



NEWBORN EMERGENCY TRANSPORT SERVICE: INFORMATION FOR PARENTS

Pneumothorax
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PNEUMOTHORAX

What is a pneumothorax?

A baby's lung is filled with many air sacs. A pneumothorax occurs when air leaks from these air sacs and becomes trapped between the chest wall and the lung. A pneumothorax can cause significant problems when a large volume of air becomes trapped, which then squashes the lung, making it difficult for the baby to breathe.

Which babies develop a pneumothorax?

About 1% of term, healthy of babies will develop a pneumothorax after birth for no apparent reason. Babies with immature lungs (these babies may have stiff lungs - hyaline membrane disease or HMD - see separate information leaflet) and those who have received significant resuscitation are at increased risk of developing a pneumothorax

How do we treat a pneumothorax?

If the pneumothorax is small and the baby is stable, no direct intervention is needed. We will observe and give supportive care (supplemental oxygen, intravenous sugar and fluids).

If the baby has respiratory distress or if the pneumothorax is large, then we will drain the trapped air by inserting a needle into the chest, or by inserting a chest drain. Analgesia and local anaesthetic is used when inserting a drain. Sometimes we may need to assist breathing by inserting a breathing tube and placing the baby on a breathing machine (ventilator). If the baby has hyaline membrane disease (HMD), we will give him a special medicine (surfactant) into his lungs, to make the lungs less stiff.

We will also insert an IV line to give your baby antibiotics, sugar and fluids through his veins. Once your baby is getting better we will start milk feeding.

If a chest drain is inserted, this will remain in place until all the air has been drained and there is no evidence of ongoing air leaks.

How long will my baby be sick?

This will depend on the cause of the pneumothorax. In general, most babies will have the chest drain (and breathing tube) removed after 2-3 days. Then it usually takes a few more days before babies are feeding and growing well and are able to be transferred back to you or discharged home.

Are there any complications?

The pneumothorax may rarely take longer to resolve (up to 1-2 weeks). The chest drain can rarely be complicated with bleeding or infection.

Are there any long-term problems?

Generally term and near-term babies with a spontaneous pneumothorax will have no long-term problems and their lungs will develop normally. Babies who are preterm (less than 27 weeks) may have complications relating to their lung disease.

This information is intended as a guide only. If you have any concerns, please feel free to discuss with the NETS doctor retrieving your baby.