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INTERVIEW SERIES

**What Every Parent Should Know
About Their Child's Breathing**

An Interview With Dr. Nina Shapiro



Michael Senoff's

HardToFind Seminars.com

Expert Interviews On Mind Body & Spirit

Dear Student,

I'm Michael Senoff, founder and CEO of HardToFindSeminars.com.

For the last five years, I've interviewed the world's best business and marketing minds.

And along the way, I've created a successful home-based publishing business all from my two-car garage.

When my first child was born, he was very sick, and it was then that I knew I had to have a business that I could operate from home.

Now, my challenge is to build the world's largest free resource for online, downloadable audio business and health related interviews.

I knew that I needed a site that contained strategies, solutions, and inside information to help you operate more efficiently.

I've learned a lot in the last five years, and today I'm going to show you the skills that you need to survive.

It is my mission, to assist those that are very busy with their careers.

And to really make my site different from every other audio content site on the web, I have decided to give you access to this information in a downloadable format.

Now, let's get going.

Michael Senoff

Michael Senoff

Founder & CEO: www.hardtofindseminars.com

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What Every Parent Should Know About Their Child's Breathing

Kids can have breathing issues – from Sudden Infant Death Syndrome to choking, sleep apnea and asthma. That's why Dr. Nina Shapiro, author of *Take a Deep Breath: Clear the Air for the Health of Your Child*, says it's important to know what's normal, what should be considered red flags, and when to take your child in to see a doctor.

And in this audio, you'll hear everything you need to know to make sure your child is breathing right including a quick-assessment guide no new parent will want to live without.

You'll Also Hear...

- The signs to look for that show a baby is struggling to breathe
- A quick look at SIDS – what doctors did that reduced the rate by 50% -- and other tips for how to reduce the rate even further for the health of your own newborn
- The little-talked-about problems with co-sleeping and newborns – why these problems happen, and the steps you can take to keep your baby safe and happy
- There are lots of reasons newborns stop breathing – know why it happens, when to do something, and what to do
- A shocking statistic: one child dies from choking every 5 days – the 7 most common foods that cause it, and the simple meal-time routine you can adopt as a parent to prevent this from happening
- The most common indoor toxic pollutants and how to keep your children safe from them
- The different forms of sleep apnea – know what to look for and when to take your child in

We all want to keep our children safe, but so few of us think about breathing as an issue – until we're in the middle of a problem. This audio will give you a guide on the common concerns to look for and think about, so you know what's normal, what's not, and how to prevent the unthinkable from happening.

Hi, this is Kris Costello and I've teamed up with Michael Senoff to bring you the world's best health-related interviews, so if you know of anyone struggling with their weight, with cancer, diabetes, ADHD, autism, heart disease, or other health issues, send them over to Michael Senoff's <http://www.HardToFindSeminars.com>.

Kris: And today we are talking with Dr. Nina Shapiro, author of *Take a Deep Breath: Clear the Air for the Health of Your Child*.

Dr. Shapiro, thank you so much for joining us.

Dr. Shapiro Thank you for having me. It's a pleasure.

Kris: So, as I said to you earlier, I wish I would have read this when my kids were little. There's so much information in here that is helpful to parents.

Dr. Shapiro Well, thank you. And again, I'm not glad to hear that, but glad to hear that to know that the new parents coming in, whether you're about to be a parent, or you are a parent with young kids will benefit from this book. My goal really was to provide as much information as possible to parents -- to really go over normal breathing issues as well as abnormal breathing issues. When to worry and when to not worry, through all stages of development with their kids.

Kris: Dr. Shapiro, one of the things when you're a new parent, you bring that baby home, and you just watch that little guy or girl breath, and people are worried about sleep apnea, of course, with babies. So let's start out talking about newborn breathing issues. And in your book, Take a Deep Breath, you talk a lot about these different things, of what's normal and what's not.

Dr. Shapiro So, as you said, it's amazing to watch your baby and every parent says, "Oh, what's the first thing you want when your baby is born?" You want to hear that cry. And that cry is actually a sign that your child is breathing, so crying is actually a good thing. But one thing, and I talk about this in Take a Deep Breath is that babies often breath through their noses; they're not breathing through their mouths. The only time they're breathing through their mouths is when they're crying.

So one thing that new parents need to understand is that all infants need to breathe through their noses if they want to breathe at all. And this is very important during the winter months and the spring months, and when there's cold and flu season. Even if it's something as simple as a stuffy nose or a cold, if you have a newborn -- and by that I mean a baby under three or four months old -- and they have a stuffy nose, they're going to be absolutely miserable.

Kris: And so how do you know when you're a new parent, when to take that baby to the doctor, if they have these breathing difficulties or a cold that doesn't get better?

Dr. Shapiro Well, again, a new parent does have a certain sense of their baby. And I always say it's fine to err on the side of caution, if you're not sure. But if you see that your baby is comfortable -- and by comfortable they're breathing comfortably -- they don't seem to be struggling ... You shouldn't be seeing their body move when they breathe. It should be silent. If they're

eating well, if they're sleeping well, but they just have a little bit of a stuffy or runny nose, they're probably fine. You may just want to give your doctor a call for reassurance, but this is not necessarily something you need to rush into the doctor's for.

If you see a baby struggling at all to breathe -- and by that I mean they'll be using other muscles in their body: their neck muscles, their stomach muscles, or if you can see their rib cage move back and forth -- that's a baby who's having trouble. You don't necessarily need to know what that trouble is. That's not your job. That's your doctor's job. But you need to have that addressed. If there's some sort of change in your child's breathing, especially if it comes on suddenly for any reason, that's a reason to go to the doctor.

Kris: And I would assume it's better to err on making a mistake and having them say "everything's fine" than to wait?

Dr. Shapiro Absolutely, we as doctors don't mind those extra phone calls. We're used to it, that's what our jobs are. We don't mind those phone calls, "oh, yet another nervous parent" ... That's fine. We'd much prefer that to the parent that misses something, where we wonder, "Why didn't you call me yesterday? Why didn't you call me three hours ago?" Those are the parents you worry about more than the parents that tend to call a lot. That's fine to do that.

Kris: One of the things that new parents are rightfully very concerned about is sleep apnea, sudden infant death ... and this was in the news a lot, earlier, it doesn't seem to be as much lately.

Dr. Shapiro Yes. Sudden Infant Death Syndrome or SIDS isn't really front page news any more, thankfully. And the reason for that is that we now understand -- and this is something recommended by the American Academy of Pediatrics -- that all infants should be put on their backs to sleep. And the way to remember that is "Back to Sleep." You want to put your baby back to sleep. And by putting them in that position, that reduces overall the risk of SIDS by 50% in this country. So there has been a tremendous improvement in reducing the risk of SIDS for that one simple reason. The SIDS still occurs, but the rate is much lower.

Kris: That's amazing. Why does that make such a difference?

Dr. Shapiro I think it has to do with, you know we always used to recommend years ago, to put babies on their stomachs, because we were afraid if the baby would vomit some of their milk or formula, that they would choke on it. But

what was probably happening with these infants was that they were ending up face down in a soft mattress or pillow, or even just onto a sheet, and they didn't have the muscle strength to lift their head, and they were suffocating. They were not able to breathe, just by the position of their face.

Kris: That's just such a simple thing ... just putting them on their back. That's incredible. And now, what about co-sleeping? What do you think about that?

Dr. Shapiro And actually another thing that's been shown is that having an infant, meaning a newborn, sleep in your room was found to lower the risk of SIDS, but having an infant sleep in the bed does have a slightly increased risk of SIDS. There's always a little uptick in the SIDS rate around New Year's eve, because parents will have a little bit to drink, they think it'll be safer to put their baby in their bed, where they can hear their baby if the baby stirs, but the higher risk of alcohol consumption and deeper sleep shows that babies actually have an increased risk of SIDS, and this has to do with co-sleeping. So co-sleeping is a great idea, but it's actually not that safe.

Kris: That's interesting too, about the alcohol involvement there, and that's not something that most people would think of, I don't think. And do you know, up until about what age with infants do you see those rates go down? When they're a little older?

Dr. Shapiro Yes, infants over about five or six months old have a little more muscle control, they can roll over themselves usually by that age, onto their stomach and then back onto their backs, their voices are louder so you can hear them cry. So after about five or six months that danger zone of SIDS and certainly that danger zone of co-sleeping goes down quite a bit.

Kris: Dr. Shapiro, in Take a Deep Breath, you also talk about what to do if your child stops breathing. So what do parents do in that case?

Dr. Shapiro Well, there are a lot of reasons why kids can stop breathing. And one thing that parents need to understand, especially in newborns, is if you watch a newborn sleep, and they're just sleeping comfortably on their back by themselves, and you watch them, you're not going to see a regular breathing pattern. You may see them breathe in and out, and then there will be a pause, and that's something called "central apnea" which is very normal in infants, where they just stop breathing for five or ten seconds. So that doesn't mean that they're necessarily not breathing, but they just take a break. And that's just their immature breathing reflexes, their

immature brain, that's working away. So those periods of stopping breathing are normal.

An older child who's snoring, who has something that's called sleep apnea, which is the same sleep apnea that adults have, and they stop breathing for a couple seconds if they're snoring and gasping – that's awful. What their brain will do, is their brain will wake them up, even if they don't fully awaken, and they will breathe again. Sleep apnea – a lot of parents are concerned that “Oh my child is going to stop breathing and not going to breath again.” They'll breathe again; they're just going to have a really bad night's sleep.

Now, emergencies where a child chokes on something or has a severe asthma attack, and they can't breathe because of that, that's where you need to know CPR. And the time to learn CPR is not when your child is having an emergency. I think all parents, all people who take care of young children, need to learn infant and child CPR. And this is something that needs to be refreshed every six to 12 months.

Kris: For more interviews on health, mind, body and spirit, go to Michael Senoff's <http://www.HardToFindSeminars.com>.

Just because you learn it that one time, it doesn't stick. At least not for me, I've noticed.

Dr. Shapiro And for doctors too. We always have to be re-certified on our emergency procedures, because things change a little bit, there are always slight variations, and it's just a good idea to refresh these things when you're not in the situation and not in an emergency.

Kris: Dr. Shapiro, another thing you talk about is choking. And in our area, we had a little girl that died from choking on a hot dog at school several years ago. It was very tragic. And I'm constantly amazed by the amount of kids in grocery stores, these little toddlers, that have the weirdest things in their hands or mouths, and the parents seem unaware, or just like it's okay. What kind of things do people really need to watch out for to avoid choking?

Dr. Shapiro Well, I'm often amazed at what people walk into a doctor's office with! They walk in with these choking hazards, and I'm sitting there with the parent, and I can't believe they're actually letting their child eat these things in front of me. So unfortunately it's true. You go to any grocery store, and the foods are not labeled. Hot dogs are one suggestion that they can be dangerous, but there really is very little guideline as far as

food. You go into any toy store; all the toys are labeled for safety. There are no federal guidelines regulating what's safe to eat.

So there are certain foods that toddlers – and by toddlers I mean, any child four and under – really should not eat, including hot dogs. One child dies every five days in this country from a food choking episode, and the most common foods as you've seen are hot dogs. The other things are a raw vegetable or candy, gum, popcorn, lollipops, especially that round, spherical lollipops, those are all dangerous. Nuts of any kind. Those are all absolutely no for children.

Kris: That just boggles my mind, frankly, because really if you go to any school carnival in the country, nine times out of ten, what you're going to find is a hot dog stand.

Dr. Shapiro Popcorn.

Kris: A lollipop.

Dr. Shapiro Exactly. And I think, you know, a lot of that has to do with public education. We're doing research at UCLA to try to get the FDA to eventually label food. It's not that people are doing something to harm their children, just that people do not know this. Most doctors don't even know this, because the education is not there as far as food safety. These are fun foods, again these are carnival foods, these are foods in movie theatres, but they're not safe for kids. And we don't really become aware of it until some sort of devastating tragedy happens, and happens in your town.

Kris: What about the concept of kids running around when they're eating, and things like that?

Dr. Shapiro Right, I think that's socialization issue, but it needs to be taught at home, and in preschool. Eating is an activity; it's something that is done eating at a table. It's not done while running around. Kids are too young to learn to multi-task. That's our jobs. They should sit down when they eat.

The other thing that parents need to understand is that kids really shouldn't be eating in the car. I know, we live in a very trafficked area, where we spend hours in the car, but kids up until two years old are now rear-facing in their car seat, so you can't even see them. And there are many kids every year who choke in the back seat of a car, and the parent doesn't even know that they've choked, because they can't see their child.

Kris: What kind of numbers do we have as far as kids' fatalities due to choking in this country every year, do you know?

Dr. Shapiro One child dies every five days from a food choking episode. And about 10,000 kids per year go to an emergency room from choking on food. Food choking is the fourth leading cause of accidental death in kids under 14 in this country. So the numbers are actually quite high, but again they're sporadic, and we don't necessarily see them as commonly day to day, but there are a lot of close calls that we see – again, 10,000 visits a year to an emergency room. A lot of those kids get by, but some of them don't.

Kris: So it really is an issue that parents need to be aware of and take seriously before it becomes a real problem.

Dr. Shapiro Exactly.

Kris: And now, in Take a Deep Breath, you also talk about indoor pollutants. What kind of things can parents do there to make sure they have a good environment for their kids?

Dr. Shapiro I think we've always spent a lot of time worrying about the outdoor pollution, and that's certainly a valid concern, but indoor pollution is something that's very important, and especially for infants and newborns, because they spend so many hours per day indoors.

The number one indoor pollutant is very simple: it's cigarette smoke. So if you are a smoker, or anybody who's in the home is a smoker, this is the time to stop when there's a baby around. Even if you smoke outside of the home, you're bringing the toxins on your clothes, into the home, and you're exposing that child to toxins from cigarette smoke. So a very basic thing you can do, to reduce indoor pollution is no smoking.

Kris: And then what about household cleansers, that kind of thing?

Dr. Shapiro The other sort of indoor pollutants to just be aware of – if you have a house that was built before 1978, you want to have that checked for lead, and you don't want that lead paint stripped right before a baby comes home, because that's going to let a lot of the lead dust come out into the environment. So lead is still something that needs to be looked out for.

A lot of the new cleaning products, as well as new area rugs and carpeting that we get have something called volatile organic compounds, or VOCs. These are also potentially toxic really to anybody, but especially infants, because they're so fragile. So one thing that you can do, a lot of people,

when they have a newborn, they bought new furniture, new area rugs, all that has some VOCs in them, so you want to have your new furniture and area rugs aired out for a couple of days if you can, even if it means just keeping the windows open or if possible, leaving those pieces of new furniture outside for a day or two. That actually does help get rid of some of those toxins.

Kris: Are we seeing any rise in breathing problems for kids, or has that stayed pretty consistent over the years?

Dr. Shapiro Well, I think we're seeing a rise in breathing problems for a couple of reasons. One is that we're becoming more aware, similar to how we are more aware about food choking risks, and that's going to come more to the forefront in the near future. We're more aware about sleep apnea in kids, not necessarily a new entity, but we are understanding better that kids can have sleep apnea just as adults can have sleep apnea. So we see that about five to ten percent of children, between ages two and six years old, have some degree of sleep apnea. So that's relatively high.

We're also seeing a slightly increased number of asthmatics. This is partly because there's something to do with increased pollen count, with global warming, and also just that we're more aware of recognizing signs of that asthma in childhood.

Kris: So Dr. Shapiro, another thing – the snoring can be kind of a red flag. Why is that so important in kids?

Dr. Shapiro Well, all kids snore at some point. And a little bit of snoring is normal. About 80 – 90% of children will snore from a cold or a little bit of congestion if they have some mild allergies. And that's really not something to worry about.

What you want to be aware of is a child who snores every night, or most nights, through most of the night. And this is a child that you can hear their breathing in the next room. Breathing should be silent. So if you hear your child snoring, it is a sign that there's some sort of blockage in their airway.

Most commonly in otherwise healthy children, this is from enlarged tonsils, enlarged adenoids. The adenoids are like a set of tonsil tissue in the back of the nose that blocks their breathing. And if these tissues become enlarged and that's usually just part of the growth of the child, it's not necessarily a sign of infection. It can block their breathing during sleep and they will have some snoring.

Now the snoring means that they are not getting enough air. They're not going to stop breathing, even if they have these periods of apnea, but it can imply that they're not having a good night's sleep. These are the kids that are oftentimes tired in the morning, or they may be a little hyperactive and not focusing well at school, because they can't really pay attention, because they haven't slept well. So if you do hear your child snoring to the point where you can hear them from the next room, then that needs to be addressed with your doctor.

Kris: Well, Dr. Shapiro, your book Take a Deep Breath, should go home with every new parent. I wish I had had it when my kids were little.

Dr. Shapiro Thank you so much. It's been a lot of fun.

Kris: That's the end of our interview and I hope you've enjoyed it. For more great health-related interviews, go to Michael Senoff's <http://www.HardToFindSeminars.com>.