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Breath-holding spell

Some children have breath-holding spells. This is an involuntary stop in breathing that is not in the child's control.

Causes

Babies as young as 2 months old and up to 2 years old can start having breath-holding spells. Some children have severe spells.

Children can have breath-holding spells when they are responding to:

- Fear
- Pain
- Traumatic event
- Being startled or confronted

Breath-holding spells are more common in children with:

- Genetic conditions, such as Riley-Day syndrome or Rett syndrome
- Iron deficiency anemia
- A family history of breath-holding spells (parents may have had similar spells when they were children)

Symptoms

Breath-holding spells most often occur when a child becomes suddenly upset or surprised. The child makes a short gasp, exhales, and stops breathing. The child's nervous system slows the heart rate or breathing for a short amount of time. Breath-holding spells are not thought to be a willful act of defiance, even though they often occur with temper tantrums. Symptoms can include:

- Blue (cyanosis) or pale skin
- Crying, then no breathing
- Fainting or loss of alertness (unconsciousness)
- Jerky movements (short, seizure-like movements)

Normal breathing starts again after a brief period of unconsciousness. The child's color improves with the first breath. This may occur several times per day, or only on rare occasions.

Exams and Tests

Your health care provider will perform a physical exam and ask questions about your child's medical history and symptoms.

Blood tests may be done to check for an iron deficiency.

Other tests that may be done include:

- Electrocardiogram (ECG) to check the heart
- Electroencephalogram (EEG) to check for seizures

Treatment

No treatment is usually needed. But iron drops or pills may be given if your child has an iron deficiency.

Breath-holding can be a frightening experience for parents. If your child has been diagnosed with breath-holding spells, take the following steps:

- During a spell, make sure your child is in a safe place where they will not fall or be hurt.
- Place a cold cloth on your child's forehead during a spell to help shorten the episode.
- After the spell, try to be calm. Avoid giving too much attention to the child, as this can reinforce the behaviors that led to the spell.
- Avoid situations that cause your child's temper tantrums. This can help reduce the number of spells.
- Ignore breath-holding spells that do not cause your child to faint. Ignore the spell in the same way you ignore temper tantrums.

Outlook (Prognosis)

Most children outgrow breath-holding spells by the time they are 4 to 8 years old.

Children who have a seizure during a breath-holding spell are not at higher risk for having seizures otherwise.

When to Contact a Medical Professional

Contact your child's provider if:

- You think your child is having breath-holding spells
- Your child's breath-holding spells are getting worse or happening more often

Call 911 or the local emergency number if:

- Your child stops breathing or has trouble breathing
- Your child has seizures for more than 1 minute

References

Mikati MA, Obeid MM. Conditions that mimic seizures. In: Kliegman RM, St. Geme JW, Blum NJ, Shah SS, Tasker RC, Wilson KM, eds. *Nelson Textbook of Pediatrics*. 21st ed. Philadelphia, PA: Elsevier; 2020:chap 612.

Roddy SM. Breath-holding spells and reflex anoxic seizures. In: Swaiman KF, Ashwal S, Ferriero DM, et al, eds. *Swaiman's Pediatric Neurology: Principles and Practice*. 6th ed. Philadelphia, PA: Elsevier; 2017:chap 85.

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