Mask Mythbusters: Common Questions about Kids & Face Masks

By: Kimberly M. Dickinson, MD, MPH & Theresa W. Guilbert, MD, MS, FAAP

Along with physical distancing and good hand washing, face masks (/English/health-issues/conditions/COVID-19/Pages/Cloth-Face-Coverings-for-Children-During-COVID-19.aspx) help prevent the spread of SARS-CoV-2, the virus that causes COVID-19 (/English/health-issues/conditions/COVID-19/Pages/default.aspx). This includes the more contagious Delta variant. Masks can be especially important for children younger than age 12, who are not yet eligible (/English/tips-tools/ask-the-pediatrician/Pages/when-can-children-get-the-COVID-19-vaccine.aspx) for the COVID vaccines.

Some parents may have concerns about face masks, and we're here to help. Here are some common questions about kids and masks, along with evidence-based information that will put your mind at ease:

Can wearing a mask make it harder for my child to breathe?

There have been concerns that face masks can reduce oxygen intake, and can lead to low blood oxygen levels, known as hypoxemia. However, masks are made from breathable materials that will not block the oxygen your child needs. Masks will not affect your child's ability to focus or learn in school. The vast majority of children age 2 or older can safely wear face masks for extended periods of time, such as the school day or at child care. This includes children with many medical conditions.

Can masks interfere with a child's lung development?

No, wearing a face mask will not affect your child's lungs from developing normally. This is because oxygen flows through and around the mask, while blocking the spray of spit and respiratory droplets that may contain the virus. Keeping your child's lungs healthy is important, which includes preventing infections like COVID-19.

Do masks trap the carbon dioxide that we normally breathe out?

No. There have been false reports that face masks can lead to carbon dioxide poisoning (known as hypercapnia) from re-breathing the air we normally breathe out. But this is not true. Carbon dioxide molecules are very tiny, even smaller than respiratory droplets. They cannot be trapped by breathable materials like cloth or disposable masks. In fact, surgeons wear tight fitting masks all day as part of their jobs, without any harm.

However, children under 2 years of age should not wear masks since they may not be able to remove them without help. Children with severe breathing problems or cognitive impairments (/English/tips-tools/ask-the-pediatrician/Pages/How-can-I-help-child-developmental-disability%2c-cope-COVID-19.aspx) may also have a hard time tolerating a face mask and extra precautions may be needed.

Can masks lead to a weaker immune system by putting the body under stress?

No. Wearing a face mask does not weaken your immune system or increase your chances of getting sick if exposed to the COVID-19 virus. Wearing a mask, even if you do not have symptoms of COVID-19, helps prevent the virus from spreading.
How do masks prevent the spread of COVID-19?
When worn correctly, face masks create a barrier that reduces the spray of a person's spit and respiratory droplets. These droplets play a key role in the spread of COVID-19 because they can carry SARS-CoV-2, the virus that causes COVID-19. Masks also can protect you from others who may have coronavirus but are not showing symptoms and who could come within 6 feet of you, which is how far respiratory droplets can travel when people sneeze or cough or raise their voices.

In order to be effective, masks should:
- Cover both the nose and mouth
- Fit snugly but comfortably against the sides of the face
- Be secured with ear loops or ties
- Have multiple layers of fabric
- Allow for unrestricted breathing
- Be washed and dried carefully after use

Another benefit of wearing masks is that they may keep people from touching their mouths and faces, which is another way COVID-19 can be spread.

Remember
Masks are an important tool in preventing COVID's spread, especially as dangerous variants circulate among unvaccinated children. They are safe and effective for anyone over 2 years old. Don't hesitate to talk with your child's pediatrician if you have any questions about your child wearing face masks.

More information
- Do Masks Delay Speech and Language Development? (/English/health-issues/conditions/COVID-19/Pages/Do-face-masks-interfere-with-language-development.aspx)
- Face Masks for Children During COVID-19 (/English/health-issues/conditions/COVID-19/Pages/Cloth-Face-Coverings-for-Children-During-COVID-19.aspx)
- Ask the Pediatrician: Does my unvaccinated child still have to wear a face mask when the rest of the family doesn't? (/English/tips-tools/ask-the-pediatrician/Pages/Does-my-unvaccinated-child-still-have-to-wear-a-mask.aspx?_gl=1%2aljzqs4j%2a_ga%2aMTMyMzY1NDM2OC4xNTE1MTA3%2a_ga_FD9D3XZVQQ%2aMTYyNjg5MTM0Mi44My4xLjE2MjY4OTE3OC4wMA..&_ga=2.135190966.665644809.1626697476-1323654368.1515105807#text=For%20outside%2c%20anyone%20who%2c%20vaccinated%20family%20and%20friends)
- Safe School During the COVID-19 Pandemic (/English/health-issues/conditions/COVID-19/Pages/Return-to-School-During-COVID-19.aspx)

About Dr. Dickinson
Kimberly W. Dickinson, MD, MPH, is a pediatric pulmonary fellow at Johns Hopkins University in Baltimore, MD and a member of the AAP Section on Pediatric Pulmonology and Sleep Medicine Trainee Subcommittee.

About Dr. Guilbert
Theresa W. Guilbert, MD, MS, FAAP, is a Professor of Pediatrics at the University of Cincinnati and the Director of the Cincinnati Children’s Hospital Medical Center Asthma Center in the Pulmonary Division. She has 20 years of experience in providing clinical care to children and adolescents with preschool, childhood and severe asthma and
conducted clinical and epidemiologic research. She is a member of the AAP Section on Pediatric Pulmonology and Sleep Medicine Committee.

**Last Updated** 8/5/2021

**Source** American Academy of Pediatrics Section on Pulmonary and Sleep Medicine (Copyright © 2020)

The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.