

Five Fast Facts About Pediatric Obstructive Sleep Apnea (OSA)



Pediatric OSA occurs when a child's airway repeatedly becomes narrowed or blocked during sleep, causing pauses in breathing. These interruptions **disturb healthy sleep quality** and can lead to **drops in blood oxygen levels** throughout the night.

1. **Frequent snoring is not harmless or cute.** Habitual snoring (≥ 3 nights/week), *especially* with gasping, pauses, or persistent mouth breathing, can be signs that your child is struggling to breathe during sleep.
2. **Kids with OSA may not look sleepy.** In children, symptoms of OSA can mimic (or even worsen!) ADHD symptoms such as hyperactivity, poor focus, or behavioral issues. Disrupted sleep can also cause problems with learning, memory, and mood.
3. **Growth problems could signal OSA.** Children may show poor weight gain, failure to thrive, or worsening obesity. Overweight children, especially those over >8 years, have a significantly higher risk of moderate to severe OSA.
4. **An OSA evaluation differs in kids vs. adults.** Kids deserve to have an age-specific sleep evaluation. Diagnostic scoring criteria for OSA in children are more strict due to the importance of healthy sleep in brain development.
5. **Pediatric OSA is treatable!** Options are tailored to each individual and may include tonsillectomy (if tonsils are enlarged), CPAP, weight management, dental approaches, and allergy treatment.

Red Flags: When To Get Help

Nighttime Symptoms

- Snoring, especially if more than 3 nights/week
- Pauses in breathing (apnea)
- Gasping or choking during sleep
- Needs to sleep propped up or positioned to breathe better
- Restless sleep, frequent position changes
- Wetting the bed after potty training
- Bruxism (teeth grinding)



Daytime Symptoms

- Hyperactivity or impulsivity
- Trouble concentrating or learning
- Mood swings, irritability
- Difficulty waking up in the morning
- Morning headaches
- Slowed growth, poor weight gain, or gaining weight too fast
- Persistent fatigue or low motivation

Other Risk Factors

- Enlarged tonsils or adenoids
- Persistent allergies, mouth breathing, or frequent nasal congestion
- Facial and airway differences (e.g., small jaw, large tongue)
- Obesity (BMI > 95th percentile)
- History of reflux, asthma, or ADHD
- Strong family history of OSA or snoring

Tools for Parents



- **Show your doctor a short video** of your child breathing while asleep, including what they typically look like and when they are at their worst.
- **Keep a sleep diary** for a week or two. Write down your child's bedtime, wake-up time(s), daytime/nighttime symptoms, and things that seem to make symptoms better or worse.
- **Ask your pediatric primary care provider:** "Does my child need to see a sleep medicine specialist?" You may or may not need a referral to a pediatric-trained sleep medicine specialist (sleepeducation.org) who can order appropriate testing and counsel you about treatment options.

Better Breathing, Better Sleep, Better You.