have morphological changes in the oral cavity, which can impair the sucking-swallowing

process and, therefore, make breastfeeding difficult. In these cases, many mothers choose to offer milk in other ways, such as using baby bottles and syringes.[5, 20-21]

The interventions “bottle feeding” and “cup feeding: newborn” were selected, since, among the feeding techniques, they should be guided to place the nipple of the bottle on the tongue, controlling the intake of liquids by adjusting the softness of the nipple, the size of the hole and the size of the bottle, and guide parents on cup feeding procedures, such as using a clean cup, without a lid, nipple or rim.[11]

Therefore, the nurse, as a member of the multidisciplinary team, can assist the mother and her support network in the breastfeeding process from the diagnosis, providing information, support and guidance in the face of difficulties. The nurse must encourage breastfeeding, addressing the needs of both the mother and the infant, and, consequently, adapting nursing interventions in each case.[24-27]

For this, it is necessary for healthcare professionals, during the first hours of the infant’s life, to consider the child’s anatomical conditions and provide safety for the mother, so that she does not give up on the act of breastfeeding. It is necessary to provide constant encouragement, aligned with health education actions, as well as support and the demystification of pre-established knowledge.[21,24]

Another ND listed was “ineffective child eating dynamics”, characterized by insufficient feeding and related to inadequate eating habits.[12] One of the important stages of child development is the introduction of food, which should occur from six months onwards, and consists of a period in which the infant usually undergoes physiological maturation of organs, mainly of the gastrointestinal system, being necessary to respect its limits of hunger and satiety.[6,26]

For this, the interventions “nutritional counseling; teaching: infant nutrition from 4 to 6 months; teaching: nutrition of the infant from ten to 12 months; teaching: child nutrition from 13 to 18 months; teaching: child nutrition from 19 to 24 months” were used, which are interventions aimed at improving infant nutrition up to two years of age.[11]

However, it is common for family members to be afraid of offering solid foods, due to the risks of nasal regurgitation or choking, especially in children with cleft palate. It is necessary to provide guidance that, in the first months of food

introduction, soft foods should be offered and, later, solid foods should be offered according to nutritional needs.[28-30]

Therefore, when approaching the mother and/or family member of a child with cleft palate, symptoms of maternal anxiety, guilt, sadness, fatigue, helplessness and lack of confidence in caring for the child are frequent, since care must be redoubled, especially with the children's feeding. Often, these mothers tend to hide their concerns for fear of being judged.[30]

For this, it is necessary to welcome and provide humanized care to these mothers from the very beginning, aiming to overcome difficulties and advance the child's treatment. Therefore, nurses and other professionals on the healthcare team must be trained to provide correct guidance and alternatives for breastfeeding and food introduction.[13]

The study has as a limitation the incomplete data in the medical records, however, it was not related to nursing diagnoses, there being no issues in data collection, but it may have implied in the difficulty of performing the reasoning of the diagnoses and, consequently, in the assessment of other nursing diagnoses and interventions.

In the scope of the health and nursing area, this study provided an understanding on the importance of health education for mothers of children with clefts and the influence of correct and adequate breastfeeding, along with nutritional education, so that these children can develop healthy habits from the food introduction.

Conclusion

The use of standardized taxonomies to identify nursing diagnoses and interventions provided clinical reasoning, since it focuses on the problem, and it requires to construct and organize nursing practice in the care of children with cleft lip and palate.

The results provided a profile on the care for the feeding of children with cleft lip and/or palate, contributing to safe, high-quality care that meets the needs of children and their families. Based on the knowledge produced from studies on nursing diagnoses and interventions, there is scientific support for care planning, as well as for future research that strengthens the body of specific knowledge focused on the care of children with cleft lip and palate.

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