



Government of **Western Australia**  
Department of **Health**

**Child and Adolescent Health Service**

## **Outline of Speech Pathology Services for Children born with Cleft Palate in Western Australia**

The Speech Pathology service for children born with a cleft palate in Western Australia is provided by the Cleft Lip and Palate Unit based at Princess Margaret Hospital (PMH) in Perth. This service is part of the multidisciplinary team, which also comprises Plastic Surgeons, Dental Specialists, Ear, Nose and Throat Surgeons and other medical specialists such as paediatricians and geneticists. The team also has a coordinator. This multidisciplinary team services **all** children born with a cleft lip and/or palate or velopharyngeal incompetence across the state. Children born with an isolated cleft lip are not routinely seen by the speech pathologist but can be seen when there are concerns regarding any aspect of their speech and language development.

The initial contact the Speech Pathologist has with a child and the parents can be as early as their first admission to Princess Margaret Hospital following birth, but usually occurs at around 3-6 months. The child is then routinely seen again at 1 year of age and followed up again at age 18, 24 and 30 months. Children born with a cleft lip and palate are given a complete assessment of their palatal function at around age 3 years. If necessary, more intensive specialist speech therapy is provided at any time where there are concerns about the child's speech and language development related to their palatal function.

Sometimes children may be referred to their local speech pathology service for some ongoing management but the child's palatal function will continue to be monitored by the Speech Pathologist at PMH. The children are then routinely followed up at 12 month intervals until age 6 years. Again, more intensive therapy is provided as is necessary and in some cases additional surgery may be recommended, such as a pharyngoplasty. When required, the Speech Pathologist together with the Plastic Surgeon conducts and interprets instrumental analyses of the child's velopharyngeal function using the techniques of lateral video x-ray and /or nasendoscopy.

Ongoing reviews as required continue until the child is aged 9 years with a further routine final review at age 12 years if he or she presents with adequate speech and palatal function at that time (soft palate cleft only). Children born with a unilateral or bilateral cleft palate are seen again at age 15 and 18 years and then again when discharged from the multidisciplinary team. The child will then be discharged from Speech Pathology when all treatment has been completed.

For those children who live in country WA their speech therapy is shared between the local service and PMH. The speech pathologists at PMH act as a resource to assist in providing the appropriate treatment locally for these children. The child will continue to attend PMH however, on a regular basis and will always attend a speech appointment prior to attending Cleft Palate Clinic (Multidisciplinary Team) at ages 1,2,3,6, 9, 12, (15 and 18 years).



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There are some children who will experience language difficulties. These children may be referred, or the parents may elect to attend their local service or a private speech pathologist for management of these issues. Children who require the services by the Cerebral Palsy Association or Disabilities Services Commission (for intellectual impairment) or Therapy Focus (school aged therapy services for children with a diverse range of needs such as disabilities, learning difficulties) receive speech and language services through these organisations. However, their palatal function will continue to be managed by the Speech Pathologists at PMH.

The Speech Pathologists at Princess Margaret Hospital also act as a central resource concerning the nature of cleft palate, velopharyngeal incompetence and cranio-maxillo-facial anomalies and their relationship to feeding, speech and language. In addition, each year a workshop is provided by the Cleft Lip and Palate Speech Pathologists at PMH to the final year University students on the management of velopharyngeal dysfunction and cleft lip and palate.

A state wide second opinion assessment service is also offered to the general community in instances where there is concern regarding a child's velopharyngeal mechanism such as hypernasal resonance. A medical referral is not required if the concern is from a Speech Pathologist. These children are assessed by the PMH Cleft Lip and Palate Team Speech Pathologist and if appropriate, referred (medical referral required) to the Plastic Surgeon if surgical intervention appears warranted. The child is then managed as necessary following the management protocols outlined above.

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