



Bladder & Bowel UK

Supporting people with bladder and bowel problems

part of Disabled Living

Understanding childhood constipation



A Guide for Parents and Carers

Introduction



Constipation is a common problem in childhood. It can develop for a number of reasons and not usually because there is anything physically wrong with your child.

Constipation can be distressing for both you and your child, and although it is natural to be concerned, it is not usually serious and does not mean that they will get bowel problems later in life. There are many effective treatment options available to make your child feel better, particularly if treated early.

Many children get temporary constipation that may last a few days and then gets better. This is quite normal and is nothing to worry about. However, if constipation persists and does not get better, you may find this leaflet a help.

This leaflet is designed to help you find out more about constipation in children, what may be causing it, what can be done to help cure it and most importantly, what can be done to help prevent it from coming back.

This leaflet is intended for information only. You should visit your doctor, health visitor or school nurse if you are at all concerned, if the constipation is persistent or causing distress to your child, or if your child is passing blood. You should not wait before seeking help, as the problem can get worse if you wait.

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What is constipation?

Constipation happens when a child does not open their bowels (does not do a poo) often enough. If this happens the poo can become hard and dry and therefore can hurt when it does come out. Constipation can also happen if a child does not fully empty their rectum (the bit of bowel nearest the bottom) when they do a poo. These children may be passing a small or a soft poo every day but are still constipated.

Children who have constipation usually need some help to restore the natural bowel rhythms and prevent the constipation from coming back. If they have been constipated for some time, they may need treatment for many weeks or months.

What is faecal impaction?

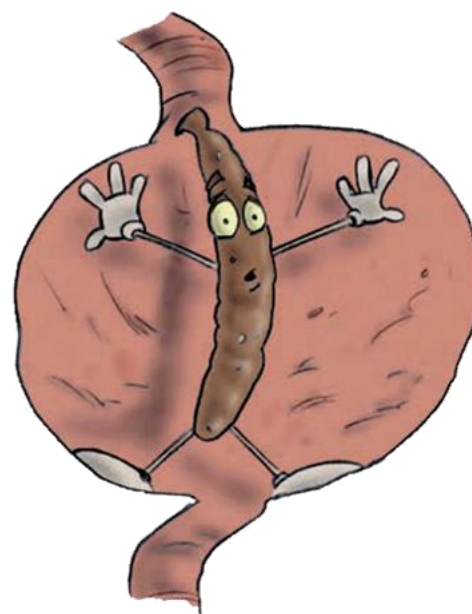
When there are no bowel motions (poos), or only small bowel motions for several days or weeks large amounts of poo build up in the rectum and/or the colon (the parts of the bowel nearest the bottom). This build-up of poo becomes hard and compacted and cannot be easily passed by the child.

Symptoms include not passing a poo for several days, followed by a large painful poo. Between these poos there is often soiling of the child's underwear.

How common is constipation in children?

Many children get constipation from time to time, for a variety of reasons. Most of the children who get constipation have nothing physically wrong with them – there is no underlying reason causing the constipation.

- About one third of children are affected by constipation at any time. Constipation becomes chronic (it lasts more than four weeks) in about one third of these children
- 5% of primary school aged children get constipation for more than six months
- Chronic constipation is most common in children between the ages of two and four years old, when they are potty training
- In about 25% of cases, constipation starts when the child is still a baby



How to tell if your child may be constipated

Some signs to look out for are:

- Pooing less than three times a week, or more than three times a day
- Pain and straining with bowel opening – your child may say it hurts to poo

- Withholding (straining to hold a poo in). This might look the same as straining to get a poo out
- Tummy aches
- Small poos, dry and/or hard poos, or poos of different consistencies
- Avoiding the toilet
- Not having the urge to do a poo
- Your child feeling that they have not finished after they have done a poo
- Sore bottom
- Poos that smell strong and unpleasant
- Dribbling of urine (wee), or wetting
- Leaking of liquid or loose poos, or passing sticky or hard poos into their pants

How constipation develops

The causes of constipation differ from child to child and there may be a combination of factors contributing to the problem. Constipation can happen suddenly (for example, after a child has been unwell and not eaten or drunk properly for a few days). It can happen slowly, without anyone being aware that it is developing.

If your child has had just one painful experience of pushing out hard, dry poo that hurts their bottom, it can make them frightened of the poo. Your child will start to try to hold poos in by tightening the muscles around their bottom until the feeling they need to do a poo goes away. This is called withholding and is a natural response to the previous painful poo. It is not your child's fault. They are not being lazy or naughty.

Withholding makes the problem worse because:

- The poos that are stuck in your child's bowel get bigger
- The poos become even harder and more difficult to push out
- The poos hurt more when they are pushed out
- Your child puts off the urge to go to the toilet for even longer
- The poo continues to build up in your child's rectum (the bit of the bowel nearest the bottom)
- The rectum stretches more than is usual. This makes it more difficult for your child to feel the urge to poo
- Your child may need to strain to get the poo out, although many children strain to hold the poo in (if they are frightened the poo will hurt)
- Straining (to hold a poo in, or get it out) makes it hard for your child to relax enough to do the poo. This makes the constipation worse

The result of all this is that large, hard poos get stuck. Liquid poos may leak from above the large, hard mass of poo and get into your child's underwear, or small bits of hard poos may break off the bottom of the big piece of poo and go into your child's pants.

Children do not usually know when the poos have leaked. They therefore do not know their pants are dirty, even if the poo is very smelly. Your child might notice the dirty pants later. They may change their pants when they notice. If they do not know what

to do with the soiled pants, they may hide them. While this is frustrating and upsetting for families, this is not an unusual behaviour for a child who cannot control the soiling. It is a natural response to a problem they cannot control. If this is happening tell your child where you want them to put the soiled underwear. Some families find a bucket with a lid, in the bathroom is helpful.

Risk factors for constipation

It is important to remember that the risk factors for constipation will differ from child to child. More than one factor may be involved for each individual child.

Diet: Not eating enough high-fibre foods (such as fruit and vegetables) can cause the poos to become dry, hard and difficult to pass. In some babies, changing formula milk or weaning may be a trigger for constipation.

Fluid: Not drinking enough water, or water-based drinks

Holding poos in: Sometimes children hold on too long to do a poo. This may be because they are embarrassed to use a public toilet, or the one available is dirty, uncomfortable, or it is not private enough e.g. at school. Sometimes children hold on because they do not want to stop what they are doing e.g. when playing a game, or playing out

Changes in daily routine: Changes in daily routine, such as going on holiday, moving house, changing school, can upset a child's natural bowel rhythm and cause constipation

Not enough exercise: Lack of physical activity can cause a child's bowel to become move more slowly and lead to constipation

Constipation in the family: If other family members suffer from constipation, this can increase the risk of the child becoming constipated

Medicines: Some medicines can cause constipation. These include some medicines for pain (such as codeine), some cough medicines, anticonvulsants (used to control seizures), iron supplements, anticholinergics, such as oxybutynin (used to treat bladder problems) and antihistamines (used to treat allergies). Do not stop any medication that has been prescribed for your child without talking to their healthcare professional.



Preventing constipation

There are some things you can do to try and prevent constipation developing.

- Try to make sure your child does not wait when they need to do a poo. Encourage them to go straight away
- Make sure your child has enough time to poo and does not feel rushed. Set aside time each day for your child to sit on the toilet – after school or tea can be a good time for many families

- Make going to the toilet fun by keeping special treats just for the toilet, such as a favourite book, singing with them, a toy for the toilet, blowing bubbles etc
- Encourage your child to get lots of active play because this increases bowel activity

Increasing fluid intake

Drinking more water-based drinks increases the water content of the poos. This makes them softer and easier to pass.

- Encourage your child to drink 6 – 8 glasses of water, squash or fruit juice (preferably sugar-free) each day.

Age	Sex	Total drinks per day
1 – 3 years	Female	900 – 1000 ml
	Male	900 – 1000ml
4 – 8 years	Female	1000 – 1400ml
	Male	1000 – 1400ml
9 – 13 years	Female	1200 – 2100 ml
	Male	1400 – 2300 ml
14 – 18 years	Female	1400 – 2500 ml
	Male	2100 – 3200ml

Suggested intake of water-based drinks per 24 hours by age and gender

(Adapted from CG 111 Nocturnal Enuresis NICE 2010 and American dietary requirements, cited in CG 99 Constipation in Children and Young People, NICE 2010)

For children who are at school, ask their teacher if they can bring their own bottle of water or squash into school each day. Ask if they can have it on their desk

- For babies, ask your health visitor about giving them boiled water in between feeds

Increasing dietary fibre

Fibre in foods increases the bulk of the poos and helps them hold onto more water. This makes them softer and easier to push out.

- Include fresh fruit, dried fruit, vegetables and pulses, such as lentils and beans, in your child's diet. For babies, try pureed fruit and vegetables
- Try to include a variety of high-fibre foods in the family's diet. These include wholegrain cereals, pasta and rice, wholemeal, granary or seeded bread
- Avoid giving very high fibre cereals e.g. all bran and bran buds, to children. As they are very dry they may make constipation worse, particularly if your child does not drink lots of water-based drinks



Fibre Charts

How to calculate how much fibre (in grams) your child should be eating per day

Child's age in years + 5 grams for children older than 2 years

E.g. if your child is 7 years old, the calculation would be
 $7 + 5 = 12$

A 7 year old child should therefore be eating 12 g of fibre per day

Fibre Food	Portion Size	Content (grams)
Broad beans	2 tablespoons	7.8
Broccoli tops (raw)	2 spears	2.4
Butter beans	2 tablespoons	3.7
Cabbage	2 tablespoons	1.1
Carrots	2 tablespoons	2.0
Cauliflower	3 florets	0.5
Celery (raw)	1 stick	0.3
Chickpeas	2 tablespoons	2.9
Corn-on-the-cob	1 whole	2.7
Green pepper	2 sliced rings	0.3
Leeks	Stem, white portion only	1.1
Lentils split (boiled)	2 tablespoons	1.5
Oven chips	Small portion	1.2
Peas	2 tablespoons	3.0
Potatoes baked with skin	1 small	2.7
Potatoes (new)	2 average size	1.2
Red kidney beans	2 tablespoons	4.3
Spinach	2 tablespoons	1.7
Sweetcorn (canned)	2 tablespoons	0.9
Tomatoes (raw)	1 small	0.7
Turnip	1 tablespoon	0.8

Food	Portion Size	Fibre Content (grams)
Fruit (raw) continued		
Plum	1 small	0.5
Prunes (dried)	5	2.3
Raisins	1 tablespoon	0.6
Raspberries	10	1.0
Strawberries	5	0.7
Sultanas	24	0.5
Tangerine	1 small	0.6
Nuts		
<i>Nuts should not be given to children under 5 years due to the risk of choking</i>		
Almonds	6 whole	1.0
Brazils	3 whole	0.6
Peanuts	10 whole	0.8
Peanut butter	Thickly spread on 1 slice of bread	1.4
Rice and Pasta		
Brown boiled rice	2 heaped tablespoons	0.6
Wholemeal spaghetti	3 tablespoons	3.1
Vegetables		
Baked beans	2 tablespoons	3.0
Beetroot	4 slices	0.8

Food	Portion Size	Fibre Content (grams)
Bread		
Brown	1 small slice	0.9
High fibre white	1 small slice	0.8
Hovis	1 small slice	0.8
Wholemeal	1 small slice	1.5
Wholemeal pitta bread	1 mini	1.8
Breakfast Cereals		
All-Bran	Average small bowl	7.2
Bran Buds	Average small bowl	6.6
Bran Flakes	Average small bowl	2.6
Corn Flakes	Average small bowl	0.2
Country Store	Average small bowl	1.2
Fruit 'n' Fibre	Average small bowl	1.4
Mini Shredded Wheat	Average small bowl	3.4
Muesli	Average small bowl	2.0
Raisin Splitz	Average small bowl	2.3
Sultana Bran	Average small bowl	2.0
Weetabix	1 biscuit	1.9
Biscuits and Pastry		
Cereal bar	1	1.0
Cracker (wholemeal)	1	0.4
Digestive (plain)	1	0.3

Food	Portion Size	Fibre Content (grams)
Gingernuts	1	0.2
Oat based biscuit	1	0.5
Oatcakes	1	0.7
Shortbread	1	0.2
Wholemeal scone	1 average size	2.6
Wholemeal fruit cake	Average slice	1.7
Fruit (raw)		
Avocado pear	1/2 pear	2.6
Banana	1 medium	1.1
Blackberries	10	1.5
Dates (dried)	5	3.0
Eating apples	1 small	1.3
Fruit cocktail (canned in juice)	Small bowl	1.2
Grapefruit	1/2	1.0
Grapes	10	0.6
Kiwi fruit	1 medium	1.1
Mango	1 slice	1.0
Melon (cantaloupe)	1 slice	1.5
Orange	1 small	2.0
Peach	1 small	1.1
Pear	1 medium	3.3
Pineapple	1 large slice	1.0

Treating Constipation

Children who are constipated usually find that it hurts to poo. For this reason, they do not want to do a poo. They will often avoid the toilet or try and hang on when they feel a poo coming. Because of this most children will need some medicine to help them get better. The medicines used to treat constipation are called laxatives. There are different types of laxatives.

Your child's doctor, nurse, health visitor or pharmacist will discuss with you, which laxative they think is best for your child. If the constipation has not been happening for very long (acute constipation), then your child may only need laxatives for a few days. However, if they have been constipated for more than a few weeks (chronic constipation) they will need laxatives for weeks or months. Some children need laxatives for a very long time. For these children it is important to follow their doctor or nurse's advice. If your child has had chronic constipation the laxatives should not be stopped suddenly.

Medicines for constipation

If your child has chronic (long-term) constipation, try not to worry as there are various treatments that can help. However, these treatments can take some time to work, so try to

be patient and follow the advice of your child's doctor or nurse. If your child is soiling, that often gets worse to start with. Talk to your child's doctor or nurse if this happens and you think the treatment might not be helping.

Your child's doctor or nurse may prescribe medicines called laxatives to clear out any poo that has built up inside their bowel and to help your child's bowel work normally. Your child's doctor or nurse will give you advice about what dose of laxative to give and for how long, how and when to reduce the dose and how to keep your child's bowel healthy and avoid constipation in the future.

There are various types of laxatives available for children. The commonest types of laxatives used for children are:

Osmotic laxatives

Macrogol laxatives are osmotic laxatives. They must be mixed with water before they are taken. They work by keeping the water that they are taken with in the bowel. The macrogol then breaks up hard lumps of poo, softens the poo and makes it easier to pass. They are used in increasing doses to treat faecal impaction. It is important to follow the instructions on the packet when mixing the macrogol with water. Some macrogols are flavoured. If they are not flavoured, once they have had water mixed with them, they can have juice or squash added.

Movicol, CosmoCol and Laxido are all examples of macrogol laxatives. (for more information about Macrogols see the Bladder & Bowel UK leaflet Understanding Macrogol Laxatives)

Stimulant laxatives

Stimulant laxatives work by stimulating contractions in the muscles of the bowel wall (they make the muscles do more work). When the muscles in the bowel wall contract more often they push the poo through the bowel more quickly. This makes it harder for the child to hold onto the poos. It also makes the poos softer, as there is less time for the bowel to take water out of the poos

Senna, sodium picosulfate and bisacodyl are examples of stimulant laxatives

Not all laxatives are licensed for use in children of all ages. Speak to your child's doctor or nurse if you are concerned.

If your child will not take the laxative that has been prescribed for them, then speak to their doctor or nurse. They may be able to suggest something different.

When should I take my child to see a healthcare professional?

Most children get constipated from time to time. However, if your child has constipation that does not go away, they may need treatment for their bowel to return to normal.

You should visit your child's doctor, health visitor or school nurse if:

- You are concerned about them

- If the constipation has lasted more than a few days
- Your child is distressed
- Poos are hurting your child
- If your child is passing blood with their poo

You should not wait before seeking help as the problem can get worse if you wait.

Sometimes more serious symptoms may occur in children with constipation. If you notice any of the following in your child, you should take them to see their doctor, nurse, or health visitor:

- Being irritable
- Loss of appetite
- Soiling (pooing in their pants)
- Feeling sick
- Tummy aches

It is rare for childhood constipation to be the result of an underlying medical condition. Children do not usually need investigations into the cause of constipation. If your child's doctor, nurse or health visitor has any concerns about this they will discuss it with you. They will also let you know if they think your child does need any investigations.



Further advice

Always follow the advice given to you by your child's doctor or nurse. Talk to them if you have any concerns or questions

You should always read the leaflet that comes with any medicine that has been prescribed for your child.

You may contact the **Bladder & Bowel UK confidential helpline** at email: bbbuk@disabledliving.co.uk or Telephone: 0161 607 8219

There is a video about how to use macrogol laxatives at www.thepoonurses.uk

The National Institute for Health and Care Excellence (NICE) has produced guidelines for doctors and nurse advising them on the best treatment for children and young people with constipation. This is NICE Clinical Guidance (CG) 99, Constipation in children and young people and is available online at: <https://www.nice.org.uk/guidance/cg99>. There is information about the guideline at <https://www.nice.org.uk/guidance/cg99/ifp/chapter/About-this-information>

Related information

There is more information about constipation and faecal impaction in the Bladder & Bowel UK leaflets:

Talk About Constipation

Understanding Constipation in Infants and Toddlers

Understanding Faecal Impaction

Understanding Macrogol Laxatives

Understanding the Management of Constipation and Faecal Impaction

These and all the other information leaflets about children's bladder and bowel issues are available at: <https://www.bbuk.org.uk/children-young-people/children-resources/>

For further information about **Bladder & Bowel UK** services and resources visit our website at www.bbuk.org.uk

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