

Understanding constipation in babies and toddlers



A guide for parents and carers

Constipation can affect up to 28% of all children. It is one of the most common infant digestive problems reported by parents. If the constipation is identified and treated quickly it is easier to manage. However, it can be difficult for families to know their child is constipated, particularly if they have not started potty training. If constipation has been ongoing for some time, it can be more difficult to treat. This is because many babies, toddlers and children become frightened to open their bowels because it has previously been painful or uncomfortable to do so.

Some people worry about using laxatives (the medicines used to treat constipation) 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 continue. When constipation has been an issue for more than eight weeks it is described as chronic. Chronic constipation can cause other problems, including abdominal pain (tummy ache), pain with bowel motions, withholding (trying not to poo in response to the sensation to go), loss of appetite and soiling. These can become more difficult to manage when children start nursery or school.

The first poo – Meconium

The first poo passed after birth is called meconium. It is often dark 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%.

What are babies poos usually like?

Babies who are fed breast milk have softer poos and pass them more frequently 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. How often babies open their bowels varies a lot between different babies and also according to whether they are breast or bottle fed.

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Normal frequency of bowel movements in babies, toddlers and older children

Age	Number of bowel movements per week	Average number of bowel movements per day
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 poos different?

Breast milk contains proteins and oligosaccharides (a type of carbohydrate) that are not digested. This makes poos larger and softer. Breast fed babies tend to be fed on demand, with more frequent feeding. This causes more stimulation of the natural reflex in the muscles inside the bowel wall (the gastrocolic reflex). The gastrocolic reflex helps to move the contents of the bowel towards the bottom, so that that the poo can be passed. As the infant grows and starts to wean (eat solid foods) normal changes in the bowel mean that they will poo less often.

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Transit time

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

As a baby grows the transit time increases: it takes longer for feeds and other foods to get from the mouth and for waste to be passed as poo. 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. It gradually increases until it is about 1-3 days in children who are three years old or more and in adults.

It is because the transit time gets longer as your baby grows that the frequency of poos reduces as your 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.

Infant dyschezia

Some babies appear to strain and grunt or go red in the face and cry for ten minutes or more, when they are opening their bowels, but they then pass normal soft stools. This usually happens because the baby has not learnt out how to relax their 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. They cry to try to increase the pressure in their abdomen (tummy) as this helps them to poo. Families often say they have to bend their babies' legs and hold them up to allow them to open their bowels.

Possible causes of constipation in babies

- Formula feed not made up correctly (too concentrated, with not enough water). Ask your health visitor for advice if you are not sure how to make up your babies feed.
- Weaning - introduction of solid foods, without enough water-based drinks between mealtimes
- Not enough fruit and vegetables



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- High dairy food intake (e.g. too much cow's milk) can affect some babies: ask your health visitor for advice before changing your baby's diet or milk
- Any illness resulting in dehydration including ones that cause a high temperature, diarrhoea, or vomiting
- Sometimes there may not be an obvious cause for the constipation

Formula feeds

Families need to make sure that 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 (such as your health visitor or doctor).

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 things families can try

- **Abdominal (tummy) massage:** This should be taught to parents by a qualified healthcare professional
- **Leg exercise:** Lay your baby 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 your baby's bowels and may help them to poo
- **Warm bath:** A relaxing warm bath may help your baby pass a poo easily. During or after the bath, try gently massaging the tummy (if you have been taught how to do this by a qualified healthcare professional)
- **Fruit juice/puree:** Depending on the age of your baby, you could try giving them dilute fruit juice containing sorbitol, such as fresh apple or pear. Ask your health visitor if this is a suitable option for your baby

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If trying any of the above does not help, you should always ask your health visitor, GP or other healthcare professional for advice.

Laxatives may be needed to treat constipation in your baby or toddler. These do need to be prescribed for babies and young children. Early treatment with a laxative, if the other measures suggested do not work, can help prevent constipation becoming chronic.

Withholding

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 together (the gluteal muscles). Doing this pushes the poo higher up the rectum (the rectum is the bit of bowel nearest the bottom) and helps to make the feeling of needing to do a poo go away. If the baby, toddler or child keeps 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 become constipated.

Why do babies and toddlers withhold poos?

Older babies and toddlers who have passed a large or hard poo that hurt their bottom will not want to poo again. If this has happened to your child, they will try to 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 stay 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 than once most days and the poos are hard, they may be developing constipation. It is important to address this quickly to prevent the cycle of withholding developing. Speak to their healthcare professional if you think they may be withholding or getting constipated.

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Key messages for babies and toddlers

- Constipation is a common problem in babies, particularly after weaning or for babies who are on formula feeds.
- Constipation can develop in babies and toddlers, particularly if they have been unwell or are not wanting to poo on a potty (for more information on potty and toilet training visit the Bladder & Bowel UK webpages at www.bbuk.org.uk/toilet-training-resources/)
- Ask your baby or toddlers healthcare professional for advice if you are worried your child may be constipated. They may need laxatives to stop the problem becoming chronic. Chronic constipation may be more difficult to treat
- If simple interventions do not help the constipation, then laxatives will be needed
- All laxatives for small children should be prescribed by a healthcare professional. Follow their advice on giving them.
www.bbuk.org.uk/children-young-people/resources-for-children/

Other information to help

It will be very difficult to get your infant or toddler to cooperate with pooing if they are frightened it might hurt. Once they are weaned encouraging them with fruit, vegetables and water-based drinks will help prevent constipation developing. Speak to your healthcare professional if they are struggling with pooing or you are worried about their poos or their diet.

Sitting on the potty can help with preventing and treating constipation. 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. Once children can sit, usually at about six months to eight months old, you can start teaching them to sit on the potty. You can support them on a potty before this.

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. www.bbuk.org.uk/wp-content/uploads/2022/09/Understanding-toilet-refusal-paediatric-Bladder-Bowel-UK.pdf).

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Constipation in babies and children is usually treated with laxatives. If laxatives are prescribed, your child should be given sufficient to make sure they are passing soft poos once to three times most days. The laxatives should be continued for as long as necessary and should not be stopped suddenly. Laxatives should be reduced gradually over a period of time, usually several weeks. Follow the advice that your healthcare professional gives you.

Further information

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.

Find more information about child bladder and bowel health in our information library at www.bbuk.org.uk. You can also contact the [Bladder & Bowel UK confidential helpline](tel:01612144591) (0161 214 4591).

For further advice on bladder and bowel problems speak to your GP or other healthcare professional.

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.
