

Respiratory Distress & Respiratory Distress Syndrome

Information for parents

1. Respiratory Distress

What is it?

This is a very common reason for a baby to be admitted to the NICU. After birth, the baby for some reason has problems with breathing. This may show up in one or more of these ways:

Breathing that is too fast or breathing hard

A slight 'grunting' noise when baby breathes out

Baby may be slightly blue in colour

The nostrils may flare slightly when baby breathes

Why does this happen?

There are a number of reasons.

Infection (usually pneumonia—may be acquired before, during or after birth)

Meconium passed before birth—some may have been inhaled into baby's lungs

'Transient tachypnoea' (breathing too fast which resolves usually within 24 hours) - this is usually caused by excessive fluid being retained in the lungs after birth and is most common after caesarean sections.

Respiratory Distress Syndrome—see next section

Air leak (pneumothorax) is very uncommon—caused when some of the alveoli (air spaces in the lung) rupture and allow air to escape through the lung and into the chest

Treatment

Sometimes no treatment is needed and the baby only needs to be watched closely. However we may need to use any or all of the following treatments if the baby needs them:

Baby will usually require a **chest x-ray** to help us see what is wrong

Blood tests will be necessary (usually done from a small heel prick)

Oxygen may be required (usually given with CPAP)

Antibiotics if infection is suspected

IV Fluids (drip) may be needed if baby is unable to suck and swallow feeds

Assistance with breathing (**CPAP**) may be required. This is a method of keeping the baby's lungs slightly inflated with air or oxygen but the baby breathes for her/himself

Occasionally ventilation may be required where a machine helps baby with the work of breathing

2. Respiratory Distress Syndrome

This almost always occurs only with prematurity and generally the less mature a baby the more common and more severe the syndrome is. It is not a disease. It is a result of a lack of substance (surfactant) which is present in the lungs of mature babies (over 36 weeks) and is necessary for maintaining expansion of lungs (breathing). Babies over 32 weeks gestation usually do not have severe RDS.

Treatment

As for Respiratory Distress.

In addition, a small amount of artificial surfactant may be placed into the baby's lungs.

Length of Stay

This depends mostly on gestational age and partly on the severity of the syndrome.

Some very preterm babies go on to develop a long term oxygen requirement and few may go home still requiring oxygen.

This leaflet provides a guide only. If you have concerns or want more information about your baby, ask the doctor or nurse providing your baby's care.