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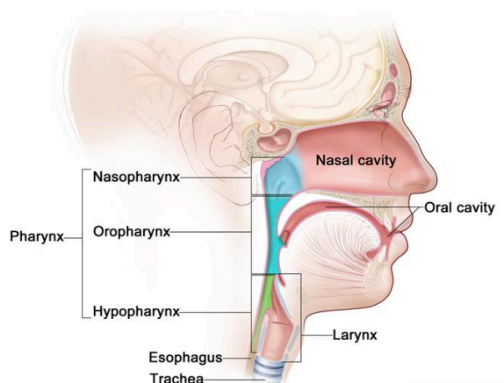
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The Prevention of Sleep Apnea starts with Breastfeeding

Over 22 million Americans suffer from sleep apnea. Currently, the disorder is addressed with a variety of treatments, from Continuous Positive Airway Pressure (CPAP machines), to Oral Appliances (OA) and surgical options. But what if you could take steps to possibly prevent or minimize the disorder?

The evolution of the human upper airway has resulted in a size and shape which functions differently than other mammals within the animal kingdom. Mammals can swallow while breathing but humans are unable to. Let's take a look at why this is and then move onto what we can do with our infants to possibly prevent them from the future suffering of sleep apnea.



The human pharyngeal airway differs from that of other mammals in how the human epiglottis and the soft palate are separate, but in other mammals, overlapped. This causes the human upper airway to be longer and more flexible, which in turn allows the tongue to reside partially within the pharynx. This chamber allows for the refined vocalizations that separate humans from other mammals. Yet another change to our physiology is due to facial migration, or klinorhynch, which is caused by our erect posture that moved our facial skeleton below the frontal region of the braincase, rather than in front of it.

Evolutionary changes in the human upper airway caused the human oropharynx, or space between the uvula and the epiglottis, to develop without specific musculature to dilate and maintain patency of the pharynx, unlike other mammals that have the musculature to exclusively maintain dilation of the pharynx.



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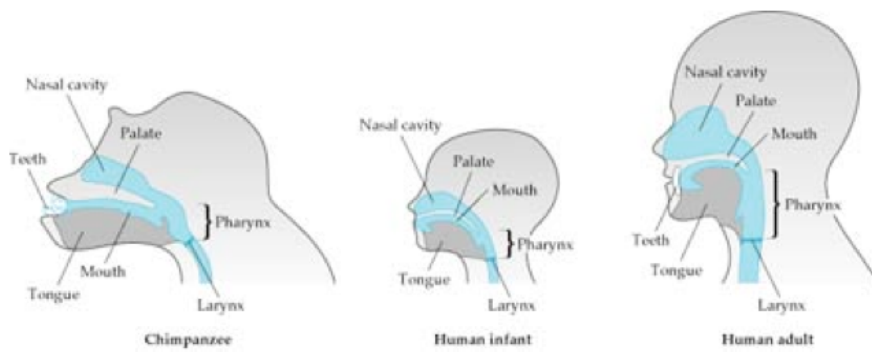
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When born, humans have the pharyngeal anatomy that most closely resembles the anatomy of the upper airway of non-human mammals. Human newborns do not yet have an oropharynx, and the epiglottis and soft palate overlap with the tongue anterior to the airway. This allows for newborns to simultaneously suckle milk and breathe. By the time a newborn is 18 months of age, the anatomy of the pharyngeal airway changes to more resemble that of an adult human, which gives them the ability to vocalize, but begins to inhibit their ability to suckle and breathe at the same time.

The development of the pharyngeal airway from the time of birth until 18 months later is the best time to possibly prevent or minimize sleep apnea in later years. Newborns do arrive with some genetic predisposition that affects their upper airway anatomy. However, environmental and functional forces also influence their morphologic development. ***There lies the window of opportunity parents have to help prevent sleep disordered breathing for that baby later on in life.***



Breast-feeding encourages the proper development of the swallowing action of the tongue; promotes good teeth alignment and proper shaping of the hard palate. Studies have shown that bottle-feeding and pacifiers encourage the formation of a high palate and narrow arch, characteristics that are good predictors of sleep apnea. Broad palates and wide, U-shaped, uncrowded dental arches do not predispose to sleep apnea. Preventative measures can be taken to decrease the odds that your child suffers from sleep apnea. So consider the benefits of breast-feeding over bottle-feeding when possible, limit the use of commercial pacifiers, and control finger habits.

Let's prevent sleep apnea, instead of just treating it. Share this article with moms who are expecting and new moms so they know how they can help prevent sleep apnea for their children.

Read the full article by Dr. Rogers titled, 'Sleep, Breathing, and Orthodontics' on the [Pittsburgh Dental Sleep Medicine Website](#) for more information and sources.

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