

The Scoop On Poop



Treatment of
Constipation:
A Guide for Parents

Maine Medical
PARTNERS
Pediatric Specialty Care

A department of Maine Medical Center

The Barbara Bush
Children's Hospital

At Maine Medical Center



A MaineHealth Member

Content

Treatment of Constipation: A Guide for Parents	2
Counseling and Support	3
Tips for Potty Sits.	4
Biofeedback	6
Bristol Stool Chart	7
Eating and Drinking to Help Constipation	8
Step 1: Cleanout.	10
Step 2: Medications.	11
Nutrition Tips for Fiber Intake	12
Reading a Food Label for Fiber	13
High Fiber Meal Ideas	14
Constipation: Tips for Staying Positive	16
Complementary Therapies for Constipation	18
Notes:	19

Health information changes over time. This content is valid through February 2018

Treatment of Constipation: A Guide for Parents

Your child is being treated for constipation. Constipation is when it is difficult to completely empty your bowels (BMs or poops). Your child may have trouble passing a BM because the poop is wide, hard or dry. Your child may also have accidents and pee or poop in his underpants, even if he is potty trained.

How we treat constipation depends on

- Cause(s) of constipation
- Age of your child
- Your child's personality

The goal of treatment is to make the poop softer so that it is easier for your child to pass it. Sometimes we can do this through diet changes, like eating more fiber and fresh fruits or drinking more water. Often medications like stool softeners or laxatives are needed under the advisement of your child's doctor or practitioner.

Take a look at the Bristol Stool Chart at the end of this handout. It shows you different types of poop, from very hard to watery. We aim for poops in the type 4-5 range.

Treatment of constipation takes 3 steps. Sometimes it can take a while for constipation to get better. For some, this may take a few months. For others, it could be a year or longer. If you think your child is constipated, schedule an appointment with your child's doctor. You and your child's doctor will talk about the best ways to treat the constipation which may include a "clean out."

Counseling and Support

We know that treating your child's constipation can be stressful for your child and family. If you are having trouble, we can help. A social worker can work with your family to provide support, new ideas, and behavioral interventions. We can also find you more information or tools to help reduce stress. Call us at (207) 662-5522 if you would like to speak with a social worker.

Have Questions?
Call us at (207) 662-5522:
- Option 2 Gastroenterology,
- Option 6 Nephrology, or
- Option 7 Behavioral.

What types of problems can a social worker help with?

- Many children with constipation worry about pooping because it may be painful. These fears can stay even after the constipation has gone.
- Children who have accidents can feel embarrassed, shame or feel blame.
- Constipation can make life stressful for your child at school and at home. It is important not to get angry at or punish your child. A social worker can work with you, your child's school, and your whole family to stay positive.
- Some children have experienced scary or sad things in their life (trauma) that they continue to think about. A trauma can impact a child's emotional and physical comfort using the bathroom. A social worker can help children and their families work through those experiences.

When to call us:

- If your child has not had a BM in 2 days, call on the third day
- If your child is throwing up, doesn't want to eat, or his belly looks full and feels hard
- If your child is having runny BMs, or having accidents
- Before changing the dose or stopping a medication that was prescribed to your child.
- If you have any question or concerns about your child's constipation.

When you call, please have a list of the name, dose, how often your child takes each medication.

Include all prescription, over the counter, and herbal medication.

Tips for Potty Sits

Potty sits are planned times, during the day when your child sits on the potty and attempts to urinate or have a bowel movement. Potty sits should be structured, yet relaxed and comfortable. The best times for potty sits are following meals and before times of transition.

Do potty sits after meals

- It is common for kids to feel the need to have a bowel movement after a meal. The colon is working to digest the food and creates an urge to have a BM.
- If your child is not scared of the toilet have him/her sit on the toilet about 15 minutes after he eats.
- To begin, encourage him/her to sit on the potty for about 5 minutes. Sit time should be as calm and relaxed as possible; this will help your child feel more comfortable with the process. Slowly work up to 15 minutes of sitting time.
- Try to do sits after meals. Encourage your child to sit after at least two meals per day (after breakfast and dinner when your child is home are often good times).
- Whenever possible accompany your child, during sit times, encourage and praise them for their efforts.

Other times to do potty sits

- After a warm drink
- After a warm bath
- After ending one activity and before starting another
- Before and after nap or rest time
- At the end of the school day
- Before bed and when waking in the morning

Use a stool and or a toilet seat insert for support

- If your child's feet don't touch the floor when he/she is on the toilet, put a box, stool, or device like the Squatty Potty® under his/her feet. This will raise your child's knees higher than his/her hips and make it easier to push out a bowel movement.
- Good foot support will make it easier for your child to pass a BM.
- You can also use a toilet insert. Your doctor can tell you where you can buy one.
- If your child is small, he/she may feel safer if he/she faces backwards on the toilet. He/she can also use a small potty chair.
- If your child has weak muscles or seems unstable when sitting on the toilet, you may need to add other forms of support. Your doctor can tell you more about this.

Reward your child

- Praise your child even if he/she doesn't urinate or have a BM on the toilet.
- Even sitting on the toilet is a success.
- Make a potty chart so that you can track patterns and see your child's success.
- Keep the chart somewhere easy to see so that you remember to use it.
- Have a conversation with your child about things they are motivated to earn.
- Set small/achievable goals, with clear rewards.
- To begin, start with rewarding your child for potty sits (waiting to reward the child until they have a BM in the toilet is often too overwhelming and may discourage them early on in the process).

Keep it fun

- Read books, offer special toys, sing songs, and listen to music
- Give him or her special toy, doll, or stuffed animal for use only during potty sit time.
- Consider blowing up a beach ball or blowing bubbles during potty sit time, (this can help with pushing and will activate muscles to help increase the chances of having a BM).

Biofeedback

A few things can happen when a child has had constipation and/or soiling (encopresis) that make it harder for them to have normal bowel movements even if they do all the right things with diet and medications. It is hard to treat patients with chronic constipation and or soiling with diet and medications alone because:

- The rectum gets stretched such that:
 - » Your child does not get the sensation that he or she needs to poop.
 - » The rectum cannot push as effectively on it's own.
- Sometimes children squeeze and tighten their bottoms instead of relaxing when they are struggling and straining to pass a bowel movement.

Learning to push out a bowel movement the right way without normal sensation can be very helpful now and in the future when the constipation is better, allowing for decreased medication use.

It's important to teach your child to correctly push with the muscles of the abdomen and relax the muscles of the pelvis when they try to have a bowel movement.

Push with the right muscles:








- Your child should increase the pressure in his abdomen by squeezing with the abdominal muscles.
- When a child is doing this properly, the abdomen can usually be felt to be pushing out.
- One way to practice pushing with the right muscles is to practice blowing bubbles or blowing out birthday candles.

Relax the right muscles:

- In order to take advantage of a strong push, a child needs to relax the muscles of the pelvis to let the stool come out.
- This is harder to train than the pushing.
- One way to practice this is for a child to take a few big deep breaths with their belly muscles and then use the same muscles to push as described above.

Practicing breathing, relaxing, and pushing every time your child sits on the toilet will help him to have bowel movements, even if his body does not tell him to go.

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

How soft is
your poop?

1 = 😞

2 = 😞

3 = 😐

4 = 😊

5 = 😊

6 = 😊

7 = 😞

The Bristol Stool Chart was developed by Dr. Ken Heaton at the University of Bristol and shows 7 different stool types based on how the stool looks in the toilet or diaper. Type 1 is the hardest stool. Type 7 is the softest stool. We want poop to be type 4, 5 or 6.

Eating and Drinking to Help Constipation

Eating foods high in fiber and drinking enough water can help your child's bowel movements. Fiber and water work together to keep bowel movements soft.

How much fiber does my child need?

We suggest adding 5 to your child's age (in years) to figure out their fiber needs. For example, a 10 year old should eat $10+5=15$ g fiber. If your child's fiber intake is low, work up to this goal slowly. Your child's care team may suggest more than this amount of fiber, based on your child's individual needs.

Your child should get _____ grams of fiber each day.

These foods are a good source of fiber:

- Whole-grain breads, cereals and pastas
- Fruits
- Vegetables
- Beans and legumes

See the section “**Nutrition Tips for Fiber Intake**” for more ideas.



Should my child take a fiber supplement?

No. Fiber from foods is better for your child than fiber from a supplement, fiber bar, or fiber brownie.

How do I increase my child's fiber?

It is important that fiber is added slowly. If you give your child too much fiber it can make constipation worse, cause diarrhea or make his/her belly hurt. Your doctor will talk with you about how to add more fiber into your child's diet slowly. Your doctor may also have you meet with a registered dietitian, who can work with you and your child to add more fiber-rich foods.

What if I am having trouble getting my child to eat more fiber?

Some children have allergies or food intolerances that make it harder to eat foods with fiber. Other children may not like the taste or texture of foods with fiber. If you are having trouble, let us know. A registered dietitian may be able to help you find new ways for your child to eat more fiber.

How much water should my child drink?

Not drinking enough water can make constipation worse, even if your child is eating the right amount of fiber. A good way to tell if your child is getting enough water is to look at his/her urine (pee). If your child is drinking enough water, his/her urine should be very light yellow or even clear. If it is dark yellow, your child is not drinking enough water.

Here is an idea of how much water your child should drink:

Age	Water Intake
2-4 years	32 fluid ounces (four 8-ounce cups or glasses)
5-8 years	48 fluid ounces (six 8-ounce cups or glasses)
9+ years	At least 64 fluid ounces (eight 8-ounce cups or glasses)

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Does milk cause constipation?

While milk does not cause constipation, it can make constipation symptoms worse. Sometimes giving your child non-dairy milk instead of cow's milk can help. When choosing a non-dairy milk look for ones with 6 or less grams of sugar per serving. Here are some to try:

Product (per 8oz serving)	Fiber	Calories (kcal)	Sugar
West Soy brand Chocolate milk (unsweetened)	5g	100	1g
Dream Blends Almond, cashew, hazelnut blend milk	3g-5g	50	Less than 1g
Soy Slender (chocolate unsweetened)	4g	70	1g
Soy Slender (vanilla unsweetened)	3g	70	1g

Step 1 Cleanout

First, the large, hard stool in your child's colon must be softened so that it is easier for your child to pass. Your child may need to take 2 types of medication: a stool softener and a laxative. Your child's doctor will recommend medications and doses to treat the constipation.

Stool Softeners

Stool softeners add water into the stool making them easier and more comfortable to pass. They are safe to take for long periods of time and are not habit-forming. Please talk with your doctor about how long your child should take them. Lactulose powder and Miralax powder (Polyethylene glycol) dissolve in a clear liquid.

Common stool softeners are:

- Mineral oil
- Magnesium Citrate
- Milk of Magnesia
- Lactulose®
- Miralax®

Laxatives

Your child may also need to take a medication called a laxative. The laxative will help his colon work harder so that he/she has a BM. Laxatives should only be used for a short period of time, talk about this with your doctor. If you use them too long they may stop working well. Some forms of this medication can also be mixed into your child's drink.

Common laxatives are:

- Dulcolax®
- Ex-lax®
- Senokot®
- *Enema or Suppository: Your child may also need an enema or suppository. These are medications put in the lower part of the colon through the rectum. They soften the stool that is right near the opening of the colon.*

Step 2 Medications

Ongoing therapy will help keep stool soft so that your child is able to have regular BMs. It also helps the colon to return to the right shape. Your child will likely continue to take the same medications used in the cleanout, only at lower doses.

For maintenance, we usually recommend that Miralax or Lactulose be given daily. We may also recommend you continue giving the laxative for 1-2 weeks.

Please discuss your child's specific ongoing therapy needs and dosing recommendations with your child's doctor.

Three Ways to Help Keep Bowel Movements Soft During Ongoing Therapy

1. Work closely with your child's medical team to find the right amount of medication that helps your child have two soft formed BMs each day.
2. Offer your child foods with fiber, such as:
 - Whole grain bread and crackers
 - Fresh and dried fruits
 - Raw vegetables and salads
 - Peanut butter or almond butter
 - See "Nutrition Tips for Fiber Intake" for more meal and snack ideas. Talk with your child's doctor about a referral to a registered dietitian nutritionist (RD or RDN). A dietitian can work with you and your child on healthy eating habits to improve constipation.
3. Keep your child active. Getting at least 30 minutes of exercise every day can help prevent constipation. Activities could include playing in sports, playing on the playground, going for a bike ride, or hiking with the family. Doing activities like yoga or tai chi can help improve constipation, and also help to lower stress.

Nutrition Tips for Fiber Intake

A “high-fiber food” contains at least 5 grams of fiber per serving.

A “good” source of fiber contains at least 2.5 (2 ½) grams of fiber per serving.

If you have questions about the fiber content of your child’s foods, please contact our office and ask for a referral to a dietitian.

Food	Serving Size	Total Fiber (g)
Cooked Vegetables		
Asparagus	½ cup	3.0
Broccoli	½ cup	2.5
Brussels sprouts	½ cup	4.0
Carrots	½ cup	2.0
Green beans	½ cup	2.0
Kale	½ cup	2.5
Peas, green	½ cup	4.0
Spinach	½ cup	2.5
Sweet Potato without Skin	½ cup	4.0
Cooked Beans and Lentils		
Black beans	½ cup	8.0
Chickpeas	½ cup	6.0
Pinto beans	½ cup	8.0
Lentils	½ cup	8.0
Fruits		
Apple, red, fresh with skin	1 small	3.0
Unsweetened Applesauce	½ cup	2.0
Dried Apricots	7 halves	2.0
Fresh Blueberries	1 cup	3.5
Orange	1 medium orange	3.0
Peach, with the skin	1 peach	2.0
Pear, with the skin	1 pear	5.0
Fresh Raspberries	1 cup	3.0
Fresh Strawberries	1-1/4 cup	3.0

Reading a Food Label for Fiber

Nutrition Facts	
8 servings per container	
» Serving size	2/3 cup (55g)
Amount per serving	
» Calories	230
% Daily Value*	
Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
» Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	

“Serving Size” or “Amount Per Serving”

It is important to be aware of the serving sizes of foods (and drinks). All of the information on the label is based on the serving size. If your child eats more or less of the serving size, the amount of nutrition you get will change.

For example, look at the sample label to the right. At the top of the label, you will see the serving size. In this example, 1 serving equals 1 cup. If your child eats 1 cup, this will be 150 calories and 4 grams of fiber. If your child eats 2 cups, this will be equal to 2 servings, which doubles the calories and fiber intake.

Fiber

Total fiber is listed as Dietary Fiber. Some food labels will break down the Dietary Fiber into Soluble Fiber and Insoluble Fiber. Both types of fiber are important and work together for healthy bowel movements. Look for foods that have at least 3g dietary fiber per serving.

High Fiber Meal Ideas

Breakfast

- Whole grain toast with peanut butter, almond butter or sunflower butter
- Oatmeal, with ground flaxseed, almonds, and fruit
- Whole grain waffles with fruit
- High-fiber low-sugar cereal like Grape Nuts or Fiber One and non-dairy milk
- Smoothies are a great breakfast or snack; here's a recipe to try:

Add the following items to a blender and serve immediately:

- » 1 cup fresh fruits or berries. You can also use unsweetened frozen fruits or berries.
- » ¼ to ½ cup raw oats. Or you can add 2-3 Tbsp ground flaxseed.
- » 1 cup non-dairy milk like soy milk for fiber and calcium
- » 1-2 Tbsp raisins or dates for sweetness and fiber
- » Try adding a handful of fresh spinach or kale for even more nutrition and fiber.



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Lunch

- Spinach, kale or mixed greens, chickpeas or black beans, and other fiber-rich veggies in a whole-grain wrap
- Salad with mixed greens, kale or spinach, with chickpeas or black beans, sunflower or pumpkin seeds and other fiber-rich veggies

Dinner

- Whole wheat pasta with veggies and sauce
- Homemade pizza using whole wheat pizza crust, top with low-fat cheese and veggies
- Veggie burgers with whole wheat bun
- Add fiber-rich veggies like broccoli, cauliflower, sweet potatoes, Brussels sprouts, peas, pumpkin, or squash to your meal
- Try these fiber-rich grains: whole wheat couscous, amaranth, barley, quinoa
- Add beans (chickpeas or black beans) or lentils to increase fiber

Snacks

- Fresh fruit and berries
- Raw veggies like carrots, celery, broccoli, and cauliflower with hummus
- Popcorn –try sprinkling with nutritional yeast for added fiber and protein
- Whole-grain, high-fiber crackers like Wheat Thins Fiber Selects
- Nuts and seeds like pumpkin and sunflower
- Try homemade trail mix – Mix almonds, pumpkin or sunflower seeds, raisins and Craisins

Websites for more recipes and meal ideas

<http://guidingstars.com/recipes/>

<http://www.cookingmatters.org/recipes>

http://www.eatingwell.com/recipes_menus/collections/healthy_high_fiber_recipes

<http://www.kingarthurflour.com/recipes/whole-wheat/whole-grain->

<http://www.bobsredmill.com/recipes.php>

Constipation: Tips for Staying Positive

Try to involve all your child's caregivers.

It is very important that all caregivers follow the same plan. Meet with your child's teacher, daycare providers, and other caregivers to discuss your child's treatment plan. A social worker can help you.

Use rewards.

Think about what motivates your child. Maybe he/she would like a sticker, small toy or fun family activity. If possible, let him/her pick the reward. Then reward your child when he/she makes an effort, however small. Set clear, achievable goals and be sure to follow through when a reward is earned.

Keep positive.

Praise your child for telling you when he/she has peed or pooped. In the beginning you might need to praise even if your child did not make it to the toilet. That's OK.

Be mindful of your own emotions. Don't get angry, beg, or punish your child. Don't say things that might embarrass or shame your child. This won't help. Remember there will always be another chance to try.

Tips for potty training

Find common language with your child. How are you going to verbally label urine and bowel movements? Maybe you say "pee pee or poopy in the potty"? Use words that feel right for your family.

- Let your child sit on the potty and do a special or fun activity like reading a book. Stay with him/her to make sure he/she is safe and feels emotionally supported through this process. Some children prefer

privacy in this case, staying nearby, such as outside the door and checking in during the sit time can be helpful.

- Help your child pour the urine and poop from the toddler potty, diaper, or pull-up into the toilet.
- Write down when your child urinates or has a BM. Look for patterns, patterns can help you and the child identify the best times to try using the potty and increase success.

Write down when your child urinates or has a BM. Look for patterns, patterns can help you and the child identify the best times to try using the potty and increase success.

What should I do about accidents?

Your child will have accidents. They are a normal part of learning. Please don't punish your child or put him/her back in diapers or pull ups. Often times having your child help clean up the accident is a great way for them to learn.

Involve your child.

Having children involved, as much as possible in their treatment plan and the steps is an important part of the learning process. Knowing when to do toilet sits as well as helping to clean up after accidents are important skills. For older children, learning about the medications they take, why they take them and when is also valuable in terms of building shared responsibility. Some children like using a chart to keep track of when they took their medicine and sat on the toilet. You can also use stickers or other rewards to praise an older child. Older children need just as much, if not more support and encouragement for their efforts and successes.

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Complementary Therapies for Constipation

There are other things you can do to help your child's constipation that can work along with medication and diet changes. These are called complementary therapies. If you are interested in any of the complementary therapies, please talk with your provider.

Acupuncture

- Acupuncture is the stimulation of target points along the body using thin needles or application of pressure or heat.
- Acupuncture may be helpful if stress is making constipation worse.
- Treatments visits last 30 minutes for children under 10 years old and 60 minutes for children over 10 years old.

Osteopathic Manipulation (OMT)

- Osteopathic manipulation (OMT) is the hands-on treatment of muscles and joints (including stretching, resistance, and gentle pressure) to treat and/or prevent certain medical conditions (including constipation)
- OMT will work on children at any age.

Hypnotherapy

- A trained hypnotherapist can help your child use his/her mind to reach a goal he/she didn't think he/she could reach on his/her own.
- Hypnotherapy works best for children who have nighttime bedwetting. It can also work for children who have fears and anxiety around pooping.
- Hypnotherapy works best for children who are at least 7 or 8 years of age (or older)

Herbal Supplements

These are medicines made out of plants. Talk to your child's doctor before you give these to your child. We need to make sure they are safe for your child and that he/she is given the right amount.

Notes:

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Maine Medical Partners – Pediatric Specialty Care
887 Congress Street • Portland, ME 04102 • (207) 662-5522
www.mainemedicalpartners.org