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Constipation Treatment Guide

Defining Constipation:

Constipation is usually defined as having infrequent bowel movements (BMs) that are **hard and painful**. Infants that strain or groan when they have a BM are not constipated if their stool is still soft, even if they only have a BM every two-three days. **Infrequent stools without hard, painful BMs** can mean “*slow transit*” not constipation.

Why is my child constipated?

Constipation is most commonly caused by a **diet that is low in fiber**, but can also be caused by **drinking too much milk, not drinking enough water or waiting too long to go to the bathroom**. Although many parents understand the role of diet in contributing to constipation, they may have other children with the same diet who aren't constipated. Each child has specific dietary needs and a certain amount of milk that may not be constipating to one child may be ‘too much’ for another child.

The Constipation Cycle:

Once a child develops constipation and has a hard and painful stool, he will often start holding his bowel movements to prevent it from hurting again. This creates a viscous cycle, where BMs are painful, so he holds them in, causing his stools to become larger and harder, which causes even more pain when he finally does pass another a stool. This cycle makes the constipation continue and become worse.

Treating Infants with Constipation:

Constipation is uncommon in breastfed infants. Because breastmilk is digested well, it can be common for a baby that is exclusively breastfed to only have a BM every one to two weeks. If the stool is soft or watery, then it is not constipation, even if it occurs infrequently. It can also be normal for infants to strain and groan when they have a BM. Again, if the BM is soft or watery, it is not constipation.

The best way to treat constipation in infants is to **add 2-4 oz of extra water or diluted fruit juices** (such as apple or prune) 1-2 times a day, or try switching to a soy formula. In addition, infants over four months old can increase their fiber intake by adding cereals, strained prunes, apricots, or spinach.

Although rare, there are some more serious medical causes of constipation. Warning signs that may indicate a more serious problem include: vomiting, weight loss, poor weight gain, poor appetite, fever, abdominal distention, or bloody stools. Younger infants and newborns should always be evaluated by a doctor to assess their feeding habits and signs of more serious problems.

Diet Treatment for Children:

One of the best ways to prevent and treat constipation is by modifying your child's diet. This includes ***decreasing foods that are constipating***, including cow's milk, bananas, yogurt, cheese, cooked carrots, and other low fiber foods. For children that drink a lot of milk, changing to soy milk is a good alternative. If your child is unable to drink milk, then offer a daily multivitamin and other sources of calcium (fortified orange juice.)

Another dietary change is ***increasing the amount of fiber*** in your child's diet. The usual daily recommendation of fiber is 5-6 grams plus their age. (Example: a 4 year old should have 9-10 grams of fiber each day). Good choices of high fiber foods include: fruits and vegetables (raw and peeled best- especially beans, sweet potatoes, peas, turnip greens, raw tomatoes and corn), vegetable soups, popcorn, baked beans, bran cereals, bran muffins, shredded wheat, graham crackers and whole wheat bread.

It is also important to ***increase the amount of water and fruit juices*** that your child is drinking to a minimum of 2-3 glasses each day. Apple juice, pear and prune juice, or other juices high in sorbitol are good choices.

Medications for Softening the Stools

Dietary changes can take time to become effective, and until they do, your child may be placed on a stool softener or a gentle laxative like Miralax. Keeping in mind the main goal of your child having a soft stool each day, your child may need to take his medication for a long period of time and often up to 4-6 months. One of the biggest mistakes parents make is stopping the stool softener once the child starts having softer stools. If stopped too soon, your child is likely to relapse and become constipated again. If the medication causes loose stools the dosage should be decreased by 25% until a steady once daily dose causes a regular soft stool. Once your child is having regular soft stools for 6-8 weeks, you may begin decreasing the dose by 25% every 1-2 months. It is important to continue your child's non-constipating diet during and after the stool softeners are stopped.

Toilet Time

You should encourage your child to have regular bowel patterns. Have your child ***sit on the toilet for about 10 minutes after meals once or twice a day***. The use of simple rewards or a daily calendar with stars or stickers for days that your child takes his medicine and has a bowel movement may be helpful.

Reminders

Be patient. Constipation in children is a chronic problem that can take time to improve. Avoid punishing or embarrassing your child.

Avoid frequent use of enemas or suppositories.

Call us if your child's constipation is not improving in 2-3 weeks, if he is regularly needing to use enemas, or if he is soiling his pants because of leakage of stools.