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The evidence used in the preparation of this leaflet is available on request. Please email: [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

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# ***Speech development in children born with a cleft palate*** (page 1 of 2)

## **Will my child have difficulty speaking?**

Many children born with a cleft palate, with or without a cleft lip develop speech without needing any speech therapy, but some need support to develop accurate sounds. In order to understand why this happens, it is helpful to think about how speech is produced.

## **How do we produce speech?**

When we speak, air comes up from our lungs, through our voice box (larynx), we then use the roof of our mouth (palate), tongue, lips and teeth to make the air into speech sounds. For some sounds we are aware of what is happening, for example putting our lips together to make sounds like 'b' or 'p'.

In the mouth, the palate is divided into a hard part at the front and a soft part at the back. These make up the what we can feel as the roof of our mouth. We are aware that our tongue touches the hard front part of the roof of our mouth to make the sounds 't' and 'd'.

The soft part at the back of the palate has muscles and moves to close off the airway leading to the nose so that the air is directed through the mouth. Most sounds in English are made like this but other languages might be different. We are not really aware that we are moving the soft palate to make these sounds.

When the soft palate is lowered, air comes through our nose and we do this to make the sounds 'm, n, ng'. To test this out, try saying a long 'mmmmm' sound pinching your nose. You will find that the sound stops as there is nowhere for the air to go to.

## **How will my child's speech be affected?**

- Some children with cleft palate are slow to start talking in sentences. This may be related to hearing difficulties caused by glue ear, which is common in children with cleft palate.
- Speech sounds may not develop in the usual way because of the disruption caused by the cleft, for example the tongue may not touch the palate in the right place. Often children will use a different sound further back in the mouth, for example using 'k'

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instead of 'p' or 't'.

- Sometimes, even after palate surgery the palate is not able to close off the nose from the mouth. This might be because it is too short, does not stretch far enough backwards or upwards, or does not move quickly enough. This makes it difficult to build up enough pressure in the mouth to make sounds like 'p' and 't', and air may escape down the nose making speech sound nasal.
- Some children have problems with the position of their teeth and the development of their jaws which can also make it difficult for them to speak clearly.

## Other difficulties

If your child has other medical, sensory or learning problems these could also affect their speech and language development. Children with associated difficulties might need extra help to learn to speak or to use other ways of communicating, such as signing.

Your child's speech and language development will be monitored by a Speech and Language Therapist, who can give you information and advice on the best ways of encouraging this.

## How can I get more information?

You can contact one of the Specialist Speech and Language Team at Salisbury District Hospital:

Ginette Phippen  
Sandra Treslove  
Philippa Humes  
Sonya Lidiard  
Cindy Williams

Telephone: 01722 345571.

Please also see the Spires website [www.spirescentre.nhs.uk](http://www.spirescentre.nhs.uk)