

Constipation

Hilliard Pediatrics, Inc. - Dr. Tim Teller, MD

Introduction

Constipation is the problem of having painful or hard bowel movements (BMs). How often the child has a stool is less important because many healthy children have BMs that occur every 2 to 7 days. If the child is content, with a normal appetite and passage of gas from below, and the BMs are not hard, no treatment is required for those children who do not have a BM every day. Many infants grunt, groan, and strain with BMs. This is normal and should not be confused with constipation. Keeping in mind the above information, healthy infants and children can vary widely in how frequent they have bowel movements. Infants may have a bowel movement every feeding (or more!), especially breast-fed infants. Healthy infants, whether breast- or bottle-fed, may also pass a bowel movement once every 5-7 days. For healthy toddlers and children, we see a wide range of normal: some pass 3-4 soft, mushy stools a day, while others have one bowel movement every 3-5 days.

Treatment for Toddlers and Older Children

- Almost all toddlers and older children with constipation will need to have their food and fluid intake changed. For all children (except those infants still on just breast milk and formula), increasing how much the child drinks will likely be helpful. For toddlers and preschoolers, increase the child's juice intake. Older children should increase both their water and juice intake. Apple, pear, grape, and prune juices are all good juices for treating constipation. Certain foods tend to naturally make constipation better or worse. **Milk and dairy** products (especially cheese), **carrots**, **bananas**, and **apples** tend to **constipate**, while oatmeal, bran, raisins or grapes, popcorn, green vegetables, prunes, peaches, pears, and apricots tend to allow a softer, easier to pass BM. Despite the fact that iron is sometimes blamed for constipation, we strongly advise against switching your infant to a lower iron formula without discussing it with our office first. There is simply not enough iron to support brain development in these low-iron formulas.
- In toilet-trained toddlers and older children, many children need to be encouraged to establish a regular bowel pattern by sitting on the toilet for 10-15 minutes *after meals*. This takes advantage of the body's natural urge to have a BM soon after filling the stomach (called the "gastro-colic reflex"). Regular activity or increased exercise in older children helps to keep the bowel movements regular and less prone to constipation.
- If the above measures have not helped your toddler or older child, try one of the over-the-counter medicines by mouth once or twice a day. They generally work in 8-24 hours and should be continued for one week or until regular, comfortably passed bowel movements occur.
 - Mineral oil 2-6 years = 2 tsp; 6-12 years = 3-4 tsp; over 12 years = 6 tsp.
 - Colace liquid < 3 yrs. old: 1-2 tsp.; 3-6 yrs. old: 2-6 tsp.; 6-12 yrs. old: 4-8 tsp.
 - Senekot liquid < 2 yrs. old: ½ tsp. 1-2 times/day; 2-6 yrs. old: ½-1 tsp 1- 2 times/day; 6-12 yrs. old: 1-1 ½ tsp. 1-2 times/day.
 - Fletcher's Castoria Liquid < 2 yrs. old: ½ tsp.; 2-6 yrs. old: 1-2 tsp.; 6-12 yrs. old: 2-3 tsp.

Constipation

Hilliard Pediatrics, Inc. - Dr. Tim Teller, MD

- Pedia-Lax Quick Dissolve Strips 2-5 yrs. old: 1 strip; 6-11 yrs. old: 2 strips.
- Pedia-Lax Chewable Tablets 2-5 yrs. old: 1-3 tablets; 6-11 yrs. old: 3-6 tablets.
- Pedia-Lax Liquid Stool Softener 2-11 yrs. old: 1-3 tablespoons (mix with favorite juice).

In addition to these, a medication previously only available by prescription is now available over-the-counter: **Miralax powder**. The dose is ½ capful mixed into 8 ounces of juice (or milk) and taken once a day. The dose might need to be adjusted up or down (1/4 capful to 1 capful) depending on how your child responds to the medication. The above medications can be used regularly or just as needed.

Treatment for Children Less than 2

For children less than 2 years of age with constipation, the following will likely treat the problem.

- If they are at least 4 months of age, try increasing the child's fruit juice intake.
- In infants less than 4 months of age or if the juice has not helped an older 4-24 month old child, try over-the-counter **Milk of Magnesia** by mouth once or twice a day for a week. This can be given by a dosing syringe or in a bottle or cup mixed with the child's favorite drink. Milk of Magnesia Dosing [1 tsp. = 5 ml.]:
 - Birth-12 months = 1/4-1 tsp
 - 12- 35 months = 1/2-2 tsp
 - 3 years and up = 1-3 tsp.

What to Do When

If an infant or child of any age appears to be in significant pain because they cannot pass a BM and the above measures have not helped, give your child an over-the-counter pediatric **glycerin rectal suppository** (infants up to 12 months of age use 1/3 of a suppository, toddlers use 1/2 of the suppository, and older children one full suppository). The suppository can be repeated in 30 minutes initially then in 8-12 hours if needed. If this does not relieve the problem, call us during regular business hours.

For any child having frequent problems with constipation or if the above treatments have not helped, please call our office during regular business hours.