

# Constipation

Constipation (kahn-sti-PAY-shun) is common. Children with constipation have stools (poops) that are hard, dry, and difficult or painful to get out. Constipation can be treated.

You may worry your child is constipated if he or she doesn't have a **bowel movement**\* (BM) every day. But every child is different. Most children have BMs 1 or 2 times a day. Others may go 2 to 3 days or longer between BMs.

## Signs of Constipation

- Hard or painful stools
- Many days between bowel movements
- Bleeding from the child's bottom where stool comes out
- Stomachaches, cramping, **nausea**\*
- Brownish wet spots in the underwear (See "What Is Encopresis?" on the second page of this handout.)

## Your Child May Also:

- Have BMs that stop up the toilet.
- Make faces like he or she is in pain.
- Clench his or her bottom. It may look like your child is trying to push the stool out. But he or she is really trying to hold it in, because it hurts to come out.

## Call the Doctor If...

- Your child doesn't have a BM at least every 2 to 3 days.
- Passing a stool hurts your child.

## What to Do for Constipation

Treatment is based on your child's age and how bad the problem is. Usually no special tests are needed.

## \* Words to Know

**bowel movement**—when stool passes out of your child's body. Also called a "BM."

**diarrhea** (dye-uh-REE-yuh)—passing loose, watery stools.

**enema** (EN-uh-muh)—a liquid put into a person's bottom to make him or her pass stool.

**laxative** (LAX-uh-tiv)—a medicine to make stools softer.

**nausea** (NAW-zha)—feeling like throwing up.

**rectum**—the last several inches of the large intestine, where stool is stored before passing out of the body.



Constipation can get worse if it isn't treated. The longer stool stays inside the body, the larger and drier it gets. Then it hurts to pass it. This starts a cycle. The child becomes afraid to have a BM, and holds it in even more.

## For Babies

Constipation is rarely a problem in babies. It may become a problem when starting solid foods. Your child's doctor may suggest you give more water or juice. Pear juice and prune juice work well. Talk with the doctor before giving extra water to your baby.

## For Children and Teens

Children and teens who are constipated often aren't getting enough high-fiber foods and water. Your child's doctor may suggest adding more high-fiber foods to your child's diet and drinking more water.

## For Very Bad Constipation

Your child's doctor may prescribe medicine to soften or remove the stool. Never give your child **laxatives**\* or **enemas**\* unless you check with the doctor. These drugs can be dangerous to children if used wrong.

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## What Causes Constipation?

### What your child eats and *doesn't* eat.

Not getting enough fiber or liquid can make your child constipated.

### Holding back, or “withholding,” stool.

Your child may not want to have a BM for different reasons:

- Your child may try not to go because it hurts to pass a hard stool. (Diaper rashes can make this worse.)
- Children aged 2 to 5 years may want to show they can decide things for themselves. Holding back their stools may be their way of taking control. This is why it is best not to push children into toilet-training.
- Sometimes children don't want to stop playing to go to the bathroom.
- Older children may hold back their stools when away from home (like camp or school). They may be afraid of or not like using public toilets.

## How to Prevent Constipation

- Encourage your child to drink lots of water and eat more high-fiber foods.
- Hold off on toilet-training until your child shows interest.
- Help your child set a toilet routine. Pick a regular time to remind your child to sit on the toilet daily (like after breakfast.) Put something under your child's feet to press on. This makes it easier to push BMs out.
- Encourage your child to play and be active.

## What Is Encopresis?

Sometimes a child with bad constipation has BMs that look like **diarrhea**\*. When a child holds back stools, the stools build up and get bigger. They may get so big that the **rectum**\* stretches. Then the child may not feel the urge to go to the bathroom. The stool gets too big to pass without an enema, laxative, or other treatment.

Sometimes only liquid stool can come out, and leaks onto the underwear.

This is called encopresis (en-koh-PREE-sis). Talk with your child's doctor about treatment. It can get better, but it takes months.

## Getting Enough Fiber

### How Much Fiber Does My Child Need?

Here is an easy way to figure how much fiber your child needs each day. Start with 5 grams. Then add your child's age. The answer is the number of grams your child needs each day.

years old + 5 =			
Child's Age	Grams of Fiber Your Child Needs Each Day		
Your Child's Age	Grams of Fiber		Grams of Fiber Each Day
2	+ 5	=	7
5	+ 5	=	10
13	+ 5	=	18

## Read Food Labels

Check for “**Dietary Fiber**” on the *Nutrition Facts* label.

Look for foods with at least 2 grams of fiber per serving.

This food has 3 grams of fiber per serving.

Nutrition Facts	
Serving Size ½ cup (114g)	
Servings Per Container 4	
Amount Per Serving	
<b>Calories</b> 90	Calories from Fat 30
% Daily Value*	
<b>Total Fat</b> 3g	<b>5%</b>
Saturated Fat 0g	<b>0%</b>
<b>Cholesterol</b> 0mg	<b>0%</b>
<b>Sodium</b> 300mg	<b>13%</b>
<b>Total Carbohydrate</b> 13g	<b>4%</b>
Dietary Fiber 3g	<b>12%</b>
Sugars 3g	
<b>Protein</b> 3g	

Source: US Food and Drug Administration

Some foods are high in fiber. Try beans, vegetables, fruits, and whole grains.

To learn more, visit the American Academy of Pediatrics (AAP) Web site at [www.aap.org](http://www.aap.org).

Your child's doctor will tell you to do what's best for your child.

This information should not take the place of talking with your child's doctor.

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