

Dr Jenny Gregor
Neonatologist & Paediatrician
Suite 3, Ground Floor
271 Clayton Rd
CLAYTON VIC 3168
Ph: 1300 657 257
Fax: 03 8526 0302
www.carepaediatrics.com.au



Constipation

Constipation is when a child has a hard poo or does not go to the toilet regularly. There is a lot of variation in the frequency and hardness of poo in different infants and children. Breast fed babies may have a poo following each feed or only every 7-10 days. Bottle fed babies and older children will usually have a poo at least every 2 –3 days. Constipation is a common problem in children, particularly around the time of toilet training or after a painful or frightening bowel movement.

Symptoms of constipation:

Constipation can cause stomach pain or cramping and can decrease appetite. Your child can be irritable and have pain and bleeding from the anus particularly when trying to pass a poo from a fissure or split in the anal tissue. Children may also develop an aversion to passing a poo and hold on through fear of being uncomfortable during trying to pass a poo. They may also pass very small rabbit pellet sized poos or have overflow diarrhea where the liquid part of the poo bypasses the hard poo that cannot be passed so that children can seem to have diarrhea which can make a diagnosis of constipation confusing. Some children who were previously toilet trained can start soiling again because of long term “holding on” that can cause the rectum to become stretched and not feel when a poo is being passed. This is called faecal incontinence.

Causes:

Some children have a slower than normal gut transit time where it takes longer for the gut to squeeze the poo through. These children will also have more issues with constipation if their diet is lacking in adequate fibre and limited water intake. If children develop bad habits in that they hold on for behavioural reasons like they are too busy doing their activities to stop to do a poo the poo can become larger, harder and more difficult to pass. 'Toilet' time should be set aside to allow for regular, undisturbed visits to the toilet. Some children will also hold on after a painful or frightening experience, such as passage of a hard and painful bowel movement. Holding-on further perpetuates the problem. A change in environment (moving to new childcare, new school) can increase risk of constipation. Very rarely there can be a medical disease that results in constipation either with the nerves that control the contracting of the gut

Dr Jenny Gregor
Neonatologist & Paediatrician
Suite 3, Ground Floor
271 Clayton Rd
CLAYTON VIC 3168
Ph: 1300 657 257
Fax: 03 8526 0302
www.carepaediatrics.com.au



that moves the poo through, defects of the spinal cord, thyroid deficiency and certain other metabolic disorders can cause constipation. These are very rare and will only be investigated if suspected on history and examination.

Treatment

The aims of treatment are to allow the bowel size and sensation to return to normal. Treatment should include encouraging the habit of sitting on the toilet regularly 3-5 mins after every meal. A timer and reward system (sticker charts) can be useful with this strategy through positive reinforcement. Hopefully fear around pooing will decrease as the child becomes more able to respond to their body's urge to poo. A foot stool or rail may also help minimize fear. You could talk to the childcare workers or teachers to see if there are any other strategies you could ask them to use when your child is in their care. Most people supervising young children are aware of the strategies to manage constipation and encourage good toilet habits. If your child is holding onto bowel motions after a painful experience, it can be helpful to use laxatives (oral medicines) to keep the poo soft for several weeks. This will allow easy passage of poo and give time for anal fissures to heal. Giving your child adequate fibre in their diet might help prevent constipation in some children who have a natural tendency. Fibre-rich foods include fruit particularly plums, prunes, raisins, apricots, and peaches, and vegetables (2-3 serves daily). Avoid refined cereals, such as corn flakes and rice bubbles and give whole cereals like All Bran, Weetbix and use wholemeal bread instead of white bread. Cow's milk can also increase the tendency for constipation and can also fill children up so that they are not hungry for high fibre foods.

If you think your baby (less than 12 months of age) is constipated you should consult your family doctor or maternal & child health nurse. Sometimes a change in formula may help. For infants having solids increase fruit and vegetable in the diet may help. You can give your baby strained, stewed prunes or apricots - up to 3 tablespoons three times each week or prune juice diluted with water.

Laxatives

You may need to give your child a laxative if they are constipated and if they have been constipated for many months are likely to need treatment

Dr Jenny Gregor
Neonatologist & Paediatrician
Suite 3, Ground Floor
271 Clayton Rd
CLAYTON VIC 3168
Ph: 1300 657 257
Fax: 03 8526 0302
www.carepaediatrics.com.au



for three to six months or longer to help retrain their bowel. If you have been constipated for some time the bowel can become loose and not contract very well to push the poo out. Liquid paraffin mixtures (eg. Parachoc) come as a flavoured liquid, and works by softening and lubricating the poo to make it easier to pass. Movicol comes in a sachet to mix with water and also softens the poo. Lactulose is a sweet-tasting liquid, and works by softening the poo and stimulating the bowel to empty. Coloxyl comes as a tablet or drops (which are most suitable for children under 3 years of age), and works by softening the poo. Senokot comes as a tablet or granules, and works by stimulating the bowel to empty. Psyllium husk fibre(eg. Metamucil) which is a natural fibre supplement helps soften the poo and is a mild laxative. Glycerine suppositories which are placed into the infants's bottom may be used for severe constipation in infants although this is not recommended as a routine regular treatment.