

Apnoea of Prematurity

What is apnoea of prematurity?

Apnoea of prematurity is a pause in the breathing of premature babies. The apnoea must have one or more of the following characteristics:

1. It lasts for more than 15-20 seconds.
2. It causes a change in baby's skin colour to blue, purple or pale.
3. A slowing of the heart rate happens at the same time.

Why do premature babies have apnoea?

Apnoea is common in babies who are less than 34 weeks gestation. Apnoea happens because these babies have immature breathing centres in their brain that sometimes forget to send regular signals to breathe.

Will apnoea of prematurity go away?

As your baby gets older their breathing will get more regular. The time for this varies from baby to baby. Usually apnoea of prematurity gets better or goes away by the time the baby nears the date they were due to be born.

Is all apnoea due to prematurity?

No. Apnoea of prematurity is the most common cause of apnoea in a premature baby. Other causes of apnoea include infection, low blood sugar levels, heart related problems, seizures (fits), high or low body temperature, brain injury or insufficient oxygen levels.

Does apnoea of prematurity cause brain damage?

No. A short period of low oxygen levels or low heart rate does not cause damage. This is why babies are monitored.

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How do I know if my baby has apnoea?

Your baby's breathing rate is monitored at all times if they are at risk of apnoea. An alarm will sound if your baby stops breathing for a set number of seconds.

What happens if the alarm sounds?

A nurse will observe your baby to check if they are breathing. If your baby is not breathing or there is a change in the baby's colour or if the heart rate is getting low, the nurse will stimulate the baby as a reminder to breathe. The nurse might give your baby extra oxygen. If your baby still does not breathe the nurse may need to give your baby a few breaths with a special mask or some extra breaths on the mechanical ventilator.

False alarms might occur when the baby is moving. The nurses will be able to tell if the alarm is real by examining the baby.

How is apnoea treated?

Your baby's apnoea may be treated using one or more of the following treatments:

1. Medicine that stimulates breathing. Caffeine is the medicine most commonly used for this.
2. Continuous positive airway pressure (CPAP). This is air or oxygen delivered under pressure through little tubes inserted into your baby's nose.
3. Mechanical ventilation (breathing machine). This is for severe apnoea when the baby needs extra help to breathe. These breaths might be given at regular intervals or only if apnoea occurs again. The doctor will need to put a breathing tube into the baby's lungs for this to happen.

Does my baby have to stay in the hospital until the apnoea goes away completely?

Some babies might be ready to go home before their apnoea is gone. These babies may be able to have home apnoea monitoring. The staff will talk to you if your baby could have home apnoea monitoring.

Please talk to the staff if you want more information about apnoea of prematurity.

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Interpreter Services

Professional interpreters are available if you need help understanding or speaking in English. You may have a family member or friend present, but all communication about your baby's treatment should be through a professional interpreter. Interpreter services are free and confidential.

It is your right to ask for an interpreter if one is not offered to you. The staff will book the interpreter for you.

If you need to use an interpreter to contact us, please call the telephone Translating and Interpreter Service on 131 450.

If you wish to discuss any aspect of this information, please send an email: SESLHD-RHWfeedback@health.nsw.gov.au