Breath-Holding Spell

Definition

• A spell that includes holding the breath, then turning blue and passing out

Health Information

Symptoms

- Triggered by an upsetting event such as being angry about limit-setting. Also triggered by being frightened or being injured. Examples are falling down or bumping the head.
- The child gives out 1 or 2 long cries
- Then holds his breath until the lips and face become bluish
- Then passes out
- Then often becomes stiff or rigid. Sometimes, children progress to having a few twitches or muscle jerks. This happens in about 30% of children.
- Then resumes normal breathing in less than 1 minute.
- Becomes fully alert in less than 2 minutes
- Onset between 6 months and 2 years of age. Stop by age 6.
- Only occurs when child is awake, never when asleep

Cause

- A reflex response to strong feelings. This reflex allows some children to hold their breath long enough to pass out. Spells do not happen on purpose.
- They occur in 5% of healthy children. Breath-holding spells can run in families.
- Start between 6 months and 2 years of age. Goes away by age 6.
- Many young children hold their breath when upset, turn blue, but don't pass out. This is common and normal.
- Frequent spells can happen in children who have anemia (low red blood count). This can happen if your child doesn't eat enough foods with iron. If your child is a picky eater, your doctor may order a blood test.

Care Advice

1. Overview:

- While breath-holding spells are scary for parents, they are harmless.
- Normal breathing always returns on its own.
- The spells don't lead to seizures (epilepsy).
- Here is some care advice that should help.

2. Lie Down:

- During the spell, have your child lie down.
- This will increase blood flow to the brain.
- Remove any food from his mouth.
- Do not hold your child upright. It decreases blood flow to the brain. This could cause some muscle jerking.

3. Cold Pack:

- Use a cold, wet washcloth to your child's forehead. Do this until they start to breathe again.
- That's the only treatment your child should need.

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4. Time the Length of Not Breathing:

- These spells always seem to last longer than they really do.
- Time the length of a few spells. Use a watch with a second hand.
- Breathing almost always returns by 60 seconds.
- It's hard to guess at the length of a spell and get it right.

5. Don't Overreact:

- Don't start mouth-to-mouth breathing or call 911. It's not needed.
- Don't put anything in your child's mouth. It could cause choking or vomiting.
- Never shake your baby. It can cause bleeding in the brain.

6. Don't Give In:

- After attacks, give your child a brief hug. Then, go about your business.
- If your child has a temper tantrum, don't give in after the attack.

7. Prevention of Injuries:

- The main injury risk of a breath-holding spell is a head injury. Try to prevent this if possible.
- If your child is standing near a hard surface, go to him quickly. In case of an attack, help lower him to the floor.

8. Prevention of Future Attacks:

- Once started, most attacks can't be stopped. They have to run their course.
- However, some children can be distracted if you intervene before they become blue.
- Tell your child to come to you for a hug. Another option is to look at something interesting with them. Ask him if he wants a drink of juice or his favorite fluid. It's worth a try.

9. What to Expect:

- The attacks occur from 1 or 2 times a day to 1 or 2 times a month.
- Kids outgrow them by age 6.

Call Your Doctor If

- Attacks become more frequent
- Attacks change
- You think your child needs to be seen
- Your child becomes worse

Pediatric Care Advice

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