

Breastfed Infant and Child Constipation

What is constipation?

Most babies do not get constipated. Constipation happens when bowel movements (poops) are less often than usual and harder than normal. Often there is pain passing bowel movements.

What is normal?

It is normal for bowel movement patterns to vary from infant to infant and range from a bowel movement after each feeding to one every few days. It is also normal for an infant to grunt, grimace, or have a red face when having a bowel movement.

Constipation is rare in breastfed infants. In the early weeks, a breastfed baby may have three to five (or more) bowel movements a day. As your baby gets older (at about one month) he will have fewer (two to three) bowel movements and may even go as long as five to seven days without one. Breastfed babies' bowel movements have a mild smell, and are usually pasty, yellow, and soft.

Infant 0-6 months old

Constipation is rare in infants. Not enough breast milk, introducing solid food too early, or fluid loss due to illness or diarrhea, and allergy might be most possible causes of constipation. Also, some medications or medical conditions can cause constipation in infants.

Practical tips:

- Breastfeed your baby at least 8-12 times a day.
- Make sure your baby is getting enough breast milk and is gaining weight.
- Comfort baby with abdominal massage or a warm bath
- Be aware that constipation may be a possible side effect of certain medications. Check with your doctor or pharmacist.

Infant 6-12 months old

When an infant starts eating solid foods, he may have some changes in his bowel movements until he adapts to the new food. It is important for children this age to get enough fluid and fiber.

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Practical tips:

- Make sure your infant is getting enough breast milk.
- Make sure your infant is eating enough solid foods for his age and is gaining weight.
- Add high fiber infant cereal such as barley or oatmeal, and offer whole wheat bread or crackers.
- Offer more vegetables and fruit. Add strained prunes, pears, or apricots.
- Offer extra water after eating any high fiber food.
- Continue feeding your infant with iron fortified cereal. Iron fortified cereal does not cause constipation in infants.
- Offer diluted prune juice or apple juice.
- Offer cooked lentils, beans, or chickpeas more often.
- Comfort baby with abdominal massage or a warm bath.
- Be aware that constipation may be a possible side effect of certain medications. Check with your doctor or pharmacist.

Toddler and preschooler

There are many reasons a child may experience constipation. The most common factors include inadequate fluid and fiber intake, not enough physical activity, toilet training starting day care or preschool, illness and travel, certain medications, or medical conditions.

Practical tips:

- Follow Canada's Food Guide to Healthy Eating recommendations.
- Add more fluids between meals.
- Offer high fiber cereal such as all bran, shredded wheat, raisin bran and oatmeal, and use whole wheat bread or crackers more often.
- Offer more vegetables and fruit. Use prunes, pears, apricots, berries, and dried fruits as snack.
- Offer extra water after eating any high fiber food.
- Offer cooked lentils, beans, or chickpeas more often.
- Increase regular physical activity and plan for fun family activities.
- Be relaxed and patient during toilet training. Young children may be scared of the toilet and may hold in their bowel movement.
- Be aware that constipation may be a possible side effect of certain medications. Check with your doctor or pharmacist.

Important:

- Do not use laxatives, suppositories, enemas, or any medications without your doctor's recommendation.
- Do not give water or juice instead of regular breast milk.
- It is not normal to find blood in the bowel movement or diaper. If this happens, call your family doctor.

For more information call BabyTalk at 613-549-1154 or 1-800-267-7875, ext. 1555 (TTY Line 613-549-7692 or 1-866-299-1136). To learn more about fiber, call Dial-a-Dietitian at 613-549-1232, ext. 1224 or 1-800-267-7875, ext. 1224.