

What is breath holding?

Breath holding is when a child holds their breath until they become unconscious (they faint). It affects about one in 20 children.

This event is distressing and frightening to witness, but does not cause any short-term or long-term harm to your child.

Boys and girls are equally affected. The spells usually start before 18 months of age and stop by six years. The spells vary in severity and frequency. Every child is different.

What causes breath holding?

A breath-holding spell may happen after a child has a minor accident, a fright or gets upset. The child will then cry and hold their breath. These spells are a reflex reaction to an unpleasant stimulus and not a deliberate behaviour on the child's part.

The exact cause of breath holding is not known. Sometimes there is a family history of similar events.

Because breath-holding spells share features with seizure disorders, the two are often confused. In epileptic seizures, the child may turn blue, but it will be during or after the seizure and not before. A child may lose control of their bladder and bowels during an epileptic seizure, but this is rare with breath-holding spells.

Most children that go through a stage of breath holding do not have a serious problem and do not have epilepsy.

In some children, breath-holding spells may be related to iron deficiency anaemia, a condition in which the body does not produce a normal number of red blood cells.

What are the symptoms?

Breath-holding spells vary in severity and frequency, and may happen as often as several times a day. Parents who witness one breath-holding spell can often predict when another is going to happen.

Children who have breath-holding spells, usually:

- cry and hold their breath
- become listless, collapse or faint
- fall unconscious
- become blue (cyanotic) or pale (pallid) in colour - your child's colour will quickly return to normal.

There are two main types of breath-holding spells:

- **Blue spells (cyanotic breath holding)** are the most common. A fright or pain often triggers a spell. The child cries out or screams, then turns red in the face before going blue, usually around the lips. The child becomes floppy and unconscious.
- **Pale spells (pallid breath holding)** are less common. They can occur very early in life, often after a minor injury or when the child is upset. The child opens their mouth as if to cry but no sound comes out, before the child faints, looking pale.

Some children can have both cyanotic and pallid spells.

First aid

If your child has a breath-holding spell:

- lie them on their side and watch them
- keep their arms, legs and head from hitting anything hard or sharp
- do not shake your child
- do not put anything in their mouth (including your fingers)
- do not splash your child with water.

There is no need to help your child with their breathing. Your child will start to breathe again on their own after the spell subsides (and will sometimes cry or scream).

On rare occasions a child can have a seizure as part of a breath-holding spell, but these are brief and not harmful. It does not mean the child is at higher risk of developing a condition such as epilepsy.

After a spell, make sure your child gets plenty of rest and feels secure. Treat the child normally and try to act as if nothing has happened. Do not act as if you are upset or make a fuss about the child. Do not punish or reward them as this can lead to longer-term behavioural problems.

No special medical treatment is required. If your child has frequent spells, doctors may test for low levels of iron in the blood as this may increase the frequency of spells.

Your child should have a thorough examination to ensure they do not have any other problems such as an irregular heartbeat. Breath holders are usually healthy.

Prevention

Some parents become aware their child is about to have a spell shortly before it occurs, usually because their child is having a tantrum or displaying a particular behaviour. If you think your child is about to have a spell, try to distract them with another activity as this can sometimes prevent a spell.

Follow-up

Breath holding is not caused by a health problem and will not cause health problems for your child. They should grow out of it before the age of six.

If your child continues to lose consciousness and becomes very pale without any provoking factors or if your child has several spells each day, see your family doctor.

See your family doctor if your child's breath-holding spells are followed by prolonged stiffening or shaking that goes on more than a minute and associated with slow recovery, needing several hours of sleep, or if your child is confused for a long period of time after a spell.

You should consult your family doctor if you have further concerns.

It is believed that children who have breath-holding spells may be more likely to faint (pass out) as adolescents and sometimes as adults.

Notes:

Seeking help



In a **medical emergency** go to the nearest hospital emergency department or call an ambulance (dial 000).



See your local doctor or health care professional if your child:

- has spells more than once a day or several times a week (this may be normal but should be assessed by a doctor)
- has a seizure that lasts longer than a couple of minutes
- is confused or remains drowsy for several hours after a spell
- becomes very pale or loses consciousness.



For health advice from a Registered Nurse you can call **NURSE-ON-CALL 24 hours a day** on **1300 60 60 24** for the cost of a local call from anywhere in Victoria.*

NURSE-ON-CALL provides access to interpreting services for callers not confident with English. Call **1300 60 60 24**.

*Calls from mobile calls may be charged at a higher rate



Want to know more?

- See your local doctor or health care professional.
- Visit the **Royal Children's Hospital** website www.rch.org.au/kidsinfo
- Visit the **Better Health Channel** www.betterhealth.vic.gov.au

If you would like to receive this publication in an **accessible format**, please phone 9096 0578 or email edfactsheets@health.vic.gov.au



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