

Constipation

What is constipation?

Constipation means that bowel movements are difficult or painful to pass and less frequent than usual. A child with constipation feels an urge to have a bowel movement (BM) and has discomfort in the anal area, but he or she has difficulty passing a BM after straining and pushing. Going three or more days without a BM can be considered constipation, even though this may cause no pain in children and may be normal for some. Exception: after the second month of life, many breast-fed babies pass normal, large, soft BMs at infrequent intervals of up to every seven days without pain.

The following behaviors are normal

Large or hard BMs unaccompanied by pain or significant straining are usually normal variations in BMs. It is normal for some people to have hard BM's daily without any pain. Children who eat a lot of food, pass extremely large BM's. Babies less than 6 months of age commonly grunt, push, strain, draw up the legs and become flushed in the face during bowel movements. However, they do not cry. These behaviors are normal and should remind us that it is difficult to have a bowel movement while lying down.

What is the cause of constipation?

Constipation is often due to a diet that does not include enough fiber. Drinking or eating too many milk products can also cause constipation. Hard, painful BMs may also result from repeatedly waiting too long to have a BM. The memory of painful BMs can make young children withhold stool for an extended period of time. If constipation begins during toilet training, the parent may be putting too much pressure on the child to use the toilet.

How long will it last?

Changes in the diet usually relieve constipation. After your child is better, be sure to keep him on a non-constipating diet to ensure that he or she does not become constipated again.

Sometimes the trauma to the anal canal during constipation can cause a small tear around the anus (anal fissure). If your child develops an anal fissure, you may find small amounts of bright red blood on the toilet tissue or the surface of the stool. Anal fissures may also result in pain during attempts at BM's.

How is it treated?

- **Diet treatment for infants less than 1 year old**
 - **Give fruit juices** (apple, pear or prune) twice a day to babies over 2 months old. Switching to soy formula may also result in looser stools. If your baby is over 4 months old, add strained foods with a high-fiber content such as cereals, apricots, prunes, peaches, pears, plums, beans or spinach twice a day. Strained bananas and apples are also helpful. Be sure to introduce only one new food at a time to ensure that your baby has no allergies.
- **Diet treatment for children over 1 year of age**
 - Make sure that your child eats high-fiber fruits or vegetables at least three times a day. Some examples are prunes, figs, dates, raisin, bananas, apples, peaches, pears, apricots, beans, peas, cauliflower, broccoli and cabbage. **WARNING:** avoid any foods that your child cannot chew easily or that are small enough to pose a choking risk.
 - **Increase bran.** Bran is an excellent natural stool softener because it has a high-fiber content. Make sure that your child's daily diet includes a source of bran such as one of the "natural" cereals, unmilled bran, bran flakes, bran muffins, shredded wheat, graham crackers, oatmeal, high-fiber cookies, brown rice or whole wheat bread. Popcorn is one of the best high-fiber foods for children over 4 years of age.
 - Decrease the amount of constipating food in your child's diet to three servings per day. Examples of constipating foods include cow's milk, ice cream, cheese and yogurt.
 - Increase the amount of pure fruit juice your child drinks (orange juice is not as helpful for constipation as other fruit juices).
- **Sitting on the toilet (children who are toilet-trained)**
 - Encourage your child to establish a regular bowel pattern by sitting on the toilet 10 minutes after meals, especially after breakfast. Some children and adults repeatedly become constipated if they do not have a routine. If your child is resisting toilet training, stop the toilet training for a while and put him back in diapers or pull-ups
- **Stool softeners**
 - If a change in diet doesn't relieve the constipation, give a stool softener with dinner every night for one week. Stool softeners (unlike laxatives) are not habit forming. They work eight to 12 hours after they are taken. Examples of stool softeners that you can buy at the drugstore without a prescription are Metamucil, Citrucel, Milk of Magnesia and mineral oil (avoid in children under one year of age). Use these as directed on the container.
- **Prescription medications for constipation**
 - If the above dietary changes and over-the-counter medications do not resolve your child's constipation, your health care provider may prescribe a medication.
- **Common mistakes in treating constipation**
 - Don't use any suppositories or enemas without your health care provider's advice. These can cause irritation of the anus, resulting in pain and stool holding. Do not give your child strong oral laxatives without consulting your physician, as they can cause stomach cramping.

- **Relieving rectal pain** If your child has rectal pain needing immediate relief, one of the following will usually help:
 - Sit the child in a warm bath to relax the muscle around the anus (anal sphincter)
 - Give your child a glycerin suppository (in your child's bottom)
 - Gently put a thermometer in the anus for 10 seconds to stimulate the rectal muscle

If your child is still having problems with constipation after the above treatment guidelines, talk to your health care provider about using an enema. If constipation has been present for more than a month, your child may need several months of medications to get back to normal. Keep in close touch with your doctor during this time.

What to watch for

Call your doctor immediately if your child develops severe rectal or abdominal pain. Call during office hours if your child does not have a bowel movement after three days on the special diet or laxatives.