



CARLA LEJARRAGA | BREATHING EDUCATOR | SMILE DENTAL

Breathing *easy*

Did you know nasal breathing is essential for the proper healthy development of your child's face, jaws and airways? On the other hand, children who breathe through their mouth may not develop to their full potential. Many have narrow upper arches, small jaws and crowded teeth. Why is this so? Well it's related to the difference between nose breathing and mouth breathing.

Children who breathe through their nose with their lips closed tend to position their tongue on the roof of their mouth. Because the tongue is a very strong muscle, it forces the roof of the mouth to expand, acting like a template for the arch of the jaw to develop into an ideal horseshoe shape.

In addition, the nose is specifically designed to take in the air we breathe. It moisturises, filters and conditions the air to

precisely the right temperature and acts as a first line of defence against many bacteria and viruses. The mouth, however, is poorly suited to this task.

Children who mouth-breathe tend to keep their lips apart with their tongue lolling on the floor of the mouth. Without the tongue pressing on the roof of the mouth, the arch has no support. This means the arch is inclined to narrower development, leaving teeth less than ideal room to erupt. This type of arch development also pushes high into the sinus where it begins to restrict the airway passages through the nose, further perpetuating the mouth-breathing habit.

Additionally, studies have shown that kids who mouth-breathe have trouble getting oxygen into their system. This can affect their size, weight, sleep and even school performance.

The side effects of mouth breathing in children and adults can include acathisia (the inability to sit still), a constantly blocked/runny nose (rhinitis), bags under the eyes, tiredness, sleep disorders (including snoring and sleep apnoea), nightmares and night terrors, and bed-wetting or early morning toilet trips.

Mouth breathing has also been linked to ADHD, speech difficulties, asthma, allergies, tonsillitis, adenoid inflammation and other airway issues.

With 90 per cent of cranial growth complete by 12 years of age, it's important to intervene in the mouth breathing habit early. With correct training, children as young as five can learn to breathe through their nose within five weeks.

For more information on respiratory education workshops contact Smile Dental today on 4729 5777.

Is your child a mouth breather?

- Is their mouth open?
- Can you hear their breathing during rest?
- Do they sigh or sniff regularly?
- Do they take large breaths prior to talking?
- Do they yawn with big breaths?
- Do they have lots of upper chest movement or visible movement when breathing?

If you answered yes to two or more questions you might like to speak to one of our consultants about the five-week Smile Dental Breathe Easy workshop.



Note about the author: Carla Lejarraga teaches adults and children to switch from mouth to nasal breathing. She is a certified Orofacial Myologist and has trained in the USA with the Buteyko Clinic of Ireland as a breathing educator.