

CHILDREN
WITH

constipation



Children with constipation

General information:

Constipation is a condition where stools change in consistency and become hard and dry, and at the same time the child passes stools less frequently than normally. It varies how often children pass stools and it depends on the diet. If the child is breastfed, it may pass stools several times a day or maybe just once every one or two weeks. A child fed with infant formula or similar usually passes stools once or twice a day. If a bottlefed child does not pass stools for one or two days, and if stools are hard or it hurts to pass the stools, the child is constipated. Constipation may be acute or of a more chronic nature. Acute constipation can sometimes become chronic if the vicious circle is not broken.

Acute constipation may be caused by:

- Fever.
- Too little fluid intake.
- Diet with a low fibre content, a large intake of milk and changes in the diet.
- Too little physical activity.

Chronic constipation may be caused by:

- Suppressing the urge to go to the toilet. When the child is playing it may forget to go to the toilet or the toilet conditions are inappropriate.
- Trying too early to wean the child from wearing nappy may also lead to constipation, if the child feels new toilet habits as a psychological pressure.
- Small cracks in the skin in the rectal area (anal fissures) may be caused by impacted stools in the rectum which dry out and subsequently cause cracks. This may suppress the bowel movement reflexes and worsen the constipation.
- Constipation is not a mental condition.

Symptoms:

- Changes in defecation pattern.
- Difficulties in passing stools.
- Stomach pain.
- Nausea/reduced appetite.

- Cracks in the skin in the rectal area.
- Stools/traces of stools in pants when the child has been potty trained.
- The child holds back the stools fidgets, is restless and shows other signs that the child needs to go to the toilet).

Good advice:

Infants:

- massage the infant's stomach and make cycling movements with its legs
- check that you make formula correctly
- there may be a need for extra breastfeeding/fluid during certain periods.

Normally, infants will briefly look strained when passing stools, the infant squeezes, the face turns red and it pulls up its legs.

Older children:

- fibre-rich diet/sufficient fluid
- regular meals
- help the child to get regular toilet habits
- undisturbed toilet visits
- the child must be comfortably seated at the toilet with support for the feet such as a stool/chair
- physical activity.

When to see a doctor?

Contact a doctor if:

- the good advice do not help
- if the child's everyday life is affected.

Light constipation typically disappear spontaneously.

Contact you general practitioner first because he/she knows the child better than the doctor of call. You can also get good advice and guidance from your health visitor.

Treatment:

- The treatment is to teach your child to have a healthy diet and healthy toilet habits.
- take care of any cracks in the skin (anal fissures).
- If the good advice above does not help, a laxitive may be given in consultation with a doctor.

Prevention:

- See "good advice".

The child is never to blame for the problems and will never consciously try to evoke the symptoms. It does not help to scold the child – it only makes the problem worse.

Childcare:

Inform the childcare staff about the problem so that you agree on the treatment and the "good advice".

Parental guidelines

These guidelines have been prepared by a working group set up by the departments of paediatrics in Herning, Randers, Skejby and Viborg.

The intention with these guidelines is to provide parents with advice across the following sectors: health visitors, general practitioners family doctors, doctors on call, and the staff at paediatric admission wards in the Central Denmark Region.

The parental guidelines can be seen and downloaded from the internet on the web site www.fv.rm.dk

You may order additional copies from Rikke Dalsgaard,
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