Constipation

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Find out about the different causes of constipation and how you can help your child relieve it with diet, toilet training and/or medicines.

Key points

- Constipation means bowel movements that are less frequent than usual, painful or hard to pass.
- Constipation can be caused by inadequate fluids or fibre in the diet, a change in bowel routines or medicines.
- Genetics may play an important role in your child's bowel patterns.
- Changes in your child's diet may improve constipation.
- Your child's doctor may also suggest giving medicine such as stool softeners to clear the bowel.
- See your doctor if your child has blood in their stool, is having accidents with bowel movements or has a fever or severe abdominal pain and vomiting.

What is constipation?

Constipation is an abnormal pattern of bowel movements that causes a person to pass harder and smaller stools (poo), less often than usual. Constipation makes passing stools uncomfortable. In more extreme cases, there may be <u>soiling</u> (encopresis).



Everyone has a different bowel pattern. A normal frequency of stools can vary from several times a day to once every few days. If your child's stools have become harder, smaller or the pattern has slowed down, they may be constipated.

Constipation can occur over days, weeks or months or it can occur during a change in routine such as <u>toilet training</u>, starting school, having a new sibling, going on holiday or having a change

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in diet.

With constipation, stool may build up in the bowels over time. This build-up can cause stomach cramps and pain, but the symptoms of constipation may go unrecognized for a long time. For children who have been constipated for a long time, retraining the bowel and returning it to normal can take many months or sometimes even years.

Remember: Constipation can still happen even if a child is having a bowel movement every day.

What causes constipation?

In most children, constipation is caused by issues with bowel routines or diet. Some common causes of constipation are:

- not drinking enough fluids
- not having enough fibre from whole grains or cereals, fruits and vegetables
- eating too much junk food or other foods that promote constipation
- withholding stools to avoid painful bowel movements if there are small tears (fissures) at the bowel opening (anus)
- genetics some children inherit a tendency toward constipation from their parents
- poor bowel routines, problems with toilet training and sometimes refusing to spend time on the toilet.

Some children may have a fear of public bathrooms or bathrooms at school. Other children simply prefer to keep playing rather than go to the bathroom when they feel the urge to have a bowel movement. Instead, they 'hold back', causing a build-up of stool.

Other less common causes of constipation are:

- illnesses that cause vomiting or fever and lead to a loss of body fluids and dehydration
- some medicines such as morphine
- underactive thyroid gland (<u>hypothyroidism</u>)
- <u>Hirschsprung's disease</u>, a disease of the bowel that is usually diagnosed in the first few weeks of life

How to care for your child with constipation

In some children, constipation can be relieved by making diet and lifestyle changes. Once constipation starts, it can last a long time. Treatment is long-term and requires patience, co-operation and commitment from family members and from the school.

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Diet in children less than one year old

Babies under two months old generally do not have constipation. Talk to your child's doctor before you make any changes to your baby's milk or formula or give any medicine to treat constipation.

If your baby is under four months old, you may consider giving 1 ounce (30 mL) of apple, pear or prune juice once or twice a day.

Once your baby is more than four months old, try giving high-fibre, strained foods. These include apricots, beans, cereals, peaches, pears, peas, plums or prunes.

Diet in children over one year old

Give your child plenty of fluids, especially water.

Make sure your child eats fruits and vegetables every day. Canada's Food Guide recommends that children have four to six servings of fruits and vegetables a day. Some good examples are apples, apricots, beans, blueberries, brocolli, cabbage, cauliflower, dates, figs, lettuce, peas, pears, prunes and raisins. Avoid any foods that could cause <u>choking</u> in younger children.

Take steps to increase the amount of <u>fibre</u> in your child's diet. Have your child eat bran every day. It is high in fibre and is a natural stool softener. There are many sources of bran to choose from. Try bran cereals, bran muffins, whole wheat or multigrain bread, graham crackers or oatmeal. If your child is older than four years of age, popcorn is another great fibre source.

Some foods are known to cause constipation. You may wish to limit them in your child's diet. Examples include low-fibre foods such as white rice or bread, and junk food such as chips and pop. Filling up on too much dairy may also contribute to constipation. Diet changes are most successful when the entire family follows these healthy choices.

Toilet training

Two or three times a day, 20-30 minutes after each meal, have your child spend at least five minutes on the toilet or the potty. Even if there is no bowel movement, you are helping to set a pattern. You might find it helpful to use a calendar to reinforce the schedule. Younger children may like stickers they can put on a chart for sitting on the toilet after a meal.

Your child should be comfortable, with the knees up. A foot rest can prevent your child's legs from hanging down. It will also keep the knees bent, which helps bowel movements pass more easily.

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If you are having problems with toilet training and your child is holding back stool, you may need to delay toilet training until the constipation is successfully treated.

Regular physical activity

Exercise or physical activity can help keep the bowels moving. Children ages one to four need 180 minutes (3 hours) <u>regular physical activity</u> each day. Children ages five or older need 60 minutes (1 hour) of physical activity.

Medicines

If a change in diet does not relieve your child's constipation, talk to your child's doctor.

Some children with constipation will not respond to diet and toilet routine changes alone and will need medicine.

The most effective medicines for constipation are stool softeners. These work by drawing water into the bowel to 'flush' out the stool. The most commoly used medicine is <u>polyethylene glycol</u> (<u>PEG 3350</u>). Polyethylene glycol is safe for children and can be used long-term. Many brands are available without a prescription and it is tasteless when fully dissolved in a drink.

For children who are severely constipated, higher doses of medicines are often needed at first to clean out backed-up stool and provide relief from the pain linked to constipation. You can then adjust the dose so your child has at least one soft stool every day.

Avoid using suppositories or enemas when possible. Only use suppositories or enemas if your child's doctor has suggested them.

Do not be afraid to give your child long-term medicine under your doctor's supervision to help treat their constipation. The bowels do not become dependent on PEG 3350 and will not become lazy. Routine emptying of the bowel is important for overall bowel health.

When to see your child's doctor for constipation

See your child's doctor if your child:

- is generally affected by poor bowel movements
- has blood in the stool
- has a <u>fever</u>
- is urinating (peeing) often or finds urinating painful
- starts to soil underwear

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- loses weight
- wakes up from sleep to pass stool
- complains of abdominal pain

Take your child to the nearest Emergency Department if:

- your child develops severe abdominal pain
- your child is vomiting (throwing up) repeatedly or vomiting dark green
- your child's abdomen (belly) becomes swollen

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