

Dr Jenny Gregor  
Neonatologist & Paediatrician  
Suite 3, Ground Floor  
271 Clayton Rd  
CLAYTON VIC 3168  
Ph: 1300 657 257  
Fax: 03 8526 0302  
www.carepaediatrics.com.au



## **Breath Holding**

Breath holding is very common, especially in young children (under six years of age). Breath holding spells can happen after your child has a fright, a minor accident, is frustrated or gets very upset. Most children will grow out of breath holding attacks. These episodes can be very distressing for you as a parent as children who have breath holding spells may cry out and stop breathing, they can become floppy, faint and collapse to the ground. Some children can even become quite pale or blue and some will even have unusual movements of their arms and legs. These attacks usually resolve on their own and your child will start breathing on their own after a number of seconds. The causes of breath holding are not well understood. It is probably caused by a change in the child's heart beat, a change in child's breathing pattern and often runs in families. Sometimes they are brought on by strong emotions including anger, fear, pain or frustration. Breath holding will not harm your child.

There are two main types of breath holding. Blue spells (cyanotic breath holding) are the most common and usually occur when a child is upset, hurt or frustrated. It will usually start with crying or screaming then the child will become red then often blue particularly around the lips. NO treatment is required even if the child loses consciousness. Pale spells are less common and can occur when a child is upset or hurt. They may open their mouth as if to cry but no sound comes out. They can faint and look very pale. Once again no medical treatment is needed and they usually recover quickly. If your child does collapse ensure that they are safe and lie them onto their side into the recovery position. Do not place anything including your fingers into their mouths. Once the child regains consciousness try not to make a big deal out of what has happened and do not punish them. Where possible if you think their behavior could lead to a breath holding attack it is worthwhile employing distraction techniques to hopefully avoid a full blown attack.

For the first such episode it is important to see your doctor or a paediatrician for a review. Your child may need some investigations to ensure other more serious causes of losing consciousness are ruled out. Your child may need a tracing of their heart electrical activity (ECG) to rule out a problem with the rhythm of the heart or a tracing of their brain waves (EEG) to rule out seizures.