

# Constipation

English

Constipation is when a child has a hard poo (faeces or bowel movement) or does not go to the toilet regularly. There is a lot of difference in the firmness and frequency of normal bowel movements in children.

- Breastfed babies may have a poo following each feed, or only one poo each week.
- Bottle-fed babies and older children will usually have a poo at least every two to three days.

Constipation is a common problem in children, particularly around the time of toilet training or starting solids. It can also become a problem after a child has had a painful or frightening bowel movement.

## Signs and symptoms of constipation

Constipation can cause:

- stomach cramps (the pain tends to come and go)
- your child to feel less hungry than usual
- irritable behaviour
- anal fissures (small splits of the skin around the anus) that cause pain and bleeding when doing a poo – they can be caused by straining to pass a large, hard poo
- holding-on behaviour, such as squatting, crossing legs or refusing to sit on the toilet.

If your child is constipated, they might look more bloated than usual, and you may even be able to feel hard lumps of poo if you press gently on their stomach.

Long-term constipation can cause your child to soil themselves (do a poo in their pants). This happens if your child's rectum (bottom) is full of poo for a long time and it becomes stretched. Your child may not get the urge to go to the toilet because the rectum always feels stretched. The poo can then pass into your child's pants, without them feeling it. Medically, soiling is called 'encopresis' or 'faecal incontinence'.

## What causes constipation?

In most cases of constipation in children, no serious cause is found. Some possible reasons include:

- Natural tendency – some children have slow gut movement, which causes constipation.
- Bowel habits – such as ignoring the urge to have a poo. Many young children are too busy playing and put off going to the toilet. The poo then becomes harder and larger. Toilet time should be set aside three times a day, every day, to allow for regular, undisturbed visits to the toilet.
- Holding-on behaviour – a child may begin to 'hold on' after a painful or frightening experience, such as doing a hard poo when they have anal fissures. Holding on further hardens the poo, and makes the next bowel movement even more painful.
- Change in toilet environment – such as new or undesirable school toilets, or being told to hold on when they feel the urge to go (typically at school).
- Diet – a diet high in processed foods and low in fresh fruit and vegetables may lead to constipation. Children who drink large amounts of cow's milk each day may also become constipated.
- Disease – in a very small number of children, diseases such as the absence of normal nerve endings in parts of the bowel, defects of the spinal cord, thyroid deficiency and certain other metabolic disorders can cause constipation. All of these are rare, but your doctor will check your child for them.

## Care at home

You only need to worry about the firmness or frequency of your child's poo if it seems to be causing a problem. In most cases, you can treat your child at home to help their constipation.

### Healthy bowel habits

If your toilet-trained child is constipated, it is important for them to develop the habit of sitting on the toilet regularly.

- Your child should sit on the toilet after breakfast, lunch and dinner – even if they do not feel the urge to go. They should stay for three to five minutes, even if they have done some poo before then. Using a kitchen timer can avoid arguments about how long they have been sitting.

- Reinforce the good behaviours (sitting on and pooing in the toilet) with encouragement and age-appropriate sticker or reward charts, or other creative options. Praise your child for sitting on the toilet, even if they don't do a poo.
- Encourage your child to respond to their body's urge to poo.

### **Remove frightening or painful associations**

- Many young children are worried that they may fall into the toilet. A foot stool or rails can help. Having a favourite book by the toilet might make them feel better.
- You may want to find out if your child is worried about using the toilets at school, kindergarten or child care, and see if anything can be done to help.

### **A healthy diet**

Diet is less important in the treatment of constipation for children than it is for adults, but increasing fibre intake might help some children who have a natural tendency to be constipated. To add more fibre to your child's diet, you can try the following:

- At least two servings of fruit each day – fruits with the peel left on, such as plums, prunes, raisins, apricots and peaches, have a lot of fibre.
- Prune juice – this is a mild, natural laxative that works in some children. Prune juice may taste better if mixed with another juice, such as apple, apricot or cranberry juice. You can freeze prune juice to make icy poles.
- At least three servings of vegetables each day.
- Cereals that are less processed, such as bran cereals, shredded wheat, whole grain cereals or oatmeal – avoid refined cereals, such as Corn Flakes and Rice Bubbles.
- Wholemeal bread instead of white bread.

If your child is over the age of 18 months, reduce cow's milk intake to a maximum of 500ml per day and avoid sweet drinks before meals. This will help to improve your child's appetite at meal times. Drinking plenty of water will help soften your child's poo.

For babies on solids, increased fruit and vegetables in their diet might help. You can give your baby up to three tablespoons of strained, stewed prunes or apricots, three times a week, or give them prune juice diluted with water.

Babies with constipation who drink formula might need their formula changed.

### **When to see a doctor**

If your baby is under 12 months old and you think they are constipated, you should consult your doctor or Maternal and Child Health Nurse.

For older children, if simple diet changes aren't helping, your child is in significant pain or if they are bleeding from their bottom, you should take them to the doctor.

Your doctor may recommend a laxative treatment. Children who have been constipated for many months are likely to need laxative medications for several months, in addition to being encouraged to have healthy bowel habits.

## Laxative options

Laxatives are available over the counter at pharmacies, but it is not recommended children take laxatives without medical advice.

- **Liquid paraffin mixtures** (e.g. Agarol, Parachoc) come as a flavoured liquid, and work by lubricating the poo to make it easier to pass.
- **Macrogol3350** (e.g. Movicol, Osmolax) comes in a sachet to mix with water and works by softening the poo.
- **Lactulose** (e.g. Duphalac) comes as a sweet-tasting liquid, and works by softening the poo and stimulating the bowel to empty. It may taste better mixed with juice or milk. It can cause smelly wind (farting).
- **Docusate/poloxalkol** (e.g. Coloxyl) comes as a tablet or drops (which are most suitable for children under three years of age), and works by softening the poo.
- **Senna** (e.g. Senokot) comes as a tablet or granules, and works by stimulating the bowel to empty. The granules can be mixed with food such as stewed apple. Your child may have diarrhoea or stomach cramps if the dose is too high.
- **Bisacodyl** (e.g. Duro lax, Dulcolax) comes as a tablet or drops, and works by stimulating the bowel to empty. It can cause stomach cramps.
- **Psyllium husk fibre** (e.g. Metamucil) is a natural fibre supplement that helps soften the poo and is a mild laxative. It can be mixed into your child's food.
- **Suppositories and mini-enemas** (e.g. Glycerine, Duralax and Microlax) are small tablets or liquid that is placed into your child's rectum, which stimulate the rectum to empty. They do not soften the poo in the upper bowel. They are sometimes recommended for severe constipation, but oral laxatives are more effective and less distressing for most children. Glycerine suppositories may be used for severe constipation in infants. **Never give an enema to your child unless your child's doctor has told you to.**
- **Bowel irrigation** – a very small number of children get so severely constipated that they need admission to hospital for a bowel washout. This is usually done using 'bowel prep' fluid given as a drink or put down a tube into the stomach (nasogastric tube).

## Key points to remember

- There is a lot of difference in the firmness and frequency of poo in children.
- You only need to worry about the firmness or frequency of your child's poo if it seems to be causing a problem.
- Constipation can cause stomach cramps, reduced appetite and irritability.
- See your doctor if simple diet changes aren't helping, your child is in significant pain or if they are bleeding from their bottom.
- Constipation can usually be controlled with healthy bowel habits and medicines, as advised by a doctor.

## For more information

- Better Health Channel: [Constipation and children](http://betterhealth.vic.gov.au/health/conditionsandtreatments/constipation-and-children) (betterhealth.vic.gov.au/health/conditionsandtreatments/constipation-and-children)
- Raising Children Network: [Constipation](http://raisingchildren.net.au/articles/constipation.html) (raisingchildren.net.au/articles/constipation.html)
- The Royal Children's Hospital: [Training diary](http://rch.org.au/uploadedFiles/Main/Content/kidsinfo/Encopresis_diary.pdf) (rch.org.au/uploadedFiles/Main/Content/kidsinfo/Encopresis\_diary.pdf)
- Kids Health Info: [Nutrition — school-age to adolescence](http://rch.org.au/kidsinfo/fact_sheets/Nutrition_older_children) (rch.org.au/kidsinfo/fact\_sheets/Nutrition\_older\_children)
- Kids Health Info: [Nutrition — babies and toddlers](http://rch.org.au/kidsinfo/fact_sheets/Nutrition_babies_toddlers) (rch.org.au/kidsinfo/fact\_sheets/Nutrition\_babies\_toddlers)
- See your doctor or Maternal and Child Health Nurse.



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