



*Selection Criteria:* Studies that met the following inclusion criteria were selected for review: evaluation of feeding through a bottle method of delivery, a

certain cleft type. Appropriate one-way ANOVA statistical analyses were completed, in addition to an analysis of covariance to adjust for growth limitations due to premature birth instead of the bottle feeding method. This further controlled for infant prognostic factors that these researches did not consider during entry into the study, and increases study reliability. Researcher bias was not controlled for, which these authors also identified as a limitation for themselves. The health care visitor, who collected measurements on the three anthropometric growth variables in the study, was cognisant of the bottle feeding method group and feeding modifications that each infant was receiving. Although the researchers concluded that both bottle-feeding methods were successful at facilitating growth in cleft-infants, they did not compare anthropometric





Spriestersbach, D. C., Dickson, D. R., Fraser, F. C., Horowitz, S. L., McWilliams, B. J., Paradise, J. L., & Randall, P. (1973). Clinical research in cleft lip and cleft palate: the state of the art. *Cleft Palate Journal*, 10, 113-165.

Sullivan, G. M. (2011). Getting off the “gold standard”: Randomized controlled trials and education research. *Journal of Graduate Medical Education*, 3(3), 285-289.

Turner, L., Jacobsen, C., Humenczuk, M., Singhal, V. K., Moore, D., & Bell, H. (2001). The effects of lactation education and a prosthetic obturator appliance on feeding efficiency in infants with cleft lip and palate. *Cleft Palate-Craniofacial Journal*, 38(5), 519-524.