ABSTRACT
Purpose: To determine whether sociodemographic factors influence the choice to use nasoalveolar molding (NAM) or not for children with unilateral cleft lip and palate. Also, to determine whether sociodemographic factors influence whether the treatment is adhered to and completed.

METHODS: Retrospective review of 419 patients at a large children's hospital. Eligible criteria: (1) receiving cleft lip and/or palate treatment at our center during the time that NAM was offered (1/2008 - 12/2011); possession of nasolabial photographs (none, race, ethnicity, ZIP code, number of caregivers, caregiver employment status, income, minority, and single parent families. Previous studies have shown a directional tendency of minority families to seek surgical care over NAM. One study done at our institution found that minority patients had significant delays in the treatment of cleft abnormalities. If these tendencies hold true for our patients, this might cause minority children to be associated with inferior functional and aesthetic outcomes.

RESULTS: A total of 260 patients were analyzed, with 102 pursuing NAM. Initial variables included: (1) sex; (2) race; (3) ethnicity; (4) ZIP code; (5) number of caregivers; (6) caregiver employment status; (7) income; (8) minority, and single parent families. Race; ethnicity; ZIP code; number of caregivers; caregiver employment status, income, minority, and single parent families. Previous studies have shown a directional tendency of minority families to seek surgical care over NAM. One study done at our institution found that minority patients had significant delays in the treatment of cleft abnormalities. If these tendencies hold true for our patients, this might cause minority children to be associated with inferior functional and aesthetic outcomes.

CONCLUSIONS: This study shows that children our center receive disparate treatment for complete cleft lip. Asian American and African American children are less likely to receive NAM. Some of this might be related to barriers to care that we found, such as having public health insurance status, a single caregiver, and/or lower socioeconomic status. These barriers are more common in the African American population.

Additionally, the way NAM is presented to parents may play a role, as demonstrated by the different rates at which individual surgeons perform NAM.

We need to gain better understanding of the barriers that lower income and minority patients face to eliminate disparities in cleft care.

REFERENCES:
1. Isabella Guajardo, Ari Wes, Emily Bobyock, Praneeth Meka, Kayley Slicer, Kristin Lowy DDS MS, Leanne Magee PhD, Oksana Jackson MD. Children’s Hospital of Philadelphia