

Respiratory distress and CPAP

This information sheet aims to answer some commonly asked questions about respiratory distress and CPAP. Informed consent and woman centred care are integral to health care in Queensland. Decisions about your baby's care are always up to you. We recognise that people have diverse gender identities. See our statement on [gender associated language](#).

IMPORTANT: This is general information only. Ask your doctor, midwife or nurse what care is right for you and your baby.

What is respiratory distress?

Respiratory distress is when your baby has trouble with their breathing.

Their breathing can be noisy and fast, and you might see their chest moving a lot.

Which babies get respiratory distress?

Respiratory distress is more likely if baby is:

- premature (born early)
- born by caesarean
- born to mothers who have:
 - infection during labour and birth
 - diabetes during pregnancy
 - smoked during pregnancy

How is respiratory distress treated?

Your baby is looked after in a neonatal unit.

They often need:

- close observation in a warm cot (humidicrib)
 - to make sure they are breathing safely
- a drip (a thin tube into a blood vessel) to give fluids or other medication
 - such as antibiotics to treat possible infections
- oxygen or other breathing support
 - such as continuous positive airway pressure (CPAP)

Can you see your baby on CPAP?

Yes, you can see your baby as soon as you are able.

Once the neonatal team help support your baby's breathing you can spend as much time with them as you want to.

What is CPAP?

CPAP is when air (and sometimes oxygen) is gently blown into the lungs. This helps your baby breathe easier.

CPAP can be given:

- through small tubes placed just inside the nose, *or*
- with a tiny mask on the face, which sits over their nose
- sometimes both will be used

The mask or tubes stay on with a cap and soft velcro straps.



Image: Baby on CPAP with hand on back for comfort

How long will your baby be on CPAP?

Every baby is different. Your baby might require CPAP for a short or long time and depends on:

- how premature your baby was when they were born
- the reason why they needed to start CPAP

Talk with your neonatal team at any time.

Sometimes it is good to write down questions you have so you don't forget to ask.



How is your baby monitored?

Your baby may have leads on their chest

- these monitor their heart rate and breathing rate.

A probe may be on their hand or foot.

- this measures the oxygen level in your baby's blood.

The chest leads and oxygen probe connect to a monitor and provide information about your baby to the neonatal team.



Image: baby on CPAP with monitoring leads on chest and oxygen probe on right wrist

What can you do?

You can provide comfort to your baby by:

- visiting often
- cuddling and touching (once their breathing has settled)
- talking softly, reading stories, or singing
- assisting with their care (nappy changes, feeding)

You can ask the neonatal team for support about your baby's situation anytime.

How is your baby fed on CPAP?

If your baby is on CPAP or has trouble breathing:

- they can't breast or bottle-feed right away
- if you plan to breastfeed, you can express your milk (EBM)
 - your nurse or midwife will help you
 - the milk is given to your baby when they are ready
- if you are not planning to breastfeed talk with the neonatal team about:
 - pasteurised donor human milk (PDHM)—if available; *and/or*
 - formula
- milk is given through a small tube into the stomach

When can you feed your baby?

This depends on:

- how early your baby was born
- how fast their breathing is
- if they are off CPAP

Talk to the neonatal team about when it is safe for your baby to receive milk.



Image: Baby with CPAP cap on having a milk feed

Support & information

Queensland Clinical Guidelines Parent information <https://www.health.qld.gov.au/qcg>

13HEALTH: 13 432584 telephone service providing health information, referral and services to the public

13 YARN: 13 92 76 national crisis telephone support line for First Nations peoples available 24 hours a day, 7 days a week

Australian Breastfeeding Association: 1800 686 268 provides information, resources and peer support counselling about breastfeeding <https://www.breastfeeding.asn.au>

Australasian Birth Trauma Association: 0412 445 770 information, educational material and 'peer2peer' support for people experiencing birth trauma <https://www.birhtrauma.org.au>

Centre of Perinatal Excellence (COPE): provides information, mobile applications, education and a directory of services for perinatal mental health <https://www.cope.org.au>

Child Health Service: offers newborn drop-in services, early feeding and support, child health clinics. For your nearest service refer to <https://www.childrens.health.qld.gov.au/community-health/child-health-service>

Harrison's Little Wings: high risk pregnancy support service <https://www.harrisonslittlewings.org.au>

MumSpace: Digital resources supporting mental and emotional wellbeing during and beyond pregnancy. <https://www.mumspace.com.au>

Pregnancy, Birth & Baby Helpline: 1800 882 436 free, confidential, information and counselling about conception, pregnancy, birthing and postnatal care <https://www.health.gov.au/pregnancyhelpline>

Preterm Infant's Parent Association (PIPA): 1300 773 672 support organisation for parents of premature babies <https://www.pipa.org.au>

Parentline Queensland: 1300 30 1300 free professional counselling and support for parents and carers. <https://www.parentline.com.au>

Perinatal Depression and Anxiety Australia (PANDA): 1300 726 306 supports the mental health of parents during pregnancy and throughout the first year of parenthood <https://www.panda.org.au>