Maruthi Pediatrics

110 Lattner Ct Suite 100 Morrisville NC-27560 Ph: 919-462-6206 Fax: 206-350-4492 After hours service Ph: 1-866-629-0269

www.maruthipediatrics.com

Constipation

What is constipation?

Constipation means that stools are difficult or painful to pass and less frequent than usual.

A child with constipation feels a strong urge to have a stool and has discomfort in the anal area, but is unable to pass a stool after straining and pushing for more than 10 minutes.

After 4 weeks or so of life, some breast-fed babies pass normal, large, soft stools at infrequent intervals (up to 7 days is not abnormal) without pain. For older children, going 3 or more days without a stool can be considered constipation, even though this may cause no pain in some children and even be normal for a few.

Common Misconceptions About Constipation

Some people normally have hard stools daily without any pain. Children who eat a lot of food pass extremely large stools. Babies less than 6 months of age commonly grunt, push, strain, draw up the legs, and become flushed in the face during passage of stools. However, they usually don't cry. These behaviors are normal since it is difficult to produce a stool 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 for many people. It may also be caused by repeatedly waiting too long to go to the bathroom, not drinking enough liquids, or not getting enough exercise. The memory of painful passage of stools can make young children hold back. If constipation begins during toilet training, usually the child is strong-willed and the parent is putting to much pressure on the child about using the toilet.

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) to babies over 2 months old. Dose: 1 ounce (30 mL) per month of age per day. Switching to soy formula may also result in looser stools. If your baby is over 4 months old, add strained baby 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 also helpful.

Diet treatment for older children over 1 year old

- Make sure that your child eats fruits or vegetables at least 3 times a day. Some examples are
 prunes, figs, dates, raisins, bananas, apples, peaches, pears, apricots, beans, peas, cauliflower,
 broccoli, and cabbage. Warning: Avoid any foods your child can't chew easily and might choke on.
- Increase bran. Bran is a 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 whole grain cereals, unmilled bran, bran muffins, 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 to 3 servings per day. Examples of constipating foods are cow's milk, ice cream, cheese, and yogurt.
- Increase the amount of pure 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 have regular sit times.

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. Holding back stools is harmful. Use rewards to help your child give up this bad habit.

Flexed position

Help your baby by holding the knees against the chest to simulate squatting (the natural position for pushing out a stool). It's difficult to have a stool while lying down. Gently pumping the lower abdomen may also help.

Stool softeners

If a change in diet doesn't relieve the constipation and your child is over 1 year old, give a stool softener with dinner every night for one week. Stool softeners are not habit forming. They work 8 to 12 hours after they are taken. Examples of stool softeners that you can buy without a prescription are MiraLAX, Metamucil, Citrucel, milk of magnesia, and mineral oil. Give 1/2 to 1 tablespoon daily.

Common mistakes in treating constipation

Don't use any suppositories or enemas without your healthcare provider's advice. These can irritate the anus, resulting in pain and stool holding. Do not give your child laxatives such as products that contain senna without consulting your healthcare provider because they can cause cramps.

Relieving rectal pain

If your child is very constipated and 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)
- Placing a warm wet cotton ball on the anus and moving it to stimulate the rectal muscle
- Giving your child a glycerin suppository (through the anus)

If your child is still blocked up after trying this advice, talk to your healthcare provider now about being seen or using an enema.

When should I call my child's healthcare provider?

Call IMMEDIATELY if:

• Your child develops severe rectal or abdominal pain.

Call during office hours If:

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