Objective
To assess the accuracy of antenatal diagnosis of oral clefts (isolated or associated clefts) and pregnancy outcomes in a tertiary referral center, so as to provide a basis for prenatal counselling and prenatal invasive diagnostics.

Method
This was a retrospective review of cases with postnatal diagnosis of oral cleft from our hospital’s database. Cases with estimated date of delivery between 1 January 2011 and 31 December 2015 were included.

Results
78 cases of oral cleft were identified. Prevalence in our local population is 13.6 per 10,000 (78/57,528) live births with a male to female ratio of 1.3 (41/32). 58 cases underwent screening at 18 to 23 weeks and the overall detection rate was 93.1% (54/58). Detection rate for isolated oral clefts was significantly higher compared to complex oral clefts with congenital anomalies [100.0% (46/46) vs 86.7% (8/12); p=0.0003]. While studies have demonstrated that chromosomal abnormalities were most frequently seen in associated clefts, we were unable to demonstrate a significant difference in our study [isolated cleft - 95.8% (23/24) vs associated cleft - 88.9% (8/9), p=1]. Fetuses with median clefts were more likely to have associated congenital anomalies compared to unilateral and bilateral clefts [50% (2/4), 27.4% (17/62), 16.7% (2/12)]. While the live-birth rates for fetuses with isolated or associated clefts was not statistically significant [66.7% (38/57) vs 90.5% (19/21), p=0.0695], neonates with isolated cleft had a higher survival rate [isolated - 100% (38/38), associated cleft - 19.0% (4/19), p<0.0001].

Conclusion
Our prenatal detection and prevalence rates are comparable to literature. Fetuses with median cleft were more likely to be associated with congenital anomalies. Neonates with isolated cleft had a higher survival rate.