Apnea

Apnea (AP-nee-ah) is a pause in breathing that lasts 20 seconds or longer for full-term infants. If a pause in breathing lasts less than 20 seconds and makes your baby’s heart beat more slowly (bradycardia) or if he turns pale or bluish (cyanotic), it can also be called apnea. Most infants outgrow this problem by the time they are a year old.

Some people make the mistake of confusing the terms "apnea" and "SIDS" (Sudden Infant Death Syndrome or “crib death”). Unfortunately, no one can predict SIDS in a baby, even with special tests. We may, however, be able to find out why a baby has apnea and recommend treatment for the child.

What Causes Apnea

There are many reasons why a baby may have periods of apnea including brain immaturity (Apnea of Prematurity), neurological issues, heart disease, gastrointestinal issues, infectious causes and genetic issues.

In some cases, we cannot find a reason for the apnea. Normally, the brain controls breathing automatically. During sleep, when the brain is less active, breathing becomes slower and shallower.

It is also normal for infants (and some adults) to have short pauses in breathing. In infant apnea, these pauses are too long. Sometimes apnea occurs because areas in the brain that control breathing do not respond as they should, but most babies improve over time. In some babies, it is unclear why there are pauses in breathing.

Tests to Find the Cause of Apnea

Tests might be done to find the cause for your baby's apnea episodes. During the tests the nurses will watch your baby closely and write down his or her activities. We need to know what happens before, during and after the periods of apnea. That is why your baby might need tests. We need to find out what causes the apnea so we can give your infant proper care.
What We Can Do

Even though we may not know what causes your baby's breathing pauses, there are some things we can do to help prevent complications. We can:

- Give your baby medicine to reduce the breathing pauses.
- Teach you how to make your baby’s environment as safe as possible.
- Teach you what to do (such as infant CPR) if your baby stops breathing at home.
- In very rare instances it may be necessary to place your baby on an apnea monitor to detect pauses in breathing. Although the monitor is placed to detect both apnea and bradycardia, it does not cure apnea and may not prevent SIDS or death.

What to Expect

Remember, this is usually a temporary condition. If your baby was placed on a monitor, it will be kept on the baby until the risk of apnea seems to be gone.

The time to stop using the apnea monitor is different for each baby and family. Your nurses and doctor will discuss this with you at each clinic visit and help you to make the best decisions for you and your baby.

Warning: Do not stop using the monitor until your doctor tells you to do so.

What You Can Do

Apnea may come on quickly and without warning, especially during times of stress or infection. The monitor placed on your baby is especially made to alert you to any possible periods of apnea or bradycardia. The best thing you can do as a parent is to be prepared. The doctors and nurses will teach you how to take care of your baby's special needs. You can:

- Read carefully all information given to you.
- Ask any questions you may have.
- Take an active part in your child's care.
- Tell us what you are thinking and feeling.
- Let us help you care for your baby.

We know this is a difficult time for you and your family. Remember, this is a temporary condition. Together, we can help your baby grow and develop as a normal, healthy child.
Infant Care Reminders

- No one should be allowed to smoke in the home or car. A baby younger than 6 months has double the risk of dying of Sudden Infant Death Syndrome (SIDS) if he or she breathes in secondhand smoke.
- Babies should sleep on their backs until they are 12 months of age.
- It has been suggested that pacifier use may reduce the risk of apnea.

If you have any questions, please ask your doctor or nurse or call ________________.