

Blood in Stool in Children (Newborn to Teen): What It Can Mean

Common names: Blood in poop, rectal bleeding, bloody stool

Seeing blood in your child's stool is scary, but many causes are minor (for example a small anal fissure from constipation). The key is to notice the pattern and check for red flags that need urgent evaluation.

1) Quick "At-a-glance"

Who it affects	Can occur at any age; causes differ in newborns, infants, and older children.
What to do today	Look at the color and amount of blood, check for pain/constipation/diarrhea, keep your child hydrated, and take a photo (helpful for your clinician).
Red flags (urgent/ER)	Large amounts of blood, black/tarry stool, pale + very unwell child, severe belly pain, vomiting, fever, dehydration, or a newborn with blood in stool.
When to see a clinician	Any persistent bleeding, blood with diarrhea, poor growth, anemia symptoms, or if you are unsure what you are seeing.

2) What it is (plain language)

Blood in stool can look bright red, dark red/maroon, or black and tarry. The color often hints at where the bleeding is coming from.

- Bright red on the toilet paper or on the outside of stool is often from the anus (for example a fissure).
- Dark red/maroon mixed in can come from higher in the intestine.
- Black/tarry stool can indicate bleeding from the upper digestive tract (urgent).

3) Why it happens (causes & triggers)

- Most common: anal fissure from constipation (painful stool).
- Hemorrhoids (less common in children).
- Infectious diarrhea (blood + mucus + fever).
- Food protein-induced allergic proctocolitis (infants; small blood streaks with otherwise well baby).



- Inflammatory bowel disease (older child/teen: chronic symptoms, weight loss).
- Intussusception (sudden severe episodes of pain; “currant jelly” stool) — emergency.
- Meckel diverticulum (painless bleeding) — urgent evaluation.

4) What parents might notice (symptoms)

- Pain with stool, hard stools, or withholding → think fissure/constipation.
- Diarrhea + fever + belly cramps → think infection.
- Chronic belly pain + weight loss + fatigue → consider inflammatory causes.
- Sudden severe belly pain with lethargy or vomiting → urgent causes.

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

- If constipation is likely: increase fluids, soften stools (with clinician guidance), warm bath for comfort.
- If diarrhea: focus on hydration (oral rehydration solution), small frequent sips.
- Document: photo of stool, frequency, pain, fever, foods, travel, sick contacts.

6) What NOT to do (common mistakes)

- Do not ignore black/tarry stool or large bleeding.
- Do not give anti-diarrhea medicines to young children without clinician advice.
- Avoid aspirin-containing products.

7) When to worry: triage guidance

- Emergency now: black/tarry stool, large bleeding, severe belly pain, repeated vomiting, lethargy, dehydration, or “currant jelly” stool.
- Same-day urgent visit: blood with fever/diarrhea, moderate bleeding, or a child who looks unwell.
- Routine appointment: small streaks recurring, constipation symptoms, suspected food allergy, or chronic symptoms.
- Watch at home: one tiny streak with a hard painful stool and child otherwise well (still follow up if it repeats).

8) How doctors diagnose it (what to expect)

- History + exam (including looking for fissures).
- Possible stool tests (infection), blood tests (anemia/inflammation), and sometimes imaging depending on symptoms.



9) Treatment options

- Treat the cause: constipation plan, infection management, allergy diet trial in infants (guided), or specialist evaluation if inflammatory/structural concerns.
- Severe bleeding may require emergency assessment and hospital care.

10) Expected course & prognosis

- Fissure-related streaks often improve once stools are soft and painless.
- Bleeding from infection often resolves as the infection clears; hydration is key.
- Chronic/recurrent bleeding needs assessment to prevent anemia and identify the cause.

11) Complications (brief but clear)

- Anemia (pale, tired, fast heartbeat).
- Dehydration (if diarrhea/vomiting).
- Rare emergencies: bowel obstruction or significant blood loss.

12) Prevention and reducing future episodes

- Prevent constipation with hydration, fiber, and a toilet routine.
- Hand hygiene and safe food practices to reduce infections.

13) Special situations

- Infants: blood streaks with a well-appearing baby can be an allergy-related proctocolitis; discuss with your clinician.
- Kids with immune suppression: seek care earlier for fever/bleeding.

14) Follow-up plan

- Follow up if bleeding repeats, symptoms persist >48–72 hours, or any red flag appears.
- Bring photos and a symptom diary.

15) Parent FAQs

- “Is a small streak always serious?” Often no, but repeating streaks should be evaluated.
- “Could foods cause red stool?” Yes (beets, red dyes) — but true blood typically stains the water/tissue.



- “When do we need tests?” If bleeding is persistent, child is unwell, or there are chronic symptoms.

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

- American Academy of Pediatrics (HealthyChildren.org): Blood in stool / constipation / diarrhea guidance.
- Cleveland Clinic or Mayo Clinic: Pediatric rectal bleeding overview (public guidance).
- Seattle Children’s: When to worry about blood in stool.
- NHS: Rectal bleeding / gastroenteritis advice.

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.

