



Respiratory Care WA

Asthma | COPD | Respiratory Health



08 9289 3600



36 Ord Street, West Perth, WA, 6005



respiratorycarewa.org.au

Babies and Asthma

This information sheet is designed for parents and carers of children aged less than 12 months of age. It shows the difference between asthma and other lung conditions.

Cough and wheeze are common symptoms in babies and even though these symptoms are common to asthma, not everything that coughs and wheezes is asthma, although some of these children will develop asthma later on. There are a number of breathing conditions which can affect very young children which are outlined below:

Wheezing in Infants

Wheezing (a whistling sound) is common in young babies but isn't always caused by asthma. Babies especially under the age of 6 months of age have very small floppy airways which often cause turbulent airflow, hence wheezing. These babies sometimes wheeze even when well and are called fat, happy wheezers. Most of these babies do not get into difficulty breathing or have any lasting problems from wheezing, but seek medical advice if concerned. Wheezing is also a common symptom of viruses in babies and unfortunately viruses are very common in childhood. Antibiotics do not help against viruses; consult with your doctor regarding the best way to care for your baby if they have a virus.

Bronchiolitis

Bronchiolitis usually affects babies under 6 months of age, and is a common and sometimes serious illness. It is caused by a virus, most commonly RSV (Respiratory syncytial virus), which affects the small airways in the lungs. Bronchiolitis causes inflammation in the small airways making them swell and narrow. Bronchiolitis starts off like a cold over a period of 2 to 3 days, but can develop into respiratory distress with wheezing, a tight wheezy cough, and quickened breathing, symptoms similar to asthma. Sometimes babies have trouble feeding and they need to rest and drink little and often. The virus responsible for Bronchiolitis is transmitted from person-to-person and is contagious in the first few days. Babies who live with a smoker are more likely to have bronchiolitis and it will be more severe.

How do I manage bronchiolitis?

Antibiotics do not help bronchiolitis because it is due to a virus. Other medicines do not usually help either, and even though some doctors may try some asthma medications they usually don't work. Babies need to rest and take fluids regularly, otherwise they can get very tired from feeding. Give paracetamol (e.g. Panadol, Dymadon, Tempra) for mild fever. Bronchiolitis can make babies sick for 3-5 days but the cough could last for weeks. Some babies can become extremely ill and require hospital admission where they may be given oxygen, corticosteroids and anti-viral medications.



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Croup

Croup is caused by a viral infection which affects the voice box (larynx) and windpipe (trachea). It produces a harsh barking cough (sometimes referred to as a seal barking) and a noisy stridor sound when breathing. Symptoms are more common at night. Croup usually lasts 5-6 days, but the first 2 days are usually the most severe. Croup can sometimes cause breathing problems in small babies, requiring urgent medical attention. Croup is treated with steroid medication either in a liquid (dexamethasone) form or nebulised (budesonide, or 'Pulmicort') which are used to shrink the upper airway swelling. If children have very severe croup they may require oxygen and adrenaline.

Seek medical help if:

- **Breathing is fast or irregular**
- **The child refuses food or drink**
- **The child seems tired, pale or sweaty**
- **The child turns blue**
- **Any signs are worrying you**

There is no evidence that croup and asthma are related in any way.

When is it asthma?

Most doctors will consider a diagnosis of asthma **after** the child reaches twelve months of age, because this is when the muscles around the airways should have matured. Doctors may prescribe asthma medications before 12 months of age to see if the symptoms respond to that treatment. Inhaled asthma medications are safe for babies even if they do not have asthma.

Diagnosing asthma in a baby can be very tricky as there are lots of other illnesses which have similar symptoms, as outlined above. No special test can be performed in young children to diagnose asthma, unlike adults who can perform a special breathing test called Spirometry.



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The way asthma is usually diagnosed in small children is through;

- Clinical history (Doctor will ask you questions regarding what symptoms your baby gets, when, and how long)
- Examination (your doctor may listen to your babies chest, look at the way your baby breathes)
- Response to asthma reliever medication (i.e. Ventolin) on 2 or more occasions.

Will my baby develop asthma?

Bronchiolitis and wheezing in babies does not mean that a baby will develop asthma. However frequent episodes and severe bronchiolitis requiring hospital treatment increase the likelihood of asthma developing later in childhood.

The risk factors for developing asthma are:

- Wheeze developing in later infancy
- Severity of symptoms in infancy
- Family history of allergy (atopy). If Mum or Dad or members in the immediate family have asthma or allergies this increases your child's risk
- Babies who have eczema or allergies are at risk of developing asthma later on. These babies are atopic (allergic) and asthma, eczema, hay fever and allergic rhinitis can be all part of the same genetic family.
- Exposure to cigarette smoke either before or after birth. Smoking or exposures to passive smoking during pregnancy can double your child's risk of developing asthma.