

Constipation in children

What is constipation?

Constipation is when your child has a hard, dry bowel motion (faeces or poo) that is difficult to pass. It may cause straining, pain and discomfort.

Toilet habits vary from child to child. A breast fed baby may go after every feed or only every seven to 10 days. Most toddlers have somewhere between one bowel motion every two or three days to three movements daily. If your child goes only once or twice a week, this is not constipation, unless the stool (faeces) is hard and painful to pass.

What causes constipation?

Constipation is common in some children. There are a number of causes.

- **Diet** – especially when there is a change in diet, such as when a baby is weaned off the bottle or the breast or in the toddler years, when new tastes are developed. Milk formula fed babies often get constipated. A poor diet with lack of fibre (roughage) can also cause problems. Not drinking enough fluid can worsen constipation.
- **Toilet habits** – children put off going to the toilet for many reasons. Often they are just too busy playing. Waiting too long to go to the toilet can cause the faeces to become hard. A very constipated child may lose some sensation in the rectum (back passage), and not feel the urge to go to the toilet.
- **Natural tendency** – some children may have a tendency to be constipated, despite a good diet.
- **Illness** – any illness that decreases the child's activity can cause constipation. There are some rare diseases that lead to constipation. The doctor will have assessed your child for these.

What are the symptoms?

Signs that your child may be constipated include:

- Saying it hurts to go to the toilet
- Tummy pain and cramps
- A 'bloated' or big tummy
- Being irritable or less interested in usual activities
- Signs of holding on (such as crossing legs, crying or refusing to sit on the toilet)
- Not feeling hungry or wanting to eat

- Nausea and vomiting (this is rare)
- A tear or crack in the skin next to the anus, which can bleed and be painful
- Passing faeces in the underpants (for toilet trained children)

Treatment

First, it is important to get rid of the hard faeces. There are options and your doctor will choose the right one for your child.

- Laxatives, such as prune juice, Coloxyl®, Lactulose®, and liquid paraffin. If they are not effective after two or three days, see your local doctor.
- Suppositories, such as glycerine, are a type of special coated tablet that is placed in the rectum (bottom) to stimulate the lower bowel into stronger action. Suppositories should only be used for short periods of time and only if oral laxatives have not worked.
- Enemas, such as Microlax®, are a fluid that is placed into the rectum to soften the stool and stimulate an urge to go to the toilet.

Once the hard faeces has been passed, bowel motions should be kept 'soft'. Your child may need laxatives until the bowel recovers. This may take weeks or months. See your local doctor about laxatives and a toileting program.

Home care (of mild constipation)

In babies:

- When making up formula, always measure the water first then add the formula
- Offer extra drinks of cooled boiled water
- Give one-half to one teaspoon of brown sugar, mixed in a small amount of water (30 ml), before or after a feed, three or four times a day until there is a stool
- For babies already on solids, offer stewed prunes or prune juice
- For babies nine months and older, offer baby cereal that contains bran
- A gentle tummy massage or a warm bath may help

In older children:

- Offer more fruit and vegetables (raw, cooked, canned or dried)

PATIENT INFORMATION

- Offer cereals, wholegrain bread, and high fibre rice, pasta and dry biscuits (do this slowly so the gut has time to adjust)
- Make sure children have adequate fluids (water is best but you can offer a variety of drinks to increase the amount that they drink)
- Ensure children exercise daily
- Teach children to sit on the toilet regularly (for up to five minutes, a few times per day) so they can get used to it. This will encourage them when they feel the urge.

Prevention

Constipation often happens again. Be understanding and try not to blame your child. With a good diet, improvements in bowel habits and careful use of medication, it can be controlled.

Seeking help

Cabrini Emergency Department (ED) is staffed by experienced emergency doctors and nurses 24 hours a day, 7 days per week. If you have any questions about your ED treatment our qualified ED staff can be contacted on **(03) 9508 1500** at any time. If you need to return to Cabrini ED for ongoing care we would be glad to take care of you again and if this occurs within a week of your initial consultation the doctor's fee will be bulk-billed.

You can also expect to receive a phone call or SMS message from one of our emergency nurses the day after you have been discharged. The nurse will be able to clarify any aspect of your diagnosis, treatment, or follow-up.

In a medical emergency return to Cabrini ED if it is safe to do so or go to the nearest hospital emergency department or call an ambulance – dial triple zero (000).

Seek urgent medical care if:

- **Your child becomes unwell with fever or vomiting**
- **Abdominal pain develops**
- **The constipation is not improving despite treatment**
- **You are worried for any other reason**

Want to know more?

- Contact Cabrini ED on **(03) 9508 1500**
- Ask your local doctor or healthcare professional
- Visit the Royal Children's Hospital website www.rch.org.au/kidsinfo
- Visit the Better Health Channel at www.betterhealth.vic.gov.au