



**Bladder & Bowel UK**

Supporting people with bladder and bowel problems

part of Disabled Living

# Understanding Constipation in Infants and Toddlers



A guide for parents and carers

Constipation is a common problem that can affect up to 28% of all children. It has been recognised as one of the most common infant digestive problems reported by parents. If the problem is identified and treated quickly it is easier to manage. However, families do not usually recognise the problem until their child starts potty training. At this point it is often more difficult to treat, particularly if the child is reluctant to open their bowels because of fear of pain or discomfort.

There are often unfounded concerns about the use of laxatives with babies and toddlers. Laxatives are safe to use in babies and small children and are licensed for them.

If constipation is not treated effectively it will become chronic. Chronic constipation is associated with other problems, including abdominal pain, pain when opening the bowels, withholding, loss of appetite and constant soiling. These become a greater concern when children start nursery or school.

### **The first poo - Meconium**

The first poo passed after birth is called meconium. It is often green in colour and very sticky. It is passed within the first 24 hours in about 87% of babies and within 48 hours by 99%.

Babies who are fed breast milk pass softer and a greater number of poos than those fed infant formula. All infant poos should be soft until they start to wean (start to have food). At this point the poo becomes firmer. The frequency of bowel movements in babies can vary a great deal, depending on whether they are breast or bottle fed.

### **Normal frequency of bowel movements in children**

<b>Age</b>	<b>Number of bowel movements per week</b>	<b>Average number of bowel movements per day</b>
0 – 3 months breast fed	5 – 40	2.9
0 – 3 months formula fed	5 – 28	2.0
6 – 12 months	5 – 28	1.8
1 – 3 years	4 – 21	1.4
3 years and older	3 – 14	1

Adapted from: Fontana et al.

### **Why are breast fed babies stools different?**

Breast milk contains proteins and oligosaccharides (a type of carbohydrate) that are not digested. This makes the poos larger and softer in consistency. Breast fed babies tend to be fed 'on demand', with more frequent feeding. This causes more stimulation of the gastrocolic reflex – the reflex in the bowel that results in the bowel contents being moved towards the bottom and a poo being passed. As the infant grows and starts to wean normal changes in the bowel result in them pooing less often.

## Transit time

Transit time is the time it takes for the feed to get from the mouth, all the way along the bowel and for the waste come out of the bottom as poo.

As a baby grows the transit time gets longer. In 1 – 3 month old babies the transit time may be 8.5 hours. However, at 4 -12 months old the transit time is about 16 hours. Therefore, the frequency of poos will reduce as the baby gets older. If you are worried that your baby may be constipated it is important to look at the consistency of the poo as well as the frequency.

## Possible causes of constipation in infants

- Formula feed not made up correctly (too concentrated, with not enough water)
- Weaning - introduction of solid food, but without enough water-based drinks in between mealtimes
- Not enough fruit and vegetables
- High dairy food intake (e.g. too much cow's milk) can affect some babies
- Illness resulting in dehydration e.g. having a high temperature, diarrhoea, vomiting



## Formula feeds

Families need to ensure feeds are made up correctly, according to the instructions on the packet. For some infants who are struggling to poo, changing the formula may help, but this should only be done under the supervision of a healthcare professional.

Breast feeding is always best for babies, if mothers can manage this. Any changes or introduction of formula feeds should only be done on the advice of a healthcare professional.

## Some simple interventions parents can try

- **Abdominal (tummy) massage:** This should be taught to parents by a qualified healthcare professional
- **Leg exercise:** Lay the infant on their back and gently move their legs in a bicycle motion. This will cause the stomach muscles to move and put gentle stimulation on the infant's bowels and may help them to poo
- **Warm bath:** A relaxing warm bath may help the baby pass a poo easily. During or after the bath, try gently massaging the tummy (if parents have been taught how to do this by a qualified healthcare professional)

- **Fruit juice/puree:** Depending on the age of the infant – dilute fruit juice containing sorbitol – such as fresh apple or pear could be tried



If trying any of the above does not help, then further advice should always be sought from a healthcare professional. Laxatives (e.g. a macrogol) may need to be prescribed, to prevent the constipation becoming chronic.

### **Infant dyschezia**

Some babies appear to strain and grunt or go red in the face when they are opening their bowels, but they then pass normal soft stools. This usually happens because the infant has not learnt out how to relax the pelvic floor while doing a poo. When they feel the urge to go, they often stretch out their legs, which tightens the pelvic floor muscles. Families often say they have to 'help the poo come out' by bending and holding their baby's legs up.



This problem is sometimes called 'infant dyschezia'. It just means uncoordinated pooing, which normally gets better on its own by the time the baby is a few months old. It does not require treatment.

### **Suppressing defecation**

If an older baby or toddler does not want to open their bowels for any reason, they can withhold the poo. They do this by tightening their bottom hole (the external anal sphincter) and squeezing their buttocks (the gluteal muscles). Doing this pushes the poo higher up into the rectum (the bit of bowel nearest the bottom) and reduces the feeling of needing to do a poo. If they keep doing this, the rectum eventually stretches to be able to hold onto all

the poo that they have not passed. The stretched rectum is then less able to push the poos out.

If this behaviour continues then your child will quickly become constipated.

### **Withholding poos**

Older babies and toddlers who have passed a large or hard poo that hurt their bottom will not want to poo again. If your child has experienced this, they will hold onto the poo next time they feel it coming. This is often called withholding.

The longer the poo stays in their rectum (bottom) the larger and harder the poo gets. A vicious circle develops with your child wanting to withhold, to stop any more poos coming out in case they hurt as well. The longer the poos sit in the bottom the bigger and harder they get and the more likely they are to hurt when they do come out.

If your baby or toddler is pooing less often than once most days and the poos are hard, this may indicate the development of constipation. It is important to address this quickly to prevent the cycle of withholding developing. Speak to their healthcare professional if you are concerned.



### **Key messages for babies**

- Constipation is not an uncommon problem in formula fed infants.
- You should ask their healthcare professional for advice if you are worried your child may be constipated. Appropriate treatment may be needed to stop the problem becoming chronic (this is when the constipation has been present for more than four weeks. Chronic constipation may be more difficult to treat)
- If simple interventions fail to resolve constipation, then laxatives should be prescribed

### **Working with toddlers**

It will be very difficult to get your toddler to cooperate with pooing, particularly if they are frightened it might hurt. Encouraging them with fruit, vegetables and water-based drinks will help. However, they may also need to be prescribed laxatives. Speak to your healthcare professional if they are struggling with pooing or you are worried about their poos.

Sitting on the potty is a good position for opening the bowels as your child's bottom will be well supported, their feet are flat on the floor and their knees are higher than their hips. However, potty training should not be the focus before the constipation is improving.

If your toddler is potty trained but wants the nappy to poo, then let them have it, as this may encourage them to go. The nappy should only be used in the bathroom/toilet area, if they are potty trained. Encourage them to sit on the toilet/potty with nappy on, and eventually work on removing the nappy completely. (There is more information on this in the Bladder

& Bowel UK information leaflet 'Understanding toilet refusal – the child who will only poo in a nappy' for more information)

If constipation is caught quickly then simple interventions and adjustment of your child's diet and fluids may help. However, if these on their own do not make the problem completely better, then laxatives should be considered. If they are needed, enough laxative should be given to make sure the child is passing soft poos most days. The laxatives should be continued for as long as necessary. They should not be stopped suddenly but should be reduced gradually over a period of time, usually several weeks. Ask your healthcare professional for advice.

## **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](mailto:bbbuk@disabledliving.co.uk) or Telephone: 0161 607 8219

## **Related information**

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

### **Talk About Constipation**

### **Understanding Childhood Constipation**

### **Understanding Faecal Impaction**

### **Understanding Macroglol Laxatives**

### **Understanding the Management of Constipation and Faecal Impaction**

These and all the other Bladder & Bowel UK information leaflets about children and young people'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](http://www.bbuk.org.uk)

There is a video about how to use macroglol laxatives at [www.thepoonurses.uk](http://www.thepoonurses.uk)

## IMPORTANT NOTICE:

Breast feeding is best for babies and a healthy balanced diet is important when breast feeding. A decision not to breast feed can be difficult to reverse. The introduction of partial bottle feeding will reduce the supply of breast milk, whereas continuing breast feeding will maintain a healthy supply of milk.

An infant formula should only be used on the advice of a doctor or healthcare professional and the cost and any social implications of using infant formula should be considered when deciding how to feed your baby. If an infant formula is used, all the preparation and feeding instructions should be followed carefully, as this is important for your baby's health.

For information and advice about weaning consult your health visitor.

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