

# UNDERSTANDING Transient Tachypnea of the Newborn



## What is transient tachypnea of the newborn?

Transient tachypnea (tak-ip-nee-ah) of the newborn, or TTN, is temporary fast breathing. It is sometimes called “wet lungs.”

## What causes TTN?

TTN is caused by leftover fluid in the lungs. Before birth, a baby’s lungs are filled with fluid that helps them grow and develop. During labor and delivery, most of the fluid is removed. After birth, breathing air helps remove the remaining fluid.

In some babies, the fluid clears more slowly. The leftover fluid makes it harder for the baby to breathe, so the baby breathes faster (**tachypnea**) and less deeply. As soon as the fluid is gone, the baby can breathe normally (so the condition is transient, or temporary).

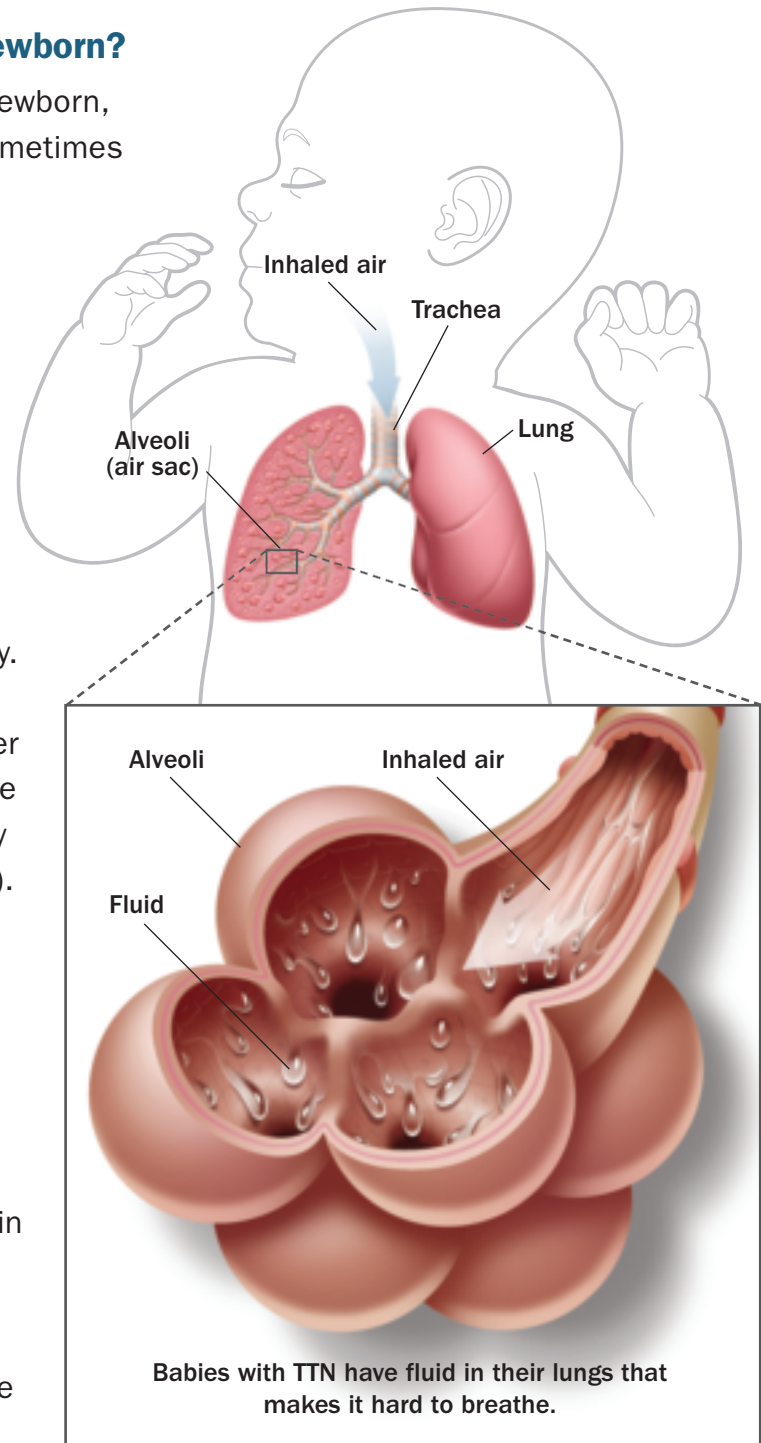
## What are the symptoms of TTN?

There are several symptoms of TTN. Your baby may not have all of them.

- Rapid breathing
- Flaring of the nostrils when breathing in
- Sharp pulling in of the chest muscles during breathing (**retraction**)
- Bluish skin color (**cyanosis**) around the nose and mouth

## How common is TTN?

TTN affects between 1 and 9 out of every 1000 babies born. It is more common in babies who were delivered by C-section, especially if labor never started, and in babies born between 34 and 37 weeks' gestation.



# Treating Transient Tachypnea of the Newborn

## How is TTN diagnosed?

The symptoms of TTN are very similar to several other breathing problems. The health care team may run tests to rule out these more serious problems. Tests may include:

- Chest X-rays to look for fluid in the lungs
- Blood tests to look for infection
- Constant monitoring of the baby's oxygen level, breathing rate, and heart rate

The diagnosis of TTN is often made after ruling out other causes.

## What treatment will my baby receive?

Treatments for TTN depend on how much help your baby needs to breathe until the symptoms go away. Possible treatments include:

- Extra oxygen – usually given through a nose tube or mask
- Help feeding – rapid breathing can make feeding hard. Your baby may be given fluid and nutrients through an IV or a feeding tube until breathing is easier.
- **Antibiotics** – until infection can be ruled out
- **CPAP (continuous positive airway pressure)** – a treatment that uses mild pressurized air to keep the lungs open
- **Mechanical ventilator** (in rare cases) – a machine that helps your baby breathe using a tube. The tube goes through the baby's nose or mouth and into their throat

## What will happen next?

TTN usually goes away on its own within a few days of birth. In most cases, there are no long-term problems due to TTN. Talk to your health care team. They can answer any questions you have about your baby.

## Glossary

**Antibiotics** – medicines that fight infections caused by bacteria

**CPAP (continuous positive airway pressure)** – a treatment that uses mild, pressurized air to keep the lungs open

**Cyanosis** – bluish color of the skin

**Intravenous (IV)** – through a vein

**Mechanical ventilator** – a machine that helps your baby breathe by moving air in and out of the lungs

**Retraction** – sharp pulling in of the chest muscles during breathing

**Tachypnea** – fast breathing

**Ask the health care team when you have questions—they are there to help.**

## NOTES:

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