PARENT EDUCATION Constipation

July 12, 2010 By Samer Khaznadar, M.D., FAAP

Constipation is amazingly very common in babies. It is usually due to failed coordination between the relaxation of the pelvic floor and the relaxation of the external sphincter.

It is very important to note that constipation is considered the diagnosis only if the baby is having hard stools. The baby should have no bowel movement in more than two to three days, or if the baby has been straining for at least one hour to have a stool.

It is also important to note that constipation is rarely due to the formula type, or the iron in the formula. The condition only improves temporarily after a formula change. Some formulas like Nutramigen and Alimentum usually give loose stools because of their high molecular concentration not because there was a problem with the original formula. These formulas irritate the bowels and give mild osmotic diarrhea. They are supposed to be used only in special circumstances like multiple formula true allergy and severe colic due to cow's milk. Changing the formula every time the baby is constipated is an unacceptable approach, not by the WIC rules, and not by any scientific rule. It even deifies logic when a cow's milk formula is changed to another cow's milk formula with the same ingredients.

The dark Karo Syrup is our first treatment in our office. It is very effective if it is used with every feeding. Unlike honey, it never causes botulism, and the extra calories from it can be offset by giving slightly less formula.

Constipation can be due to very serious medical conditions like Hirschsprung disease, botulism, ano-rectal anomalies, and hypothyroidism, so it is very important to report resistant constipation to your doctor.

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Samer Khaznadar, M.D., FAAP
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Constipation in older kids is treated with stool cleansers, medications, diet, and behavioral therapy.

<u>Stool cleansers</u> like enemas, strong laxatives, and suppositories are very important before starting the treatment, as no medication will work well without relieving the obstructing stools first. Use only at the start of the treatment, and do not overuse or use for a long time. The doctor will tell you what the best way to cleanse the child bowels is.

<u>Safer medications</u> then can be started and should be continued for at least 2 months. These medications include Lactulose and Miralax.

<u>Diet</u> is very important. <u>Give more</u> of the following:

Fruits: prunes, apricots, dates, figs, plums, peaches, grapes, oranges, tangerines, raisins.

Vegetables: broccoli, brussel sprouts, asparagus, green beans, beets, cauliflower, mixed salad, cole slaw.

Others: bran muffins, 100% bran cereal, raisin bran, whole-wheat products.

Give less of the following, but do not stop:

Fruits: bananas, apples, pears.

Vegetables: corn, potatoes, carrots.

Others: white bread, dairy products, nuts, rice.

Behavioral therapy is an essential part of the treatment. Most kids will remember the pain associated with hard stools for a long time, and this will encourage the holding behavior that will keep the problem going. Encourage the child to try having bowel movements at regular and fixed times everyday, reward attempts and double reward successful ones, and use mineral oil to make it easier for the child to have a bowel movement.