



Babies and asthma

Coughing and wheezing are common in babies. While these can be signs of asthma, not all babies who coughs or wheeze will develop asthma.

Many breathing issues in early life are temporary or caused by other conditions.

Wheezing in infants

Wheezing is a whistling sound when breathing. Many babies, especially under 6 months, have soft, narrow airways that can cause noisy breathing, even if they are well. These babies are sometimes called “happy wheezers”.

- Most babies do not have long-term problems from wheezing
- Wheezing often occurs with viral infections. Antibiotics do not help
- Seek medical advice if you are concerned about your baby’s breathing

Bronchiolitis

- Bronchiolitis usually affects babies under 6 months of age and is often caused by RSV (respiratory syncytial virus). The virus inflames the small airways causing:

- Wheezing
- Tight cough
- Fast breathing
- Trouble feeding

Symptoms can look similar to asthma.

Bronchiolitis spreads from person to person and is most contagious in the first few days. Babies living with smokers are more likely to get bronchiolitis, and their illness is often more severe.

How is bronchiolitis managed?

- Rest and fluids with frequent feeds if tired
- Paracetamol (for example Panadol® or Dymadon®) for fever if needed
- Most babies recover in 3-5 days; cough may last weeks
- Antibiotics and most medicines are not effective



Seek urgent medical help if:

- Breathing is fast, irregular or noisy
- Your baby refuses feeds or drinks less than usual
- Your baby seems very tired, pale or sweaty
- Your baby's lips or skin turn blue
- You are worried about your baby

Croup

Croup is caused by a viral infection of the voice box (larynx) and windpipe (trachea) leading to:

- Barking cough (often described as sounding like a seal)
- Noisy breathing sound called stridor
- Symptoms are often worse at night

Croup usually lasts 5-6 days, with the first 1-2 days often being the most severe. In some babies and young children, croup can cause breathing difficulties and may need urgent medical care.

Croup is treated with steroid medicine, usually given as a liquid (dexamethasone) or via a nebuliser (budesonide, also known as Pulmicort), to reduce swelling in the airway.

In severe cases, children may also need oxygen and adrenaline.

Seek urgent medical help if:

- Breathing is fast, irregular or noisy
- Your child refuses food or drink
- Your child seems very tired, pale or sweaty
- Your child's lips or skin turn blue
- You are worried about your child

Croup and asthma are not directly related.

When is it asthma?

Asthma is rarely diagnosed before age 5 because lungs are still developing. In some cases, doctors may prescribe asthma medications to see if symptoms improve.

Inhaled asthma medicines are considered safe for babies, even if the final diagnosis isn't asthma.

Diagnosis is based on:

- Detailed medical history (symptoms, timing, family history and more)
- A physical examination (listening to the chest and observing breathing)
- Response to reliever medication (such as Salbutamol e.g. Ventolin®)
- Lung function testing such as spirometry and Fractional Exhaled Nitric Oxide (FeNO)

Because many conditions can look like asthma, diagnosis in early childhood can be challenging and often requires careful clinical assessment over time.



Will my baby develop asthma?

Having bronchiolitis or wheezing as a baby does not mean your child will definitely develop asthma. Frequent wheezing and severe bronchiolitis that requires hospital treatment can increase the chance of asthma developing later in childhood.

Risk factors for developing asthma include:

- Wheezing that starts later in infancy
- More severe symptoms in infancy
- A family history of asthma or allergies
- Having eczema or allergies in early life
- Exposure to cigarette smoke before or after birth. Smoking during pregnancy or exposure to second-hand smoke can increase a child's risk of developing asthma

Support for families

Respiratory Care WA offers a children's respiratory specialist clinic for children under 6 years with ongoing wheezing, chronic cough or complex breathing problems.

Children are usually seen once or twice, and a clear management plan is provided. Ongoing care is then supported by the child's GP.

A GP referral is needed to attend this clinic.

How we can help

Respiratory Care WA has a team of respiratory healthcare professionals here to provide information and support for Western Australians living with asthma and COPD. We offer in-person education and support at our respiratory hubs or via telehealth. Our team can also visit schools, workplaces or community and sporting groups to deliver free asthma management sessions.

Email ask@respiratorycarewa.org.au to find out more.