

Patient leaflets from the BMJ Group

Constipation in children

Most children get constipated from time to time. But if your child has constipation that doesn't go away, they may need treatment to get back to normal.

What happens if my child is constipated?

If your child is constipated, they don't pass a stool often enough. And when your child does go, it hurts because the stools are hard and dry. Most children with constipation don't have anything physically wrong. Usually they've just got into the habit of not going very often.

The most common reason why your child gets constipation is that they tighten the muscles around the anus, instead of relaxing them. Children usually do this because they've found passing a stool painful before. The muscles need to relax to pass the stool. Tightening the muscles delays the urge to go. Then stools build up, and the next time your child gets the urge to go, it's harder and more painful, so they tense up again.

As this goes on, more stools build up in your child's bowels. The longer the stools stay in the bowels, the harder and dryer they get. Hard and dry stools are more difficult to push out, so your child needs to strain. Children soon learn that this hurts. To stop the pain, they tense the muscles around their anus more.

What are the symptoms?

There aren't any rules about how often your child should pass a stool. Every child is different.

In the first four months of life, a baby may 'poo' as often as four times a day or as little as once every two days. By the time they're 1 year old, children usually go about twice a day. When they're 3 or 4, children may 'poo' as often as three times a day or as little as three times a week.

These are only averages. But if your child passes a stool two times a week or less, and finds it painful, they could be constipated.

Constipation can be very uncomfortable. Here are some other signs that your child may be constipated:

- Pain and straining when passing stools
- Stomach ache
- Small, dry and hard stools like pellets
- Avoiding going to the toilet.

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What treatments work?

Usually constipation lasts a few days and clears up without any treatment. But in some children, it doesn't go away. If you're worried about your child's constipation, see your doctor. The problem can get worse if you wait. Treatments can help, but it can take a while for them to work.

Things you can do for your child

Giving your child food with lots of **fibre** is likely to help with constipation. Your child is likely to have more bowel movements and less pain in their abdomen. In one study of children with constipation, only 2 in 10 were still constipated after eating extra fibre.

Here are some ways to help your child get more fibre:

- Start the day with whole-grain breakfast cereal
- Eat pieces of fruit, like apples, instead of drinking fruit juice
- Eat brown rice and whole-grain bread and pasta
- Encourage your child to eat high-fibre snacks, such as raw carrots.

Your doctor may also recommend these steps to help keep your child's bowels healthy:

- Encourage your child to go to the toilet when they first get the urge, rather than waiting.
- Set aside enough time for your child to sit on the toilet without feeling rushed.
- Make sure your child drinks lots of fluids and gets lots of active play.
- Make sure your child sits up straight on the toilet, may be using a footstool in front of the toilet.
- If your child says that it hurts to 'poo', tell him or her to stop, and try again later.

Medicines

If extra fibre hasn't worked, your doctor may recommend a type of laxative. There are several different types of laxative. Research has shown that a type of laxative that makes stools softer can help. Doctors call these **osmotic laxatives** and they will probably help your child pass a stool more often. Your child is likely to have more frequent bowel movements and feel less pain. This type of laxative is also used if your child's bowels get completely blocked with large, hard stools (known as **impacted faeces**).

Examples include:

- Macrogols (brand names Idrolax, Movicol). This comes as a powder in sachets that you dissolve in a drink
- Lactulose (Duphalac, Regulose). This comes as a liquid your child can take mixed in a drink or from a spoon.

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You can buy some of these laxatives from a pharmacy. But if your child has ongoing constipation, it's best to see your doctor before using this treatment. Some over-the-counter medicines have age restrictions. Check with your pharmacist to make sure they're suitable for your child.

There's not enough research to show if other types of laxative work for children who have constipation.

Laxatives can have side effects. But usually these aren't serious. Your child may get: stomach cramps, wind (flatulence), belching, bloating, nausea, mild diarrhoea and feel thirsty. Your child may get fewer side effects from a laxative that makes stools softer.

Non-drug treatments

Some treatments aim to help your child understand and change their toilet habits.

Toilet training means teaching your child which muscles to relax and tighten when having a bowel movement, so that it's easier to pass stools. Your child might be taught to sit on a toilet, relax their legs and feet, take a deep breath while sitting up straight, then push down while still holding their breath and pulling in their stomach muscles to help push stools out.

You can use a **diary** to record your child's eating habits and when they pass stools. You might write down when your child eats an apple or sits on the toilet, for example. You can use this as part of a reward system. The child gets a reward for habits that might help them stay regular.

There's not enough research to show if these treatments can help if they are used on their own. But doctors sometimes suggest toilet training in addition to laxatives.

What will happen to my child?

Most children get constipation from time to time. Usually it lasts just a few days. But for some children, the constipation doesn't get better. If it's not treated properly, it can get worse.

Your child is more likely to get better if the constipation is treated early. One study found that treatment worked better for children under 2 years old than for those over 2. Your child is more likely to get long-lasting constipation if they are constipated while very young and if constipation is common in your family.

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