

Milk comes out of my baby's nose when nursing

I have a baby named Lili. Since her birth, I feel like something is wrong. It is not the same as it was with her brother, who is now 5 years old. I can't breastfeed Lili and even bottle-feeding is difficult. Mostly because milk, and even traces of mashed food, always come out of her nose when she eats. The pediatrician and Maternal and Child Protection services told me that I worry too much, Lili is developing well and she just happens to regurgitate from time to time.

**Is it normal when food comes out of a baby's nose? Is it called regurgitation or reflux in this situation?**

We often confuse the terms reflux and regurgitation with the phenomenon described by Lili's mother. And her mother is right to insist that this behavior is not normal.

Regurgitation is a classical phenomenon in a baby. This is not vomit, but the baby spitting up milk. This happens through the mouth, which is much different than what Lili's mother is describing. Some babies can have frequent and painful regurgitations, which may cause food-related difficulties and require treatment. However, here, this is liquid, semi-liquid and even solid food that is coming out of Lili's nose.

**What is Lili's issue? Is it dangerous?**

If food goes through the nose, it means that the soft palate is not functioning normally when Lili is eating. This undoubtedly explains why breastfeeding could not be continued and why bottle-feeding is difficult.

Normally, to suckle, the baby needs to have an empty mouth and make sure that air does not escape through the nose. Similarly, once food is in their mouth, it is supposed to go towards the esophagus that leads to the stomach.

If the flap (soft palate) does not close well, food may end up forced into the nose, which is what is happening to Lili. It is not dangerous, but it is very uncomfortable and this may irritate the interior part of the nose (nasal cavities).

However, Lili is not having pulmonary aspirations. With pulmonary aspirations, food is poorly oriented. It goes towards the trachea and therefore the lungs. In this case, there is an underlying issue that goes above and beyond the soft palate, and could be very serious. If a baby systematically coughs when they drink or eat, please see a pediatrician immediately. Once again, this is not Lili's case.

**Why does Lili's soft palate not close off access to the nose?**

The soft palate isolates the nose from the mouth. These five muscles are the extension of the hard palate. It can contract and close off access to the nose because its muscles are very flexible and mobile. They need to make contact with the pharyngeal wall (the back of the throat) to isolate the nose from the mouth. The soft palate is used for several things. For example, it prevents food from going into the nose when we eat as well as makes it possible to create suction, which explains Lili's suction difficulties.

**Nasal articulation**

Difficulty or the inability to close the soft palate is called velopharyngeal insufficiency. There are two possibilities that can explain this phenomenon, which will be explained by a specialized surgeon during a consultation.

- Either the soft palate is perfectly integrated in the mouth, but has trouble contracting for no specific reason. In this case, an in-depth exam combined with an in-depth

interview, a genetic consultation, as well as the child's development, might make it possible to make a precise diagnosis.

- Or the soft palate contains an indication that provides a warning regarding its structure. The uvula (the little “bell” that we see when we say “A” loudly or when a baby cries) may have an indentation or be partially cleft. More complicated is when the outside of the soft palate appears to be fine, but when contracted, one can see that the muscles are not well positioned under the mucous membrane. This is called a submucous cleft palate and can sometimes extend to the hard palate.

This means that although your baby’s mouth has all its anatomical elements, they are incorrectly positioned. This is a rather complicated a diagnosis and, therefore, requires a specialized consultation.

In the meantime, Lili's mother should make sure that her baby is seated properly when eating. It is essential that she eat sitting up rather than lying down.

### **What can be done for Lili if she has a submucous cleft palate?**

Lili's development and the severity of any developmental consequences will be decisive in terms of whether or not there will be an operation.

In general, children handle food better and better. However, the soft palate is also used to speak and, if over time, it does not work, it could make certain sounds very difficult or even cause a voice to become nasal sounding: the child starts talking through their nose.

The soft plate also provides ventilation for the ears. This is what we feel when we yawn, take an airplane or go under water. If the soft palate does not function well, ears will become more congested and liquid could accumulate behind Lili's eardrums. She could get seromucous earaches that are very difficult to fix. During this time, Lili won't be able to hear well and will not develop normal language skills.

That is why it is essential to carry out regular tests with an ENT physician in case of velar insufficiency in addition to an annual evaluation in a specialized cleft palate center.

### **What if this continues and disrupts Lili's development? What should be done?**

If there are hearing issues, it is possible to install tympanostomy tubes/grommets/myringotomy tubes in the ears. If there is a slight effect on language development and speaking, Lili should see a speech therapist.

In case of more severe issues, Lili will be operated on. The surgeon will carry out a procedure to place the muscles in the right position, therefore making it possible for the soft palate to hermetically close off when necessary. This will improve articulation, hearing and eventually stop any residual liquid transferring to the nose.

<https://www.tete-cou.fr/offre-de-soins/reseau-maface>

If you see food passing through your child’s nose on a regular basis, please consult one of the 24 Maface-certified and specialized centers whose contact information is available on the website for rare diseases: tete-cou.fr

Surgeons and speech therapists at these centers will know how to look for clinical signs of velopharyngeal insufficiency. Consequently, if surgery does prove necessary you will be in good hands in a center, which will provide you with both a diagnosis and a surgeon. Early diagnosis guarantees better care and long-term aftercare for your child.