



Constipation

Definition

Constipation occurs when stools become hard and infrequent, causing pain with passage.

Without constipation, we expect:

- Infants 1 month- 1 year (breastfed): Initially, breastfed babies can poop after every feeding, but eventually this decreases to 3 to 4 times/day. Once over 6 weeks, stool frequency greatly varies, and you may just see 1 stool every 4-7 days. These should be soft, large and pain-free.
- Infants 1 month- 1 year (formula fed): Stools vary from 3 to 4 times/day to one stool every 3-4 days. The duration varies greatly, so what's helpful is that they are soft and pain-free.
- 1 year and older: Stools should range from 3 times/day to one stool every 1 to 2 days. These stools should also be soft and be able to be passed easily without pain.

Normal Stools and Normal Behaviors

- Straining:
 - Infants: **Grunting or straining while pushing out a stool is normal in young babies.** It's hard to pass stool lying on the back with no help from gravity. Becoming **red in the face during straining is also normal.**
 - Toddlers - teens: Brief straining under 10 minutes can occur at times at any age.
- Large stools: Size relates to the amount of food eaten. Large eaters have larger stools.
- Hard or dry stools: These are also normal if passed easily without too much straining. Often, this relates to poor fiber intake.

Causes

- Infants: Introduction of solid foods and new foods, high milk or cheese diet, low fiber diet.
- Toddlers: High milk or cheese diet, low fiber diet, holding back stools because of power struggles surrounding toilet training, postponing or holding back stools because of pain, and/or slow passage of food through the intestines (typically runs in families).
- Children and Teens: High milk or cheese diet, low fiber diet, postponing or holding back stools because of pain, and/or slow passage of food through the intestines (typically runs in families).

There are some less common causes of chronic constipation that may require additional evaluation, treatment, and referrals. These cases will be discussed further by your provider.

Treatment and what to expect

1. Diet and stooling techniques

Infants:

- > 1 month: add apple or pear juice. After 3 months, can use prune or plum juice. Amount: 1 ounce (30 mL) per month of age each day. Limit amount to 4 ounces per day. Dilute juice 50:50 with water.
- > 4 months: add baby foods with high fiber 2 times/day such as peas, beans, apricots, prunes, peaches, pears, or plums. If on finger foods, add cereals and small pieces of fresh fruit.
- Give enough fluids to stay well hydrated to keep the stool soft.
- For straining, options can include:
 - Holding knees against the chest, moving legs like your baby is riding a bike, tummy massage
 - Sitting in warm water or applying a cotton ball soaked in warm water to anus
 - Rectal stimulation with a rectal thermometer coated in Vaseline or application of a Glycerin suppository can be used occasionally. If recommended, ask your provider for more information.



Toddlers:

- Increase fruit juice (apple, pear, cherry, grape, prune). Dilute juice 50:50 with water.
- Add fruits and vegetables high in fiber 3 or more times per day. Examples: peas, beans, broccoli, bananas, apricots, peaches, pears, figs, prunes, or dates.
- Increase whole grain food such as bran flakes or muffins, graham crackers, and oatmeal. Brown rice and whole wheat bread are also helpful.
- Limit milk products (milk, ice cream, cheese, yogurt) to 3 servings per day AND assure adequate water intake.
- Set up a normal stool routine having your child sit on the toilet for 5 minutes after meals. This is especially important after breakfast.
- For straining, additional options can include:
 - Adding a foot stool at the toilet so your child can sit in a squatting position
 - Using a Glycerin suppository or a Pedia-Lax enema. These are meant to be used only occasionally. If recommended, ask your provider for more information.

Children and Teens

- Add fruits and vegetables high in fiber 3 or more times per day. Examples: peas, beans, broccoli, bananas, apricots, peaches, pears, figs, prunes, or dates.
- Increase whole grain food such as bran flakes or muffins, graham crackers, and oatmeal. Brown rice and whole wheat bread are also helpful.
- Limit milk products (milk, ice cream, cheese, yogurt) AND assure adequate water intake.

2. Stool Softeners:

If a change in diet doesn't help, you can add a stool softener. The stool softener we recommend most often is Miralax. It usually works within 8-12 hours but often needs to be continued for weeks or months. Occasionally, in addition to a stool softener, we will also recommend a 3 day bowel cleanout. Your provider will let you know if that is also recommended. Miralax dosing is listed below, and your provider will circle your dosage.

Miralax duration of treatment recommended: _____

Medicine name	How often	Child's weight (kg)	Child's weight (lbs)	Miralax dose	Mix with clear liquid
Polyethylene glycol (Miralax, Glycolax or PEG) 1 capful = 17 grams. Use the cap that comes on the medicine bottle. You can increase or decrease the dose as needed to achieve mashed-potato-consistency stools.	1 time a day	10 to 14.9 kg	22 to 32 lbs	<input type="checkbox"/> ½ capful	4 to 6 ounces
		15 to 19.9 kg	33 to 43 lbs	<input type="checkbox"/> ¾ capful	4 to 6 ounces
		20 to 24.9 kg	44 to 54 lbs	<input type="checkbox"/> 1 capful	6 to 8 ounces
		25 to 29.9 kg	55 to 65 lbs	<input type="checkbox"/> 1 ¼ capfuls	8 ounces
		30 to 39.9 kg	66 to 87 lbs	<input type="checkbox"/> 1 ½ capfuls	8 to 12 ounces
		40 to 49.9 kg	88 to 109 lbs	<input type="checkbox"/> 1 ¾ capfuls	8 to 12 ounces
		50 to 69.9 kg	110 to 154 lbs	<input type="checkbox"/> 2 capfuls	8 to 12 ounces
		70 kg and over	Over 154 lbs	<input type="checkbox"/> 2 ½ capfuls	12 to 16 ounces

Call If...

- Constipation lasts more than 1 week after making changes to diet
- You think your child needs to be seen
- Your child becomes worse