

# Breath holding

Breath holding is common, especially in children aged six months to six years old. When your child holds their breath, it is often called a spell. Breath-holding spells can happen after your child has had a fright or a minor accident, or when they are scolded, frustrated or very upset.

Breath holding is frightening and distressing for parents and witnesses. It is important to remember the spell is not harmful and your child will start breathing again on their own.

Most children who have breath-holding spells will have their first spell before they are 18 months old, and most children grow out of breath holding by the time they are six years old. Children who breath hold will usually have one to six spells per week, but up to 25 percent of children who breath hold will have multiple spells each day.

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## Signs and symptoms of breath holding

There are two main types of breath holding: blue spells and pale spells. Both types of spells only last a few seconds, and do not cause any long-term damage.

### Blue spells (cyanotic breath holding)

Blue spells are the most common. Your child may have hurt themselves or become very upset or frustrated, and they will:

- cry or scream
- breathe out forcefully
- then breath hold and turn blue, especially around the lips – this blueness is caused by a lack of oxygen, and lasts a few seconds
- may then become floppy and lose consciousness (faint).

Although this is scary to watch, no treatment is needed. There is no need to splash your child with cold water or blow air in their face. No long-term damage is done due to the brief period with reduced blood oxygen levels.

### Pale spells (pallid breath holding)

These are less common. They can happen in young children after a minor injury or if the child is upset. Pale spells are caused by a slow heart rate and are often mistaken for a seizure. Your child will:

- open their mouth as if to cry but no sound comes out
- faint and look very pale
- have a brief period where their arms and legs become stiff or lose control of their bladder/bowel.

No treatment is needed and your child will start breathing and recover by themselves.

## After a spell

Your child may recover quickly or be drowsy and sleep for a short while. Some children may have muscle twitching or a fit (seizure) after a prolonged attack. This is uncommon, and rarely harmful.

If your child has knocked their head, and shows any of the above symptoms, seek medical advice. See our fact sheet [Head injury – general advice](https://www.rch.org.au/kidsinfo/fact_sheets/Head_injury_-_general_advice) ([https://www.rch.org.au/kidsinfo/fact\\_sheets/Head\\_injury/](https://www.rch.org.au/kidsinfo/fact_sheets/Head_injury/)).

## Care at home

While a breath-holding spell is frightening to see, breath holding is not a medical emergency. It is not harmful, and your child will start breathing again on their own. You can care for your child at home during and after a spell.

When your child is having a spell, lay them on their side and watch them, and remove objects from around your child to prevent injury. Your child will start to breathe on their own. **Do not put anything in their mouth, including your fingers.**

Once your child has recovered, it is important to act normally. Don't punish or reward them or make a big fuss. Treat your child as if nothing has happened.

Sometimes children will throw a tantrum and hold their breath when they don't get their way or can't have a toy or treat. Distraction may be a good way of avoiding a tantrum and preventing a breath-holding spell.

## When to see a doctor

Take your child to the GP if:

- Your child is having very frequent spells (more than once a day or several times a week) – this may still be normal but should be assessed by a doctor.
- Your child has a fit (seizure) that lasts longer than a couple of minutes, and they are then confused or drowsy for several hours after the spell.
- You are concerned for any other reason.

## What causes breath holding?

The cause of breath holding is not known. Breath holding is usually involuntary, and is caused by a slowing of the heart rate or changes in your child's usual breathing patterns. Sometimes breath-holding spells are brought on by strong emotions such as anger, fear, pain or frustration.

In around a third of children who breath hold, there is a family history of breath holding. Breath holding is not caused by a health problem and will not harm your child.

It is believed that children who have breath holding spells may be more likely to faint as adolescents, and sometimes as adults.

## Key points to remember

- Breath holding is common, especially in young children.
- Although they are distressing to witness, breath-holding spells are not harmful to your child.
- There are two main types of breath holding: blue spells and pale spells.
- After a spell, treat your child as normally as possible.

## For more information

- Contact your GP or your Maternal and Child Health Nurse.

## Common questions our doctors are asked

### How can I help to prevent further breath-holding spells in my child?

Helping your child to learn to deal with frustration, fear, and anger may help. Encourage them to use their words when they are beginning to get angry or frustrated, and try to ensure they aren't overtired. Talk to your Maternal and Child Health Nurse for more advice on helping your child deal with fear and anger.

### Is my child holding his breath on purpose to get his own way, or is it out of his control?

It is unlikely your child is holding his breath on purpose, even if it looks like he's holding his breath as part of a tantrum. Some children, however, may hold their breath to get their own way during a tantrum if it has proved a successful way to get what they want in the past.

#### **Is there any treatment or prevention available?**

Iron deficiency anaemia (low red blood cell levels due to a lack of iron) is more common in children who breath hold. Your doctor may want to check your child's iron levels and may start an iron supplement to try and reduce the frequency of spells.

Developed by The Royal Children's Hospital Emergency department. We acknowledge the input of RCH consumers and carers.

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