Constipation in Children: A Practical Step-by-Step Plan

Common names: Constipation, hard stools, painful pooping, stool holding

Constipation means stools are hard, painful, or infrequent. In many children it is functional (not dangerous) and improves with a consistent plan: soften stools, build a routine, and treat long enough for the rectum to recover.

1) Quick “At-a-glance”

Who it affects	Most common in toddlers and school-age children; can happen at any age.
What to do today	Start a simple plan today: increase fluids, add fiber gradually, schedule toilet sitting after meals, and begin a stool-softening plan if your child is uncomfortable (with your clinician’s guidance).
Red flags (urgent/ER)	Severe belly pain, vomiting with a swollen belly, blood mixed throughout stool (not just a small streak), fever with lethargy, weight loss, not peeing, or a newborn who has not passed stool in the first 24–48 hours.
When to see a clinician	If constipation lasts >2 weeks, causes pain/fear, stool accidents occur, or you need help choosing/adjusting medicine.

2) What it is (plain language)

Constipation happens when stool sits in the colon too long and becomes dry and hard. Passing it can hurt, so many kids start holding stool — which makes constipation worse (a common “pain → holding → bigger stool → more pain” cycle).

The colon’s job is to absorb water. When stool moves slowly, it loses more water and gets harder.

• Myth: “Constipation is always from not enough fiber.” Fact: fiber helps, but many kids also need a stool softener for a period.

• Myth: “Laxatives are addictive.” Fact: common stool softeners are widely used in pediatrics when used correctly.

3) Why it happens (causes & triggers)

• Stool holding after a painful bowel movement.

• Diet: low fiber, not enough fluids, high dairy load crowding out meals.

• Changes in routine (travel, starting daycare/school), stress or anxiety.
• Toilet factors: fear of school toilets, not enough time to sit, feet dangling (poor position).
• Less common but important: hypothyroidism, celiac disease, spinal/neuromuscular issues, medication effects (for example iron).

4) What parents might notice (symptoms)

• Hard, dry stools; belly pain; painful pooping; skipping days without stool.
• Large stools that clog the toilet.
• Stool “smears” or accidents (overflow soiling) after constipation has been present for a while.
• Poor appetite, nausea, or feeling full quickly.
• By age: toddlers often hide/stand stiff/rock or go on tiptoes to hold stool; school-age kids may avoid school bathrooms.

5) Home care and what helps (step-by-step)

First 24–48 hours: focus on comfort and stool softening. Encourage water and regular meals; avoid “battle time” at the toilet.

Daily routine: sit on the toilet 5–10 minutes after meals (gastrocolic reflex). Use a footstool so knees are higher than hips.

• Fluids: water regularly; milk in normal amounts is usually fine.
• Fiber: fruits (pears, prunes, berries), vegetables, whole grains — increase slowly.
• Movement: daily active play helps bowel motility.
• Positive reinforcement: praise effort (sitting), not just stool output.
• If your clinician recommends medicine: give it consistently and long enough (often weeks to months).

6) What NOT to do (common mistakes)

• Do not stop treatment as soon as stools improve — the rectum needs time to recover.
• Avoid frequent stimulant laxatives unless a clinician specifically advised them.
• Avoid enemas at home unless advised; they can be unsafe in some situations.
• Do not punish stool accidents — they are usually overflow, not “lazy” behavior.

7) When to worry: triage guidance

• Emergency now: severe belly pain with vomiting, swollen belly, bloody diarrhea, lethargy, or dehydration.

• Same-day urgent visit: significant pain, refusal to drink, vomiting, fever, or blood more than a small streak.

• Routine appointment: constipation >2 weeks, soiling, poor growth, recurrent belly pain, or needing a medication plan.

• Watch at home: mild constipation without red flags — start routine + hydration + fiber and monitor.

8) How doctors diagnose it (what to expect)

• History: stool pattern, pain, holding behaviors, diet, stressors, and past treatments.

• Exam: belly exam, growth check, and sometimes a quick look for fissures.

• Tests: often not needed for typical functional constipation; may be used if red flags or poor response.

9) Treatment options

• First-line: behavior (toilet routine), diet/fluids, and a stool softener plan if needed.

• If not improving: adjust dose/duration, consider cleanout plan, check adherence and triggers.

• Severe cases: supervised cleanout or hospital care if vomiting/obstruction concern.

10) Expected course & prognosis

• Most children improve with a consistent plan, but it can take weeks to fully reset the bowel.

• Getting better looks like: soft stools most days, less fear, less belly pain, fewer accidents.

• Return to school/sports is usually fine; prioritize regular toilet time.

11) Complications (brief but clear)

• Anal fissures (small tears) causing pain and streaks of blood.

• Stool accidents/encopresis from overflow.

• Rare: bowel obstruction symptoms (seek urgent care).

12) Prevention and reducing future episodes

• Keep a regular toilet routine after meals.

• Maintain hydration and fiber habits.

• Address school toilet avoidance (teacher note, bathroom plan).

13) Special situations

- Infants: different causes — do not use OTC laxatives without clinician guidance.
- Neurodevelopmental differences: use visual schedules and shorter, more frequent sits.

14) Follow-up plan

- Follow up if not improving within 1–2 weeks of a solid plan, or sooner for red flags.
- Bring a stool diary (frequency, pain, stool type, accidents, medicines).

15) Parent FAQs

- “Will my child outgrow it?” Many do, but relapses happen if treatment stops too early.
- “Is it okay to use stool softeners?” Often yes, when guided by a clinician.
- “What if my child refuses to sit?” Start small (1–2 minutes), praise, and build gradually.

16) Printable tools (quick downloads)

- One-page action plan (what to do today).
- Symptom diary / tracker (what to write down).
- Red flags “fridge sheet” (when to seek urgent care).
- Medication schedule box (if medicines are used).
- School/daycare notes (what teachers should know).

17) Credible sources

- NASPGHAN/ESPGHAN guideline: Evaluation and Treatment of Functional Constipation in Infants and Children (2014).
- American Academy of Pediatrics (HealthyChildren.org): Constipation resources.
- Seattle Children’s: Constipation care information.
- NHS: Constipation in children (public guidance).

Developed and reviewed

This guide was fully developed and reviewed by Dr. Hussein.

Dr. Mohammad Hussein, MD, FRCPC
ROYAL COLLEGE–CERTIFIED PEDIATRICIAN & PEDIATRIC GASTROENTEROLOGIST
Board-certified pediatrician and pediatric gastroenterologist (Royal College of Physicians and Surgeons of Canada) with expertise in inflammatory bowel disease, eosinophilic gastrointestinal disorders, motility and functional testing, and complex nutrition across

diverse international practice settings.

To book an online full assessment for your child’s condition:
Email Dr. Hussein’s Assistant Elizabeth Gray at Elizabeth.Gray@pedsgimind.ca
In the email subject, please write: New Assessment Appointment with Dr. Hussein

Note: This appointment is completely online, as Dr. Hussein is currently working overseas. This service is not covered by OHIP.

18) Safety disclaimer

This guide supports — but does not replace — medical advice. If you are worried, trust your instincts and seek urgent care.