The maximum speech recovery of children with congenital cleft lip and palate (CCLP) is the necessary element of psychosocial adaptation, since this pathology causes complex set of disabilities and subsequently leads to social deprivation and limitation of communicative opportunities. Objective of the research — to analyze the effect of early (8–36 months) surgical treatment of palate clefts on the speech qualitative characteristics (voice timbre and sound pronunciation). Study materials and methods: with parents’ agreement, 7–9-year-old children with different types of CCLP who underwent surgery for congenital palatal pathology before 3 years age were included in the study. The comparison group included children with similar disease manifestation who had undergone such intervention at an older age. The speech quality of children was assessed on logopedic examination basis. Results: the study included 104 children: 21 children in the experimental group (1st), and 83 in the control group (2nd). The study revealed that rhinolalia, as a specific pronunciation disorder remains in 14,3% of children who underwent surgery before the age of 3 and in 21,7% who underwent surgery after 3 years. Rhinolalia residual effects observed in 23,8 and 36,14%, respectively. Complete speech normalization was observed in 61,9% of the children of the 1st group and in 42,2% of the 2nd group. For data obtained, the Pearson χ² criterion value is 2,627 (at a critical value of 5,991 (p>0,05). Thus, there were no significant differences in speech qualitative characteristics in children of two groups. There is no correlation between factor sign (surgery time) and the result (speech quality). Conclusion: results of an experimental study of speech qualityof children who underwent surgery for congenital palatal pathology before and after 3 years of age allow to conclude that early comprehensive support of children of this category is advisable. In modern conditions, according to Early Development Assistance Concept developed in Russia, this process should be implemented in the Early Aid Services organized in health, education and social protection institutions. The joint work of physicians and psycho-pedagogical support specialists will create favorable conditions for optimizing the timing and quality of medical and social aspects of rehabilitation for children with CCLP.

Keywords: congenital cleft lip and palate, rehabilitation, Early Aid Service, rhinolalia, speech therapy, comprehensive support.