# CONSTIPATION

Constipation is very common in young people, children and babies



#### How often should a child have a poo?

- This is different for every child. Young babies can have lots of poos each day. Breast fed babies have 5 to 40 poos in a week and bottle fed babies 5 to 28 poos in a week. Constipation is more common in formula fed babies it's important to make formula the right strength (as on the packet) because if it is too strong, this can cause constipation.
- Many babies will go a bit red in the face and grunt and strain when having a poo, but if the poo is soft, it is normal and not constipation.
- Some children will have 3 poos every day, others 1 poo a day and some might only have 3 poos in a week. All are normal. If there is blood or slime in the poo, or your child is straining to poo, or not gaining weight speak with your Health Visitor or school nurse at the 0-19 service or your GP.
- From 12 months babies should stop having a poo in their sleep (which can be a sign of constipation)

#### Choose your poo!

There are different types of poo:

Type 1 Rabbit Droppings
Separate hard lumps like nuts (hard to pass)

Type 2
A Bunch of grapes
Sausage shaped but
lumpy

Type 3

Corn on Cob

Like a sausage but with cracks on the surface

Sausage Like a sausage or snake, smooth & soft

Type 4

Type 7

Type 5 Chicken nuggets
Sausage shaped but lumpy

Porridge Fluffy pieces with ragged edges, a mushy stool

Type 6

Watery, no solid pieces. Entirely liquid.

The 'best' poo is Type 4 poo like "a soft snake or sausage" - not too hard or too loose.

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- Babies' poos can be more runny like Type 5.
- If your child's poos are Type 3 and look like "corn on the cob". then this is ok but may be the start of mild constipation, so this is the time to stop things from getting worse.
- If poos are like a bunch of grapes (Type 2) or rabbit droppings (Type 1), then your child is constipated.

### Signs of Constipation

- Constipation causes tummy cramps, smelly pumps, full-looking firm tummies, and the child may be generally 'under the weather'.
- Extra large size poos!
- Accidental loose poos (Type 7 after passing Type 1's or 2's) causing soiling of underwear. This happens because looser poos run around large hard lumps of poo.
- Children who are trying to not have a poo will ' dance' around on tippy toes trying to keep the poo in.
- Urine infections or bed wetting because constipated poos squeeze the child's bladder.



#### Why does it happen?

- Constipation happens when there is not enough liquid or fibre in their poos. Fibre is found in fruit and vegetables and wholegrain cereals.
- t can happen if your child had become a little 'dry' (dehydrated) when poorly with a fever and had less to eat and drink, which makes their poos hard.
- Milk is important for strong bones and teeth, and for energy. Excessive Milk and dairy products can contribute to constipation symptoms so avoid this in excess. Where as fruit, vegetables and non sugary cereals are an alternative full of fibre and help with fluids to make poos soft and easy to pass.
- If a child eats a good mix of different types of food and has plenty of water as well as milk then they are much less likely to get constipated.



#### What to do if your child starts to get constipated

- If your child starts to have harder poos, increase the amount of liquids they drink; offer young babies over 6 weeks old cooled boiled water between their milk feeds, and if over 6 months old, increase fluids and the amount of fruits, vegetable and cereals they eat.
- Massaging your child's tummy in a clockwise direction can help ask your Health Visitor for advice.
- If all this does not help your child's constipation, then laxatives can be given. These don't make the bowel 'lazy'. Chat with your Health Visitor or GP.
- It is important to get their bowels moving because otherwise the discomfort of having a poo could put your child off trying, making their constipation and possible soiling even worse.
- Encourage your child to sit on the potty or loo to help them feel more comfortable and relaxed about opening their bowels (ideally 20 minutes after each meal). Use of a seat insert and step for feet can help.
- Moving around helps food move throught the bowel, so, if able, make sure your child has lots of physical activity which helps prevent constipation and obesity and is good for their general health and development.

#### **Fluid Intake**

6 drinks a day (3 drinks in school hours / 5 drinks before 5pm)

Table 5 American dietary recommendations <sup>a</sup>							
Age	Total water intake/day (including water in food)	Water from drinks/day					
Infants 0-6 months	700ml assumed to be from breast milk	600ml					
7-12 months	800ml from milk and complementary foods and beverages	600ml					
1-3 years	1300ml	900ml					
4-8 years	1700ml	1200ml					
Boys 9-13 years	2400ml	1800ml					
Girls 9-13 years	2100ml	1600ml					
Boys 14-18 years	3300ml	2600ml					
Girls 14-18 years	2300ml	1800ml					

<sup>&</sup>lt;sup>a</sup> Institute of Medicine (2005) Dietary reference intakes for water, potassium, sodium chloride and sulfate. Washington DC: The National Academies Press.

The above recommendations are for adequate intakes and should not be interpreted as a specific requirement. Higher intakes of total water will be needed for those who are physically active or who are exposed to hot environments. It should be noted that obese children and young people may also need higher total intakes of water.

#### Disimpaction guide for primary care

Treatment involves clearing out all retained faeces through administration of escalating doses of laxatives. Macrogols are used as first line unless contraindicated.

BNFc recommended daily dose of Macrogolfor disimpaction
(in sachets), divide daily dose and give through the day

Child's age	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
1-12 months (paediatric sachets)	½ - 1	½ - 1	½ - 1	½ - 1	½ - 1	½ - 1	½ - 1
1-5 years old (paediatric sachets)	2	4	4	6	6	8	8
5-12 years old (paediatric sachets)	4	6	8	10	12	12	12
12-18 years old (adult sachets)	4	6	8	8	8	8	8

- Ensure you are aware how to mix and administer Macrogol correctly to ensure the medication will be effective.
- The prescriber will advise you to continue on the above disimpaction regime until your child is passing type 7 stools with no lumps of faeces although there may be "bits" from undigested food".
- This disimpaction usually takes 5-7 days but may take longer.
- Macrogol softens the poo and this means symptoms such as soiling may get worse before you see any improvements but please continue to take Macrogol medication.
- o If after two weeks, the Macrogol medication has not resolved constipation, a stimulant medication may be prescribed. A stimulant medication increases the muscular squeezing of the bowel.
- Bowel medication should continue for several weeks after regular bowel habits are established.
- O Do not stop bowel medication abruptly but gradually reduce the dose over period of months/ years in response to stool consistency and frequency. Children who are toilet training should remain on medication until toilet training is well established
  - → Bladder and Bowel UK: Understanding Macrogol Laxatives
  - ERIC, The Children's Bowel and Bladder Charity: How to prepare Macrogol Laxatives

## Additional advice and support

Scan QR codes to visit website or access PDF.

• ERIC website

www.eric.org.uk



**GI kids** 

www.gikids.org/constipation



 NENC Healthier Together website www.nenc-healthiertogether.nhs.uk



**O Bladder and Bowel UK** 

www.bbuk.org.uk



The Poo Nurses

www.thepoonurses.uk



 National Institute For Health and Care Excellence (NICE) website

www.nice.org.uk



Search online for The Little Orange Book and/or download for free at www.newcastlegatesheadccg.nhs.uk

Further information is available from the NHS Choices website www.nhs.uk

There is a very useful application for smart phones available free for download from the App Store and Google Play called NHS child health





