



Frederick A. Lauppe Jr., M.D.  
Sandra A. Hollenberg, M.D.  
Pramila Agrawal, M.D.  
Carrie Knoll, M.D.  
James Warren, M.D.

Appointments (909) 629-5067 • Bookkeeping (909) 620-1935 • Fax (909) 865-7688

---

## *Constipation*

### **DEFINITION**

Painful passage of stools: The most reliable sign of constipation is discomfort with the passage of a bowel movement.

Inability to pass stools: These children feel a desperate urge to have a bowel movement (BM), have discomfort in the anal area, and strain, but they are unable to pass anything.

Infrequent movements: Going 4 or more days without a BM can be considered constipation, even though this may cause no pain in some children and even be normal for a few. **EXCEPTION: after the second month or so of life, many breast-fed babies pass normal, large, soft BMs at infrequent intervals (up to 7-14 days is not abnormal) without pain.**

### **COMMON MISCONCEPTIONS IN DEFINING CONSTIPATION**

Large or hard BMs unaccompanied by any of the conditions just described are usually normal variations in BMs. Some normal people have hard BMs daily without any pain. Babies less than 6 months of age commonly grunt, push, strain, draw up the legs, and become flushed in the face during passage of BMs. However, they do not cry. These behaviors are normal and should remind us that it is difficult to have a BM while lying down.

### **CAUSES**

Constipation is often due to a diet that does not include enough fiber. Drinking or eating too many milk products can cause constipation. It is also caused by repeatedly waiting too long to go to the bathroom. Constipation often begins during toilet training. The child holds his or her bowel movements, commonly as a result of a fear of using the toilet.

## **EXPECTED COURSE**

Changes in the diet usually relieve constipation. After your child is better, be sure to keep him on a less constipating diet so that the constipation does not happen again.

Sometimes the trauma to the anal canal during constipation causes an anal fissure (a small tear). This is confirmed by finding small amounts of bright red blood on the toilet tissue or the stool surface.

## **DIET TREATMENT FOR INFANTS (LESS THAN 1 YEAR OLD)**

Give fruit juices (such as grape or prune juice) twice each day to babies over 3 to 4 weeks of age. Also, recommended is a mixture of prune, & apple juice with bottled water, using ½ to 1 ounce of each.

If your baby is over 4 months old, add strained foods with a high fiber content, such as cereals, apricots, prunes, peaches, pears, plums beans, peas, or spinach twice daily. Avoid squash, bananas, and apples.

## **DIET TREATMENT FOR OLDER CHILDREN (MORE THAN 1 YEAR OLD)**

Make sure that your child eats fruits or vegetables at least three times each day (raw unpeeled fruits and vegetables are best). Some examples are prunes, figs, dates, raisins, peaches, pears, apricots, beans, celery, peas, cauliflower, broccoli, and cabbage.

**WARNING:** Avoid any foods your child can't chew easily.

Increase bran. Bran is an excellent natural stool softener because it has a high fiber content. Make sure that your child's daily diet includes a source of bran, such as one of the new "natural" cereals, unmilled bran, bran flakes, bran muffins, shredded wheat, graham crackers, oatmeal, high-fiber cookies, brown rice, or whole wheat bread.

Decrease consumption of constipating foods, such as milk, ice cream, yogurt, cheese, eggs, and white rice. **Increase the amount of water your child drinks.** If you fill that your child needs stool softeners, suppositories or enemas, please call your doctor's office.

## **IF DIETARY CHANGE DOES NOT WORK**

Contact your doctor to discuss other treatments.