

Breathing Easy

Did you know that 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 their faces to their full potential. Many have narrow upper arches, small jaws and crowded teeth.

Why is this so?

Nose 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 breath. 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 on the other hand, is poorly suited to this task.

Mouth Breathing

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 which 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, constant blocked/runny nose (rhinitis), bags under the eyes, tiredness, sleep disorders (including snoring and sleep apnoea), nightmares and night terrors, bedwetting or early morning toilet trips.

Mouthbreathing has also been linked to ADHD, speech difficulties, asthma, allergies, tonsillitis, adnoid inflammation and other airway issues.

The sooner the better

90% of cranial growth is complete by 12 years of age so its important to intervene in the mouth breathing habit early. With correct training, children as young as 5 can learn to breathe through their nose within 5 weeks.

Is your child is 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 breathes?
- • 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 us about our 5 week Smile Dental Breathe Easy workshop.

This article was written by Smile Dental's Carla Lejarraga.

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.

Download the article as it appears in Duo Magazine.