Signs of Respiratory Distress in Your Infant

In order to measure breathing trouble in your baby, you need to know the amount of "work" or effort your child is using to breathe:

- 1. Know your child's normal breathing rate when sleeping. See next page to count breaths.
- 2. Know the important warning signs that show increased work of breathing.
- 3. Call and speak with your healthcare provider if any of the physical or behavior signs below are present.

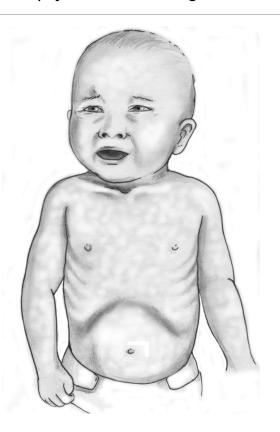
What will my baby look like when they are breathing hard?

- Increased breathing rate (see next page)
- · Stomach sucking in more than usual with breathing
- Retractions skin pulling in around bones in chest (in neck, above collar bone, under breast bone, between and under ribs)
- · Flaring of nostrils
- Head moving back and forth with each breath (head bobbing)
- Noisy breathing (wheezing, grunting, high-pitched noise when breathing in or out)
- Increased coughing or mucus
- Sweating clammy skin
- Open mouth

What will my baby act like when they are breathing hard?

Because you know your child better than anyone else, you can look for signs or changes that show your child is working harder to breathe. In addition to the physical signs above, here are a few of the most common behavioral warning signs.

- Waking up from sleeping with cough or unable to sleep comfortably due to difficulty breathing
- Lethargy (acting tired and weak)
- · Fussy, agitated behavior
- Eating less than normal or stopping to rest while eating
- Pulling off the breast or away from the bottle to take a breath



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To Learn More

- Pulmonary 206-987-2174
- Ask your child's healthcare provider
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line,
 1-866-583-1527. Tell the interpreter the name or extension you need.



What the signs mean

- Nasal flaring When nostrils spread open while your child breathes, they may be having to work harder to breathe.
- Wheezing A whistling or musical sound of air trying to squeeze through a narrowed air tube. Usually heard when breathing out.
- Grunting Grunting sound when breathing out. The grunting is the body's way of trying to keep air in the lungs so they will stay open.
- Retractions Skin pulling in or tugging around bones in the chest (in neck, above collar bone, under breast bone, between and under ribs). Another way of trying to bring more air into the lungs.
- Sweating -There may be an increase of sweat on your child's head, but without their skin feeling warm to the touch. More often, their skin will feel cool or clammy. This may happen when their breathing rate is very fast.
- Skin color changes A sign child is not getting enough oxygen. Pale, blue-gray color around lips and under eyes. This may not be visible on darker skin tones. Pay close attention to your child's breathing and behavior.

Early warning signs or changes that show your child is working harder to breathe

When should I call 911?

Your baby needs medical help right away if they have any one of these symptoms. Call 911 now if:

- They stop breathing for 15 seconds or longer (called "apnea")
- · They have severe difficulty breathing
- They have blue-tinged skin (cyanosis) especially noticeable around the lips, fingernails and gums. This may not be visible on darker skin tones. Pay close attention to your child's breathing and behavior.
- You are unable to wake your baby

To find your child's breathing rate:

When your baby is sleeping, count the number of times their stomach rises and falls in 30 seconds. One rise and fall equals one breath. Double that number to get the breathing rate per minute.

When your child is having trouble breathing, they may breathe faster.

Breathing rates for infants

Normal breathing rates during sleep

Age	Breaths per minute
Birth to 1 year	30 to 60
1 year to 2 years	24 to 40

Abnormally high breathing rates

Age	Breaths per minute
Birth to 2 months	. over 60
2 months to 1 year	. over 50
1 year to 2 years	. over 40

Seattle Children's offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201. This handout has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.

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