How is the palate involved in speech?

Information for parents/carers of children born with a cleft palate

Other formats:
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Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Document history
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What is the palate?
The palate is the roof of your mouth and base of your nose. It consists of two parts - the hard palate (made of bone) and the soft palate (made of muscle). The palate is important for both eating and making speech sounds.

How does the palate work?
When we breathe through the nose, the soft palate is relaxed and hangs down. The nasal airway is open:

When we speak and swallow, the soft palate lifts and stretches to close the nose off from the mouth:

How is the palate involved in speech?
The palate is involved in how speech sounds are made, but is not involved in a child’s ability to understand or use language.

Most speech sounds are oral (made through the mouth), eg. ‘p, b, t, d, k, g, f, v, s, z, sh, j, ch’. These sounds all need the palate to lift and close, so that air does not leak inappropriately through the nose.

There are some sounds which do not need the palate to close, e.g. ‘m, n, ng, y, w’ and vowels.

So for example, in the word ‘jump’, the palate has to lift up, down and up again.

How does speech develop?
Usually, babies learn to control their palate muscles around 6 months of age to make oral sounds such as ‘b’, ‘d’ and ‘g’.

Before they develop this control, you are more likely to hear sounds like ‘m, n, w, y’ which can be made without the palate closing. This means that early vocalizations tend to be the same for children both with and without a cleft palate.

Babies over 6 months with an unrepaired cleft palate may use sounds such as ‘m, n, w, y’ but will not usually be able to make oral sounds such as ‘b, d, g’ until after palate repair.

The speech and language therapy team will monitor your child’s progress after the palate has been repaired, to make sure speech develops normally.
How can hearing affect my child’s speech?

Babies with clefts of the palate are more likely to suffer from ‘glue ear’ which can affect hearing and speech.

Glue ear can affect how clearly sounds are heard, for example by making speech sounds seem muffled or fuzzy.

Glue ear can come and go which means that hearing levels can go up and down over time. If sounds are not heard clearly, this may affect speech sound development.

The SLT team can advise if there are signs that your child’s speech is being affected by their hearing levels.

Happily, around 80% of children born with a cleft palate develop normal speech with minimal speech and language therapy.

Contacts/Further information

Cleft SLT team: 01223 596265
Cleft Co-Ordinator: 01223 596092

What can I expect from the speech and language therapy (SLT) team?

SLT appointments will be offered throughout your child’s development to:

- Offer ideas to support listening and babble development at home
- Monitor how well the palate is working
- Listen to how speech sounds are being made
- Consider whether hearing could be affecting speech
- Advise on speech and language development for your child’s age and stage
- Assess whether any differences in your child’s speech are due to their cleft or other factors
- Offer therapy if needed
- Make onward referrals as appropriate

There will be key review points at 18 months, 3 years and 5 years.