



Research Networking Programmes

Short Visit Grant or Exchange Visit Grant

(please tick the relevant box)

Scientific Report

The scientific report (WORD or PDF file – maximum of eight A4 pages) should be submitted online within one month of the event. It will be published on the ESF website.

Proposal Title: Kostadinka Momneva Cleft Specialist Nurse

Application Reference N°: 6907

1) Purpose of the visit

The main goal of the visit is to learn more about the role of the cleft specialist nurse in the Multidisciplinary teams in Oslo and Busharest and to compare it with the existed practice in Bulgara. Relying on the experience of our colleges and learning more about feeding techniques, pre and post operative care and management of babies with Pierre Robin sequence would help us to improve the cleft care in Bulgaria. The activities planned for the trip are: attending a 3 days meeting 22-24.09.2014, discussions and understanding of how cleft specialist nurse collaborate with the other members of the team and also how they support parents.

2) Description of the work carried out during the visit

This event was unique for me and I really appreciate the opportunity I had to touch the experience of Oslo and Romania teams. The conference entitled "Development of multidisciplinary innovative strategies for the care of Romanian individuals with cleft lip and palate" began with very interesting introduction of Cleft care in Romania from Radu Spataru and Lidia Boboc.

The importance of the International collaboration and improving standards in cleft care brought together all participants at the conference and were heartily introduced by Prof. Bill Shaw and Prof. Gunvor Semb.

Most of cleft team specialists presented lectures about their role in the team work, according to Oslo protocol. The lecturers were: Prof. Dr. Gunvor Semb -Cleft Orthodontist Eurocleft steering group, Prof. Dr. Bill Shaw -Cleft Orthodontist -Eurocleft steering group Special guest from Manchester, Dr. Elisabeth Rønning -Cleft Orthodontist Head of Dental Unit, Dr. Pål Skaare -Cleft Orthodontist, Jorunn Lemvik and Ragnhild Aukner -speech therapists,

Nina Lindberg- specialised cleft nurse, dr. Charles Filip -Cleft Plastic Surgeon, Oslo University Hospital ,Norway.The team from Bergen-prof. Hallvard Vindenes-cleft plastic and MaxilloFacial surgeon.The representatives from Romanian team were- dr.Radu-Iulian Spataru-pediatric surgeon, Lidia Boboc-cleft orthodontist,Ionela Ghiozdavu-speech pathologist, Ion Nicolescu-Maxillofacial surgeon-clinical Hospital St Marry, dr. Catalin Carstoveanu and many paediatric surgeons from the biggest hospitals in Bucarest,Brasov,Iasi and Timisoara.

The main topics of the conference were:

- History of CLP in Oslo and Bergen /Norway/
- Classification of clefts
- Researches about CLP and measurement of the outcomes
- The importance of the multidisciplinary approach in cleft care -Oslo,Romania
- The nurse's role in cleft care;feeding babies ;follow-ups in pregnancy;pre-and post operative care
- Primary surgery-lip and palate closure,Orthognatic surgery,Lip and nose revision,MaxilloFacial surgery, presented by the team from Oslo comparing with the existed] surgical approach in Romanian cleft surgery units
- Challenges and dilemmas in paediatric oral surgery-Romanian team experience
- Speech assessment and interventions common for cleft care in Norway
- Speech therapy for children with clefts in Romania
- Pierre Robin Sequence - neonatal menagment
- Orthodontic and prosthodontic treatment
- Oslo cleft team protocol

Oslo cleft team treats about 80- 100 new patients per year with CLP and some other craniofacial disorders.The specialists involved in it are Plastic surgeon,Maxillo-facial surgeon,Cleft orthodontist,Speech pahtologist,ENT specialist,Cleft psychologist and Cleft specialist nurse.

Oslo orthodontic protocol

Before primary surgery of all cleft types, the parents meet all the specialists in the team and the orthodontist.

* 4 year -examination of all types cleft except CP, The patients are seen by plastic surgeon,speech therapist, ENT specialist. The orthodontist make extra and intraoral photos only, examination of oral hygiene, standard of dental care, tooth position and occlusion. Oral information to the parents about future plans.Standard letter with individual information to the local dental clinic with copy to the parents.

*6 year examination of all cleft types by the orthodontist and speech therapist.Standard records- impressions, OPG,Ceph, occlusal x-ray,photos.Oral information to the parents about x-ray discoveries and future plans;bone grafting and orthodontic treatment.

*8 year examination by the orthodontist of UCLP,BCLP,CLA. Planning early treatment for functional and/or aesthetic reason or functional reasons if necessary.

*10 year examination-CL,CLA,standard records with successful bone grafting and no serious scar. Send to local orthodontist or planning late bone grafting

*12-13 year -examination for orthodontist-standard records for CLA,UCLP,BCLP for early permanent dentition. Planning and performing orthodontic treatment

*16 year examination-multidisciplinary all cleft types-standard records

CP,CL-after orthodontic treatment; UCLP,BCLP-planning orthognatic surgery,girls when necessary.

*18,19 or 21-last examination -records planning for orthognatic surgery,boys if necessary
Between the standard examinations they follow tooth eruption and prebone grafting at individual intervals.

After bone grafting control by occlusal x-ray 6 weeks, 6 months and 12 months.

After orthognatic surgery-control and standard records 6 months,12 months and 36 months

Oslo cleft team speech protocol

-0-4 month and 12 month of age counselling parents and information.

-2 years of age -simple assessment of language development

-4 years - Assessment of speech-resonance and articulation, language development.Nasoendoscopy and videofluoroscopy are the most common methods for the assessment of velopharyngeal insufficiency.The direct speech therapy begins at this age with a focus in normal acquisition and correct pronanciation of the speech sounds.

-6 and 10 years- Assessment of speech,language screening

- Last routine control of speech is on 16 years

Nurse role in cleft care according to Oslo protocol

*Counselling

-antenatal

-feeding and care after birth

-one day course for families

-teaching health care professionals

-telephone service

*Pre and post operative care

-pain management

-patient information

-feeding

*Coordinating

Collaboration with CLP team in Bergen,Scandinavian meeting,European Nurse Specialist Interest Group,Cleft lip and palate association.

Nurses in Romania are not still so involved in cleft care.

3) Description of the main results obtained

The role of Cleft specialist nurse in the multydiscipilnary team in Bulgarian and Oslo protocol-differences.

Few years ago almost 80% of children with clefts were fed by Naso-gastric tube as the safest method for feeding in Bulgaria.This was the main reason for their abandonmend in Orphanages.Now this attitude has changed owing to the existed National Cleft Specialist Nurse Network which consists 15 nurses and midwives from the biggest hospitals.We use a special

protocol for feeding assessment to ensure the safest and most pleasurable method for feeding which is based on the experience of our colleagues from the UK.

The importance of the role of Cleft specialist nurse in Bulgaria:

- *To visit the baby as soon as possible, giving information and support parents
- *Feeding assessment according to the existed protocol and make a feeding plan
- *Timely referral to cleft team
- *Prevention of the abandonment

Still Cleft lip and palate care is not a priority for the Health Ministry in Bulgaria and the surgery is the only part of the treatment reimbursed by the National Insurance Company. The establishment of this multidisciplinary approach in Plovdiv is possible thanks to the creativity and support of ECO, ALA-patient/parent organisation, Gareth Davies, Emma Southby and Prof. Anastassov.

4) Future collaboration with host institution (if applicable)

My future aim is to continue this collaboration with the team in Oslo and especially with Nina Lindberg. At this meeting we spoke about the main differences in our protocols and the challenges we met as nurses. Sharing our experience and discussions about some complicated cases would be very useful for me.

5) Projected publications / articles resulting or to result from the grant (*ESF must be acknowledged in publications resulting from the grantee's work in relation with the grant*)

Comparison of the protocol of care born with cleft lip and palate in Oslo, Norway and Plovdiv, Bulgaria

6) Other comments (if any)

As I mentioned above this event was unique and very useful for me. This conference was an excellent example of that- the achievement of good results is possible when a close collaboration between all specialists concerned in cleft care exists.