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## Managing Short-term Constipation in Toddlers (1-3 years)

What is a normal bowel movement?

Bowel movements can be different from one toddler to another. Stools are usually brown but other colours are normal too. Stool colour can reflect the colour of foods eaten. Normal stools are soft, shaped like a smooth sausage and pass easily.

How often your toddler has a bowel movement can vary. Some children have a bowel movement every day. Others have stool less often. Younger toddlers may have bowel movements more often than older toddlers.

How do I know if my toddler is constipated?

Short-term constipation usually doesn't last longer than two weeks. It usually clears up with adding more fibre to the diet and making sure that enough fluids are offered.

Your toddler may have short-term constipation if:

- He has pain or strains when he has a bowel movement.
- Stools are dry and hard and don't happen as often as they normally do. But having fewer bowel movements alone does not mean your toddler is constipated as long as the stools are soft, pain-free and follow his usual pattern.

Some factors that can make constipation more likely to occur in your toddler are:

- Changes in diet intake.
- Drinking less fluid than usual intake.
- Illness with fever or vomiting.
- A change in routine such as toilet training, starting daycare, or not being able to go to the toilet when away from home.

- Not having enough time for a bowel movement.

If you are concerned about your toddler's constipation talk to your health care provider. It is important to get help if it doesn't clear up quickly. Your health care provider can help you find the best treatment plan for your child.

The dietary steps below may help manage constipation that lasts less than two weeks.



## Steps you can take

- Offer your toddler a variety of healthy foods. Toddlers need three meals and two or three snacks every day. See the additional resources below for more information on healthy eating for toddlers.
- Offer your toddler foods that are good sources of fibre every day such as whole grains, legumes, vegetables and fruit. Here are some ideas:
  - Give whole grain cereals such as oatmeal, mini wheat biscuits or bran flakes.
  - Offer 100% whole grain breads and crackers. Look for the word "whole grain" in the first ingredient in the ingredient list on the package.
  - Serve meals made with legumes (dried beans, peas and lentils) as an alternative to meat more often. You could also try half the amount of meat you would normally use and add legumes to make up that difference.
  - Offer vegetable and/or fruit at every meal and snack. Serve vegetables and fruits with their skins whenever possible.
  - Offer fresh, frozen or canned fruit instead of juice.
  - Use whole grain whole wheat flour, oatmeal, oat bran, or bean flour in pancake, muffin and cookie recipes.

- Meal and snack ideas:
  - Bean or lentil soups, stews or dahl.
  - Whole wheat pasta with vegetables.
  - Grilled cheese sandwich on whole grain bread.
  - Whole wheat roti and channa (chick peas).
  - Oatmeal with berries.
  - Blueberry and yogurt smoothie.
  - Black bean dip or hummus with whole grain crackers.
  - Whole grain carrot muffin with milk.
  - Unsweetened whole wheat or whole grain cereal with milk or yogurt.
- Add higher fibre foods gradually to your toddler's diet. This will help prevent gas and stomach pain.
- Offer plenty of fluids. Milk, water and small amounts of 100% juice are good choices.
- Juice such as prune, apple or pear juice may help make stool softer and easier to pass. Do not give more than 125-175 mL ( $\frac{1}{2}$  –  $\frac{3}{4}$  cup) of 100% juice each day.
- Prunes are commonly given to help constipation. Start with a small amount – about 15 mL or one tablespoon, and increase the amount slowly.
- Set up a good toilet routine:
  - After meals is a good time to go to the toilet.
  - Give your child lots of time when sitting on the toilet. Try not to rush him.

### Special considerations

- Do not give your toddler fibre supplements unless recommended by your health care provider. Children should get extra fibre from foods only.

- Do not stop giving certain foods because you think they will cause constipation. Individual foods do not usually cause constipation. But not eating enough high fibre foods or drinking enough fluids may contribute to constipation.
- If short-term constipation does not clear up after trying the suggestions given here, consult your healthcare provider. Constipation can sometimes become chronic, or long term. Chronic constipation is managed differently than short-term constipation.
- Some possible signs of chronic constipation are:
  - Fewer than 3 complete stools per week.
  - Overflow soiling (loose stool that is passed without the child realizing it).
  - Stools that look like rabbit droppings.
  - Large, infrequent stools that can block the toilet.
  - Poor appetite that improves when a large stool is passed.
  - Abdominal pain that comes and goes with passing stool.
  - Postures that show the child is trying to avoid passing stool - typically, walking on tip-toes with straight legs and arched back.
  - Straining.
  - Anal pain.
  - Anal fissure (small tear in the anus).
  - Bleeding with hard stools and painful bowel movements.

Toddlers may develop chronic constipation if they have had constipation or anal fissures before. For more information about chronic constipation see additional resources below. If you think your toddler has chronic constipation, take him to see his doctor.



## Additional Resources

- Feeding Your Picky Toddler or Preschooler  
[http://www.pennutrition.com/viewhandout.aspx?  
Portal=RbCR&id=JMDqXwE=&PreviewHandout=bA==](http://www.pennutrition.com/viewhandout.aspx?Portal=RbCR&id=JMDqXwE=&PreviewHandout=bA==)
- Feeding a Healthy Toddler (12 to 36 months old)  
[https://www.pennutrition.com/viewhandout.aspx?  
Portal=RbCR&id=JMzvWw0=&PreviewHandout=bA==](https://www.pennutrition.com/viewhandout.aspx?Portal=RbCR&id=JMzvWw0=&PreviewHandout=bA==)

*These resources are provided as sources of additional information believed to be reliable and accurate at the time of publication and should not be considered an endorsement of any information, service, product or company.*



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