

The Cleft and Craniofacial Team

American Cleft Palate - Craniofacial Association [ACPA](#) : [Team Care](#) : The Cleft and Craniofacial Team

The Cleft and Craniofacial Team

Prepared by the Team Standards Committee, American Cleft Palate-Craniofacial Association
March, 1996

Introduction

A child born with cleft lip, cleft palate, or other craniofacial anomalies may be faced with multiple and complex problems including, but not limited to, early feeding and nutritional problems that can lead to deficits in growth and development; middle ear problems; hearing loss; deviations in speech and resonance; dento-facial and orthodontic abnormalities; and possible psychosocial adjustment problems. Although the habilitative process for children with cleft and craniofacial deformities can be a lengthy one, the availability of coordinated, interdisciplinary team care has enabled most affected children to become functioning and contributing members of society.

A report on children with special needs issued in 1987 by the Surgeon General of the United States stressed that the care of these children should be comprehensive, coordinated, culturally sensitive, specific to the needs of the individual and readily accessible. The Maternal and Child Health Bureau recognized that children with clefts and/or other craniofacial anomalies have special needs and in 1991 provided funding to the American Cleft Palate-Craniofacial Association (ACPA) to develop standards for their health care. Parameters of care for these children and adolescents are enclosed.

As part of these parameters of care, it has been recommended that treatment of cleft and craniofacial conditions occur in a team setting. The membership of the American Cleft Palate-Craniofacial Association has established basic standards for what constitutes a cleft and/or a craniofacial team. Beginning in 1996, the ACPA Membership-Team Directory will list and categorize teams as specializing in cleft lip/palate (CPT) and/or craniofacial care (CFT). Categories of teams reflect the clinical needs, treatment environment, and level of technical and professional expertise needed to evaluate and treat individuals with these conditions. Basic standards for a team relative to its category have been determined and some of these standards are as follows:

The Cleft Palate Team (CPT):

1. consists of an operating surgeon, orthodontist, speech-language pathologist, and at least one additional specialist from otolaryngology, audiology, pediatrics, genetics, social work, psychology, and general pediatric or prosthetic dentistry, who meet face-to-face at least six (6) times per year to evaluate and develop treatment plans for its patients
2. evaluates at least 50 patients per year
3. has at least one surgeon who operates on at least 10 primary cleft lips and/or palates per year
4. coordinates treatment and insures that each patient is evaluated by a primary care physician
5. insures that its members attend periodic continuing education programs about cleft lip and palate

The Craniofacial Team (CFT):

1. evaluates at least 20 individuals with craniofacial syndromes defined as congenital anomalies or syndromes other than cleft lip and palate unless clefting is a feature of another anomaly, condition or syndrome
2. minimally has an operating surgeon, orthodontist, mental health professional, and speech-language pathologist who meet face-to-face at least six (6) times per year to evaluate and plan treatment for its patients
3. has at least one surgeon who provides craniofacial surgery for ten (10) patients per year using an intracranial approach to the midface and supraorbital rim
4. assures that each patient has a health evaluation by a primary care physician prior to craniofacial surgery
5. provides craniofacial surgery in a facility with a pediatric intensive care unit, a CT, and MRI capability
6. insures its members participate in continuing education programs about craniofacial evaluation and treatment

Who is the Team?

The team is a group of experienced and qualified professionals from medical, surgical, dental, and allied health disciplines working in an interdisciplinary and coordinated system, representing many of the following disciplines:

anesthesiology, audiology, diagnostic medical imaging/radiology, genetic counseling, genetics, dysmorphology, neurology, neurosurgery, nursing, ophthalmology, oral and maxillofacial surgery, orthodontics, otolaryngology, pediatric dentistry, general pediatrics, pediatric and neonatal intensive care, physical anthropology, plastic surgery, prosthodontics, psychiatry, psychology, social work, and speech-language pathology. Although there are minimal specialties required for craniofacial and cleft teams, the type of patient the team evaluates and treats further determines the additional disciplines needed on the team.

What is the Goal of a Team?

The goal of the cleft/craniofacial team is to insure that care is provided in a coordinated, consistent manner with the proper sequencing of evaluations and treatments within the framework of the patient's overall developmental, medical, and psychological needs.

When should team care begin?

Interdisciplinary team care should begin shortly after birth and continue until the physical growth of an individual has been completed - around 21 years of age. Since skeletal changes continue throughout childhood and soft tissue growth is influenced by the changes, evaluation throughout the maturation process is recommended. Psychosocial adaptation should also continue to be monitored as it may remain a concern until maturity.

Where should evaluation and treatment be provided?

Evaluation and treatment is best provided in a clinical setting that allows the patient, the patient's family, and the members of the team to interact face-to-face and discuss treatment options with benefit of a comprehensive patient record. The treatment setting should consider the level of technical and professional expertise appropriate for patients with a cleft or craniofacial diagnosis. The ACPA team listings reflect these standards.