

Indian Academy of Pediatrics (IAP)



## GUIDELINES FOR PARENTS

# The Constipated Kid

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### 10 FAQs on THE CONSTIPATED KID

1. How do I know if my child is constipated?
2. My child skips days and sometimes passes hard stools with blood. Should I be worried?
3. My child shies away in public and often has soiled clothes. What should I do?
4. My toddler baby hides in corner and kind of becomes stiff. She often cries while passing urine and stool.
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**Under the Auspices of the IAP Action Plan 2020–2021**

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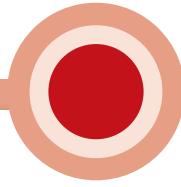
# The Constipated Kid

## The constipated kid and how to help ?



### INTRODUCTION

*Constipation:* Constipation is a common problem in children, means passing hard stools (feces), with difficulty, and less often than normal. When it lasts for >4 weeks, it is known as "significant constipation". It is important that constipation should be recognized early to prevent it from becoming a long-term problem.



### What causes this problem and how common is it?

In routine pediatric practice, ~10% of children present with constipation. It is noted in the 1st year of life in 17–40% of cases; 95% cases of constipation are functional and only 5% are due to organic reasons.

#### CAUSES

- Changes in routine—timing of defecation, nonavailability of toilets (during travel), etc.
- *Dietary factors*: Predominant milk-based diet, bottle-feeding, diet poor in fiber, change in infant formulas.
- *Acute stressor*: Stressful events (change of home, change of school, loss of near one, major changes in family, and sibling rivalry), intercurrent illness.
- Child's postponing defecation—too busy (morning school), too engrossed (TV, mobile, and video games), just lazy to go to toilet.
- Forceful and too early toilet training.
- Sedentary lifestyle and decreased outdoor playtime.
- *Medicines*: Some medicines too cause constipation as a side effect.
- *Organic causes (rarely)*: Hirschsprung's disease, congenital anomalies (anal stenosis, anteriorly placed anus, and spinal cord anomalies), hypothyroidism, and lead poisoning.



### How do I know if my child is constipated?

Most of children present with passing infrequent hard stools. Other complaints may be:

- Nonspecific abdominal pain/discomfort
- Painful defecation
- Withholding of stools (typically child may go to the corner of the room or hide behind curtains and stand cross-legged or hold on a table and bend forward).
- Soiling of pants with small amount of liquid stools is too a feature of constipation.
- Urinary complaints (frequent urination).
- Passing large size stools or pellet-like stools.
- Bloating, passing a lot of gas, decreased appetite.

**Q2**

**My child skips days and sometimes passes hard stools with blood. Should I be worried?**

Bleeding while passing hard stools is a sign you should see a doctor. It may be caused by fissure and can lead to withholding habit due to fear. Skipping days for long time at times denotes possible impaction.

**Q3**

**My child shies away in public and often has soiled clothes. What should I do?**

Do not scold your child. It is called “encopresis”. It needs pediatric gastroenterologist and pediatric surgery opinion. Commonly, it suggests long-standing constipation. Sometimes children with constipation may also pass large number of stools in pants (overflow incontinence). These children need urgent treatment as prolonged leaking of stools can have significant psychosocial impact on child.

**Q4**

**My toddler baby hides in corner and kind of becomes stiff. She often cries while passing urine and stool.**

It is a withholding posture as babies try to avoid passing stool due to pain. Very often they also develop mild urinary infections due to urinary retention as a consequence of stool retention.

Q5

**When is the best time for potty training?  
Which toilet is the best?**

Ideal time to initiate potty training is 2–3 years of age depending upon the child’s acceptance. It should be gradual and too rigid training should be avoided. If using western style toilet, please use a small table for the child to rest his legs while passing.



Q6

**My 3-month-old exclusively breastfed baby poops once in 5 days. Is it normal?**

It is normal for breastfed infants to pass five to six stools in a day and also to pass stools once in 5–6 days. As long as the stools are pasty in consistency and baby is growing well, they are not of any concern.

### Q7

#### When to see your doctor?

- Persistence of constipation beyond 4 weeks
- When the child is standing to pass stools or straining significantly to defecate.
- There is fecal soiling of pants.
- Child is afraid to evacuate or cries while passing stools.
- Pain or bleeding while passing stools.
- “Ribbon stools” (more likely in a child younger than 1 year)
- Abdominal distention with vomiting accompanied by constipation
- Urinary tract symptoms such as retention of urine, urine infection or incontinence

### Q8

#### How is constipation diagnosed?

Mainly by history taking and clinical examination. Your doctor may do a per rectal examination. Further tests, if needed, may be ordered based on your clinical evaluation.

### Q10

#### When should I worry about constipation?

- Constipation onset <1 month of age
- Passage of first stool after >48 hours of birth
- Family history of Hirschsprung’s disease
- Ribbon stools
- Growth failure
- Persistent yellow green vomiting
- Abnormal thyroid gland
- Severe abdominal distention
- Abnormal position of area of stool passage
- Tuft of hair or minute hole at lower back
- Extreme fear while examining area of stool passage
- Scars/fissures at stool passage area

### Q9

#### What are the treatments available?

- Diet and lifestyle modification are the first tier treatment for constipation.
- Dietary changes—restriction of milk intake, stopping bottle feeding, encouraging high fiber diet (green leafy vegetables and fruits), drinking plenty of water
- Restriction of screen time and encouraging physical activities
- Regular toilet training
- *Medicines:* Your doctor may prescribe some drugs such as polyethylene glycol or lactulose. Sometimes a suppository may be needed.