



Constipation in Children

Normal bowel habits

- In infants, normal can be one stool every ten days to ten stools daily as long as they are soft.
- Breastfed infants have about three soft bowel movements per day. Some breastfed infants have a bowel movement after each feeding, whereas others have only one bowel movement per week. **Infants who breastfeed are rarely constipated.**
- Most formula-fed infants have two to three bowel movements per day, although this depends on which formula is given; some soy formulas cause harder bowel movements.
- By two years of age, a child typically has one to two formed bowel movements per day.
- By four years of age, a child usually has one or two formed bowel movements per day.

Abnormal bowel habits

- An infant who is constipated typically has bowel movements that look hard or pellet-like.
- A child may pass large "rocks" or have bleeding due to hemorrhoids or fissures (tears in rectum)

You may be worried that your infant is constipated if your child looks like he or she is straining. Because infants have weak abdominal muscles, they often strain during a bowel movement, causing their face to appear red.

Many children with constipation develop unusual habits when they feel the urge to have a bowel movement.

- Infants may arch their back, tighten their buttocks, and cry.
- Toddlers may rock back and forth while stiffening their buttocks and legs, arch their back, stand on their tiptoes, and wriggle or fidget, or they may squat or get into other unusual positions.
- Children may hide in a corner or some other special place while doing this "dance".

Although these movements may look like the child is trying to have a bowel movement, the child is actually trying NOT to have a bowel movement because they are frightened the bowel movement will be painful.

WHY CONSTIPATION DEVELOPS

Pain — A child may delay moving their bowels if they do not have a place where they feel comfortable, or if they are busy and ignore the need to use the toilet. When the child does have a bowel movement, it can be painful and lead them to withhold in an effort to avoid more pain.

Medical problems — Medical problems cause constipation in less than 5 percent of all children.

CONSTIPATION AND DEVELOPMENT — Constipation is particularly common at three times in an infant and child's life: after starting cereal and puréed foods, during toilet training, and after starting school.

Transition to solid diet — Infants transitioning from breast milk or formula to solid foods may experience constipation. An infant who develops constipation during this time can be treated with one of the measures described below.

Toilet training — Children are at risk for constipation during toilet training for several reasons.

- If a child is not ready or interested in using the toilet, he or she may try to avoid going to the bathroom (called withholding), which can lead to constipation.
- Children who have experienced a hard or painful bowel movement are even more likely to withhold, and this only worsens the problem.
- If your child is withholding during the toilet training process, stop toilet training temporarily. Encourage your child to sit on the toilet as soon as they feel the urge to have a bowel movement and give positive reinforcement (a hug, kiss, or words of encouragement) for recognizing the urge and sitting, whether or not the child is successful.

School entry — Once your child starts school, you may not be aware if he or she has problems going to the bathroom. Some children are reluctant to use the bathroom at school because it is unfamiliar, and this can lead to withholding.

Infant Therapy for Constipation:

- **Dark Karo Syrup** — Dark corn syrup contains complex sugars that keep water in the bowel movement. Light corn syrup is not helpful. One teaspoon to one tablespoon of syrup per ounce of formula or expressed breast milk.
- **Prune Juice** — Do not give more than four to six ounces of 100 percent fruit juice per day to children between one and six years of age; children older than seven years may drink up to two four-ounce servings per day.

Dietary recommendations for Children with Constipation:

- **Prune Juice** —Do not give more than four to six ounces of 100 percent fruit juice per day to children between one and six years of age; children older than seven years may drink up to two four-ounce servings per day.
- **Food recommendations** — Offer your child a well-balanced diet, including whole grain foods, fruits, and vegetables.
- **Fiber Supplements:** Benefiber can be sprinkled and hidden on most foods

Stop toilet training —

If your child develops constipation while learning to use the toilet, stop toilet training temporarily. It is reasonable to wait two to three months before restarting toilet training. Reassure your child that it will not hurt to poop, and praise the child for sitting on the toilet, even if he or she does not have a bowel movement. Avoid punishing or pressuring the child.

Establish regular toilet time —

If your child is toilet trained, encourage him or her to sit on the toilet for 5 to 10 minutes once or twice a day after eating. The child is more likely to have a bowel movement after a meal, especially breakfast. Reward the child with praise or attention for sitting, even if he or she does not have a bowel movement. Reading to the child or keeping him/her company while in the bathroom can help to keep the child's interest and encourage cooperation. (See 'Behavior changes' below, for more information on rewards).

RECURRENT CONSTIPATION — Possible reasons for recurrent constipation include:

- Fear of pain due to hard stools or an anal fissure (a small tear in the anal opening)
- Fear of using the bathroom away from home
- Not having enough time to use the bathroom
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"Clean out" treatment

If your child has recurrent constipation, continue to follow the suggestions for home treatment above. Your child may also need a "clean out" treatment to help empty the bowels.

- **Miralax powder:** 1-2 capfuls two times daily in 8-12 ounces liquid
- **Ex-Lax chocolate wafers:** chew 1-2 daily

Continue Cleanout above until patient is passing watery (almost clear) liquid stools then begin maintenance treatment below.

Maintenance treatment

Continue Miralax and adjust the amount daily to achieve at least one soft bowel movement daily. **DO NOT** skip days with Miralax. Simply decrease the dose on the following day if bowel movements are uncontrollable or too liquidy.

Parents are often concerned about giving laxatives, fearing the child will not be able to have a bowel movement when the laxative is stopped. Using laxatives does not increase the risk of constipation in the future.

Some children need to continue using a laxative treatment for months or even years. After the child has regular bowel movements and uses the toilet alone for at least six months, it is reasonable to talk about decreasing and eventually stopping the laxative your doctor. Do not stop the laxative too soon because constipation could return and the child would need to start over with treatment.

Rescue treatment —

It is possible for a child to have a large bowel movement collect in the colon, even while using laxatives. Develop a "rescue" plan with your child's doctor or nurse in case this happens. If the child has not had a bowel movement for two to three days, a "clean out" treatment and an increased dose of the maintenance laxative are usually recommended.

Behavior changes —

- Encourage your child to sit on the toilet within 30 minutes of each meal (ie, for 5 to 10 minutes, two to three times per day). Do this every day.
- Design a reward system with your child to recognize the child's efforts. Give the reward after the child sits (the child does not have to have a bowel movement).
- Rewards for preschoolers may include stickers or small sweets, reading books, singing songs while sitting, or special toys that are only used during toilet sitting. Rewards for school-aged children may include reading books together, activity books or hand-held computer games that are only used during sitting time, or coins that can be redeemed for small drug-store items.
- Keep a diary of your child's bowel movements, medicines, pain, and accidents. This will help you and your child's doctor or nurse figure out if there are triggers for constipation.