

Constipation and Your Child



Bowel patterns vary from child to child just as they do in adults. What's normal for your child may be different from what's normal for another child. Most children have bowel movements 1 or 2 times a day. Other children may go 2 to 3 days or longer before passing a normal stool.

If your child doesn't have daily bowel movements, you may worry that she is constipated. But if she is healthy and has normal stools without discomfort or pain, this may be her normal bowel pattern.

Children with constipation have stools that are hard, dry, and difficult or painful to pass. These stools may occur daily or may be less frequent. Although constipation can cause discomfort and pain, it's usually temporary and can be treated.

Constipation is a common problem in children. It's one of the main reasons children are referred to a specialist called a *pediatric gastroenterologist*. Read more to learn about constipation and its causes, symptoms, and treatments, as well as ways to prevent it.

What causes constipation?

Constipation frequently occurs for a variety of reasons.

- **Diet.** Changes in diet, or not enough fiber or fluid in your child's diet, can cause constipation. (See "Getting enough fiber in your diet.")
- **Illness.** If your child is sick and loses his appetite, a change in his diet can throw off his system and cause him to be constipated. Constipation may be a side effect of some medicines. Constipation may result from certain medical conditions (such as hypothyroidism or low thyroid).
- **Withholding.** Your child may withhold his stool for different reasons. He may withhold to avoid pain from passing a hard stool—it can be even more painful if your child has a bad diaper rash. Or he may be dealing with issues about independence and control—this is common between the ages of 2 and 5 years. Your child also may withhold because he simply doesn't want to take a break from play. Your older child may withhold when he's away from home, at camp or school, because he's embarrassed or uncomfortable using a public toilet.
- **Other changes.** In general, any changes in your child's routine (such as traveling, hot weather, or stressful situations) may affect his overall health and how his bowels function.

If constipation isn't treated, it may get worse. The longer the stool stays inside the lower intestinal track, the larger, firmer, and drier it becomes. Then it becomes more difficult and painful to pass the stool. Your child may hold back his stool because of the pain. This creates a vicious cycle.

What are the symptoms of constipation?

Symptoms of constipation may include the following:

- Many days without normal bowel movements
- Hard stools that are difficult or painful to pass
- Abdominal pain (stomachaches, cramping, nausea)
- Rectal bleeding from tears called *fissures*

What is encopresis?

If your child withholds her stools, she may produce such large stools that her rectum stretches. She may no longer feel the urge to pass a stool until it is too big to be passed without the help of an enema, laxative, or other treatment. Sometimes only liquid can pass around the stool and leaks out onto your child's underwear. The liquid stool may look like diarrhea, confusing both parent and pediatrician, but it's not. This problem is called *encopresis*.

- Soiling (See "What is encopresis?")
- Poor appetite
- Cranky behavior

You also may notice your child crossing her legs, making faces, stretching, clenching her buttocks, or twisting her body on the floor. It may look like your child is trying to push the stool out but instead she's really trying to hold it in.

How is constipation treated?

Constipation is treated in different ways. Your pediatrician will recommend a treatment based on your child's age and how serious the problem is. If your child's case is severe, he may need a special medical test, such as an x-ray. In most cases, no tests are needed.

Treatment of babies. Constipation is rarely a problem in younger infants. It may become a problem when your baby starts solid foods. Your pediatrician may suggest adding more water or juice to your child's diet.

Treatment of older children. When a child or teen is constipated, it may be because his diet doesn't include enough high-fiber foods and water. Your pediatrician may suggest adding more high-fiber foods to your child's diet, and encourage him to drink more water. These changes in your child's diet will help get rid of abdominal pain from constipation.

Severe cases. If your child has a severe case of constipation, your pediatrician may prescribe medicine to soften or remove the stool. *Never give your child laxatives or enemas unless your pediatrician says it's OK; laxatives can be dangerous to children if not used properly.* After the stool is removed, your pediatrician may suggest ways you can help your child develop good bowel habits to prevent stools from backing up again.

How can constipation be prevented?

Because each child's bowel patterns are different, become familiar with your child's normal bowel patterns. Make note of the usual size and consistency of her stools. This will help you and your pediatrician determine when constipation occurs and how severe the problem is. If your child doesn't have normal bowel movements every few days, or is uncomfortable when stools are passed, she may need help in developing proper bowel habits.

Getting enough fiber in your diet

The American Academy of Pediatrics recommends that children between the ages of 2 and 19 years eat a daily amount of fiber that equals their age plus 5 grams of fiber. For example, 7 grams of fiber is recommended if your child is 2 years old (2 plus 5 grams).

The following are some high-fiber foods:

Food	Grams of Fiber
Fruits	
Apple with skin (medium)	3.5
Pear with skin	4.6
Peach with skin	2.1
Raspberries (1 cup)	5.1
Vegetables Cooked	
Broccoli (1 stalk)	5.0
Carrots (1 cup)	4.6
Cauliflower (1 cup)	2.1
Beans Cooked	
Kidney beans (½ cup)	7.4
Lima beans (½ cup)	2.6
Navy beans (½ cup)	3.1
Whole Grains Cooked	
Whole-wheat cereal (1 cup flakes)	3.0
Whole-wheat bread (1 slice)	1.7

You can...

- Encourage your child to drink plenty of water and eat more high-fiber foods.
- Help your child set up a regular toilet routine.
- Encourage your child to be physically active. Exercise along with a balanced diet provides the foundation for a healthy, active life.

Remember

If you are concerned about your child's bowel movements, talk with your pediatrician. A simple change in diet and exercise may be the answer. If not, your pediatrician can suggest a plan that works best for your child.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

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