

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 a desperate urge to have a bowel movement (BM) and has discomfort in the anal area, but is unable to pass a BM after straining and pushing for more than 10 minutes.

Going 3 or more days without a BM can be considered constipation, even though this may cause no pain in some children and even be normal for a few. Exception: After the second month or so of life, many breast-fed babies pass normal, large, soft BMs at infrequent intervals (up to 7 days is not abnormal) without pain.

Common Misconceptions About Constipation

Large or hard BMs unaccompanied by any of the conditions just described are usually normal variations in BMs. Some normal people have hard BMs daily without any pain. Children who eat a lot of food pass extremely large BMs. Babies less than 6 months of age commonly grunt, push, strain, draw up the legs, and become flushed in the face during passage of bowel movements. However, they don't 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?

Constipation is often due to a diet that does not include enough fiber. Drinking or eating too many milk products can cause constipation. It's also caused by repeatedly waiting too long to go to the bathroom. The memory of painful passage of BMs can make young children hold back. If constipation begins during toilet training, usually the parent is applying too much psychological pressure.

How long will it last?

Changes in the diet usually relieve constipation. After your child is better, be sure to keep him on a nonconstipating diet so that it doesn't happen again.

Sometimes the trauma to the anal canal during constipation causes an anal fissure (a small tear). If your child has an anal fissure, you may find small amounts of bright red blood on the toilet tissue or the stool surface.

How can I take care of my child?

• Diet treatment for infants less than 1 year old

Give fruit juices (such as apple or pear juice) 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, peas, or spinach twice a day. Strained bananas and apples are neither helpful nor constipating.

• Diet treatment for older children over 1 year old

- Make sure that your child eats fruits or vegetables at least 3 times a day (raw, unpeeled fruits and vegetables are best). Some examples are prunes, figs, dates, raisins, peaches, pears, apricots, beans, peas, cauliflower, broccoli, and cabbage. Warning: Avoid any foods your child can't chew easily.
- 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 old.

- Decrease the amount of constipating foods in your child's diet. Examples of constipating foods are milk, ice cream, cheese, yogurt, and cooked carrots.
- Increase the amount of fruit juice your child drinks. (Orange juice will not help constipation as well as other juices).

- **Sitting on the toilet (children who are toilet trained)**

Encourage your child to establish a regular bowel pattern by sitting on the toilet for 10 minutes after meals, especially after breakfast. Some children and adults repeatedly get blocked up if they don't do this.

If your child is resisting toilet training by holding back, 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 8 to 12 hours after they are taken. Examples of stool softeners that you can buy at your drugstore without a prescription are Haley's M-O, Milk of Magnesia, Metamucil, Citrucel, and mineral oil. Give 1/2 to 1 tablespoon daily.

- **Common mistakes in treating constipation**

Don't use any suppositories or enemas without your physician's advice. These can cause irritation or fissures (tears) of the anus, resulting in pain and stool holding. Do not give your child strong oral laxatives without consulting your physician because they can cause cramps.

- **Relieving rectal pain**

If your child has rectal pain needing immediate relief, one of the following will usually provide quick relief:

- sitting in a warm bath to relax the muscle around the anus (anal sphincter)
- giving your child a glycerine suppository (through the anus)
- gently putting a thermometer in the anus for 10 seconds to stimulate the rectal muscle.

If your child is still having problems with constipation after trying the treatment guidelines above, talk to your health care provider about using an enema.

When should I call my child's health care provider?

Call IMMEDIATELY for advice about an enema if:

- Your child develops severe rectal or abdominal pain.

Call during office hours if:

- Your child does not have a bowel movement after 3 days on the nonconstipating diet.
- You are using suppositories or enemas.
- You have other concerns or questions.

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