**Constipation in Children**

**Constipation** is a common problem throughout childhood. Early intervention during acute or recurrent episodes of acute constipation can prevent complications such as anal fissure, stool withholding, chronic constipation, and encopresis.

Children are susceptible to constipation at certain times of life. These episodes may be anticipated and either prevented or quickly treated if parents are given appropriate and timely anticipatory guidance.

***Times when constipation is likely to occur include:***

**Infant transitioning to a solid diet** – The transitional diet often includes inadequate amounts of fiber and fluid. To avoid constipation, the diet should include at least 5 grams of fiber daily. This can be accomplished by providing several servings daily of pureed vegetables, fruits, and a fiber-containing infant cereal. The minimum daily fluid intake ranges from 16 fluid ounces (480 mL) for a 5 kg infant to 32 ounces (960 mL) for a 10 kg infant. Anal fissures or irritation also may contribute to constipation; these can be caused by vigorous wiping during diaper changes.

**Toilet training** – Children of toilet training age are susceptible to constipation because of stool withholding, inadequate fiber intake, and/or excessive milk intake. Preventive measures include increasing fiber and decreasing milk intake, delaying toilet training until the child shows signs of readiness, and using a relaxed, "child-oriented" approach to toileting. If children show signs of stool withholding, it is often necessary to use short-term dietary interventions or laxatives, and sometimes to hold off on toilet training efforts. Consumption of cow's milk should be limited to 24 fluid ounces (720 mL) per day. The diet should include at least 7 to 15 grams of fiber daily for children two to five years.

**School entry** – Transitioning to school can trigger constipation because of stool withholding if the child is reluctant to use the toilet at school, or because the change in schedule interferes with toileting. To avoid these problems, parents should be encouraged to monitor whether their child is holding back from or embarrassed about using the toilet at school and promote routine, unhurried time on the toilet. Goals for fiber intake for a six-year old child are at least 11 to 16 grams/day (based on the child's age plus 5 to 10 grams/day).

**Common Tips to Help with your child’s constipation:**

- Increase **Water** Intake - Offer Fruit **Juice** - Feed **High-Fiber** Foods

- Give Your Baby **“Bicycle Legs”** - Offer Tummy **Massage** - Give a **Warm Bath**

- Take Your Baby’s **Temperature** - Change Infant **Formula** - Glycerin **Suppository**

**Acute constipation in infants** can be treated by the addition of un-digestible, osmotically active carbohydrates to the formula, such as sorbitol-containing juices (eg, apple, prune, or pear). For infants who have begun solid foods, sorbitol-containing fruit purees can be used. To increase the fiber content of the infant's solid foods, multigrain or barley cereal may be substituted for rice cereal, and pureed peas or prunes can be substituted for other pureed fruits and vegetables.

Glycerin suppositories or rectal stimulation with a lubricated rectal thermometer can be used occasionally if there is very hard stool in the rectum, but should not be used frequently.

**Infants with recurrent constipation** should be treated with the same dietary interventions as described for acute constipation. Glycerin suppositories or rectal stimulation with a lubricated rectal thermometer may be used occasionally to remove desiccated stool in the rectum, but should not be used frequently because infants can become behaviorally conditioned to depend upon rectal stimulation to initiate stooling.

**In infants older than six months who have ongoing or recurrent constipation** despite dietary interventions, osmotic laxatives such as lactulose or PEG3350 may be required.

**Acute episodes of constipation in children one year and older** can usually be treated with dietary changes, including increasing fiber and ensuring adequate fluid intake if the symptoms are mild.

**For those with stool withholding behavior, pain while defecating, rectal bleeding or anal fissure**, we suggest initial treatment with an osmotic or lubricant laxative, rather than dietary intervention alone. Appropriate choices include polyethylene glycol (PEG) without electrolytes (Miralax) or lactulose, given for at least a few days until the stool is consistently soft.

Meanwhile, dietary changes should also be instituted, to prevent relapse. Parents should be encouraged to follow-up if the constipation does not resolve quickly or if it recurs.

**Toddlers and children with recurrent constipation** should be treated with a course of laxatives, ensuring that daily fiber intake in the diet or with supplements is adequate, and/or fecal dis-impaction if necessary (using higher doses of oral laxatives for up to one week).

Follow-up visits should be scheduled to ensure that the constipation is optimally managed. A maintenance regimen of laxatives should be considered if the stools remain hard, large in diameter, or continue to cause pain.