

6112 Crestwood Station Crestwood, KY 40014

(502) 896-8868

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Constipation

What is constipation?

Constipation is a very common pediatric issue that involves a decrease in the number of stools compared to a child's normal pattern, having large diameter stools, pain or discomfort with stooling, stomach cramping or pain, and/or straining and having a difficult time during bowel movements. With constipation, stools may occur daily or may be less frequent.

What causes constipation?

There are many causes of constipation. Changes in diet or insufficient fiber or fluid intake predispose your child to harder stools. If your child is ill and loses his/her appetite or has a change in his/her fluid intake they are more susceptible to constipation. Children may choose to withhold their stools for many different reasons such as if they have pain from hard or large stools or pain from a diaper rash, control reasons (this is common between 2-5 years of age particularly with potty training), distraction or preoccupation (not wanting to stop play for a bathroom break), or due to unfamiliar environments such as school or friend's houses).

Constipation in infants less than 1 year old

Newborn infants may have a bowel movement with every feeding (up to 8-10 times a day) while others may have only 3-4 bowel movements per day. In breastfed infants older than 2 weeks of age, bowel movements maybe as infrequent as one per week. This is normal, as long as the stool is still soft. All infants in the first few months of life may strain and grunt while trying to pass stool. This is called infant dyschezia and is normal as long as the stools are soft, the infant is feeding well and having appropriate wet diapers.



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If the stools become hard and infrequent, your baby has pain or difficulty stooling, and/or bleeding from the rectum your infant may be constipated. At this point, the baby should be checked in the office.

How to treat constipation in infants less than a year old

- -Give pear or prune juice to infants greater than ***1 or 4 months of age. Begin with 1-2 tsp per day and increase by 1 tsp daily until you get soft stool or reach 2 oz of juice daily.
- -If the baby is older than 4 months, offer strained prunes or other high fiber foods such as oatmeal cereal, peaches, pears, beans, or spinach. Begin with 1 tsp and increase to $\frac{1}{2}$ jar daily.
- -In infants who are eating solids, limit carrots, squash, bananas, and apples as these may make constipation worse.

How to treat constipation in older children (over 1 year old)

- -Make sure your child eats 5 servings of fruits and vegetables daily (fresh fruits are best, with peels on if appropriate). Make sure the foods you choose are size and texture appropriate for your child to avoid choking.
- -Increase fiber intake. Examples of good sources of fiber include: vegetables, fruits, beans, peas, whole grain breads and cereals. The American Academy of Pediatrics recommends children 2-19 years of age eat a daily amount of fiber that equals their age plus 5 grams. The adult total daily fiber recommendation is up to 25grams and may also be used for children.



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Examples of 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

- -Decrease foods that cause constipation such as milk, ice cream, yogurt, cheese, and white breads and pastas. Children less than a year of age should be consuming no more than 16-24 oz of milk per day at a maximum and may need less depending on their degree of constipation.
- -Increase the amount of water your child drinks daily.
- -Make sure your child is getting enough exercise. The recommended daily amount is 1 hour per day 7 days a week.



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- -Encourage your child to regularly sit on the toilet for approximately 5 minutes after each meal. Try to make this time pleasant and do not criticize or scold if the child is unable to go.
- -If you are toilet training but have started struggling with constipation, it is appropriate to stop training for a while and use diapers or pull-ups until the constipation has resolved.

Medical Management of Constipation

In addition to the above recommendations, we often utilize medication to aid in constipation treatment. One of the most common and safest medications is Miralax. We start with the doses below and titrate as needed every 3-5 days until your child has soft pudding-like stools 1-2 times a day. Your pediatrician will discuss the length of treatment and how to wean them off to prevent constipation reoccurrence. Give the dose of Miralax in 4-8 oz of water or juice.

-Children under 5 years old: 1 teaspoon

-Children 5 – 12 years old: 2 teaspoons

-Children 12 years and older: 1 capful

Do not use stool softeners, enemas, or other laxatives unless recommended by your pediatrician as they can be dangerous if not used properly.

When to call your pediatrician for constipation

Call your doctor now (night or day) if:

- Your child looks or acts very sick
- Persistent abdominal pain longer than 1 hour
- Persistent rectal pain longer than 1 hour including persistent straining



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- Vomiting more than 3 times in the last 2 hours
- Age less than 1 month of age and breastfed
- -Age less then 1 year of age with recent onset of weak cry, weak suck, or weak muscles

Call your doctor within 24hours during office hours if:

- You think your child needs to be seen
- Age less than 2 months of age
- Bleeding from anal fissures or tears

Call your doctor during office hours if:

- You have other questions or concerns
- You are concerned your child may be constipated or blocked up
- Your child is leaking stool
- 3 or more days between bowel movements despite appropriate dietary changes (Exception to this includes breastfed infants older than 2 months of age and bowel movements are soft)
- -Constipation is a recurrent or persistent problem