

Baby Bowel Problems (Gastrointestinal)



If we want our babies to be healthy and grow well, we need to ensure they are eating and digesting food properly. For most babies, absorbing nutrients and having normal bowel movements after being fed is not a problem. There are, of course, temporary adjustments all babies will make when new foods are introduced into their diet. However, problems in this area can be a sign of a more serious issues. If you're a new mum or dad, worrying about your baby's digestive health is more common than you think!

Diarrhoea

Diarrhoea (also spelt diarrhea) – loose, watery stools occurring more than three times in one day – is a common problem that usually lasts a day or two and goes away on its own without any special treatment. However, persistent diarrhoea can be a sign of other problems.

Diarrhoea is a sign of irritation in the intestines and is characterised by loose, watery bowel movements, and the need to go to the toilet more often than usual.

There are numerous causes of diarrhoea such as food intolerances or poisoning, parasitic infections (like giardiasis) and problems with medications (esp. antibiotics), but the most common cause is generally some form of gastroenteritis. Diarrhoea can also occur when new foods are introduced into the diet, or if too much fruit juice is consumed.

It is always important to closely monitor episodes of diarrhoea in babies and young children due to the possibility of dehydration. Dehydration can be serious in young children, especially babies, and can happen quickly.

Babies under six months with diarrhoea should see a doctor immediately. Likewise, if your baby is under one year and has diarrhoea for more than 6 hours, seek medical advice as soon as possible.

Other occasions that warrant immediate medical attention are if: your child has repeated vomiting or tummy pain; a high fever; green, smelly faeces (or containing blood); if they refuse food or are unable to keep their fluid intake up. With babies, check whether their fontanelles are sunken or depressed as this can indicate dehydration. Other signs of dehydration are small amounts of dark coloured urine and increased thirst.

The most important thing to remember about diarrhoea is that it is critical your child stays hydrated. Offer plenty of liquids, such as water with super-diluted apple juice. Oral rehydrating fluids (such as Gastrolyte) may be purchased at your pharmacy, and may be more palatable in the ice-block form.

If diarrhoea is accompanied by nausea or vomiting, encourage your child to take small, but frequent, sips through a straw. With bottle-fed babies, you may choose to offer half-strength milk feeds for a short while, until there are signs of improvement.

Diarrhoea can cause dehydration, which means the body lacks enough water to function properly. Dehydration is particularly dangerous in children and the elderly, and it must be treated promptly.

Infectious diarrhoea in children is mostly viral; worrying features that should suggest a diagnosis other than acute, viral gastroenteritis include:

- **A generally unwell child - out of proportion to the level of dehydration.**
- **Abdominal pain with tenderness and guarding (possible surgical problem - eg, appendicitis or intussusception).**
- **Shock, pallor, jaundice, poor urinary output.**
- **Bilious vomiting.**

For babies and children on solid foods, offer soft complex carbohydrates (such as bananas, rice, mashed potato, or wholemeal toast) and exclude other foods until the diarrhoea has stopped.

Most mild forms of diarrhoea clear within a couple of days. The symptoms of diarrhoea usually clear when the lost fluids and salt are replaced. If mild cases of diarrhoea don't clear within 2 days, consult your doctor. In severe cases of diarrhoea, IV fluids may be necessary.

Diarrhoea can be quite infectious and warrants scrupulous hygiene. Keep children home from child care until 24 hours after the last bout of diarrhoea.

Persistent diarrhoea can cause raw, sore skin on baby's bottom which may be soothed with zinc, paw-paw or calendula balm. Check with your pharmacist regarding over the counter creams.

Constipation

Constipation is when children have a hard poo (bowel movement) that is difficult or uncomfortable to pass. It is a very common (rarely serious) problem in young children, especially around the time of toilet-training. In general, breastfed babies may often go 7 - 10 days without a bowel movement (or conversely, they may go after every feed), whereas bottle-fed babies may go once every 2 - 3 days at times. If your child only has a poo once or twice a week however, there is usually no cause for concern unless they show discomfort, or if their poos appear too hard.

There are several things that may cause your child to become constipated. Often young children ignore the urge to poo (because they are too busy or have had a painful bowel movement previously) and can 'hang on too long' (causing the poo to harden, and thus become more uncomfortable). Sometimes it can occur due to a change in environment, such as at pre-school, where they may find there isn't enough privacy or the right atmosphere. Often constipation can occur when a child doesn't drink enough, such as on hot days, or when they have an illness and fever which causes them to eat, drink less and become dehydrated.

Babies with constipation may benefit from a clock-wise tummy massage and plenty of soothing warm baths.





You may notice your child is constipated if: your baby's poos are like small dry pellets; your child complains of tummy pains around the belly button, and has a poor appetite and crankiness; your child avoids using the potty or toilet or starts to soil her pants. Some infants who drink several bottles of cow's milk a day may experience constipation.

You can help your child avoid constipation by establishing a regular toilet time so that they develop good bowel habits. Remain as calm and flexible about this as you can, so that your child doesn't feel pressured, and set aside some quiet, undisturbed toilet time each day. Aim for consistency, such as encouraging your child to go to the toilet after meals. Try and help your children tune into their urges to poo. Praise their efforts with positive feedback, small treats or star charts.

Babies over six months can have strained stewed prunes, apricots, or kiwi fruit - all of which have a gentle, natural laxative action. Prune juice can be frozen into icy poles, or given as a drink, with one part juice to three parts water.

Causes

Diets which are low in fibre and fluids are a common cause of constipation. Avoid refined foods (such as white bread, sugars etc) and fried foods. Instead, ensure your child's diet contains plenty of energy-producing and fibre-rich foods, which may include: at least 2 fruits p/day (incl. skins if appropriate for increased fibre), at least 3 vegetables p/day, and plenty of legumes and pulses (such as baked beans, lentil soup, pea & ham soup, lentil burgers, burritos). Use less processed cereals such as shredded wheat and oats, and favour wholemeal or rye breads wherever possible. Increase your child's fluid intake, and get them to take sips as frequently as you can.

Bran is not recommended for infants and toddlers as it is too abrasive for small digestive systems and may interfere with the absorption of minerals, such as iron and zinc. Never use laxatives for young children unless advised by your doctor.

Threadworms

Threadworms (or pinworms) are extremely common in Australia, and are highly contagious. They are primarily transmitted by, and shared between, children - by sucking on contaminated objects or food - but can also spread to adults. They cannot be caught from household pets.

After the microscopic eggs have been ingested, they hatch in the intestine and mature into adults in 15 - 28 days. Once mature, the female threadworms come out at night and lay as many as 10,000 eggs around the anus. They live in large numbers in the lower bowel.

Threadworms are essentially harmless but can cause unpleasant symptoms and discomfort. The main symptoms include: intense irritation, anal inflammation and itchiness around the bottom (which can affect the child's sleep, as the worms are active at night), and an itchy vulva and discharge in girls. At times the small white worms (resembling tiny threads of cotton) can be seen wriggling in the child's faeces. There may also be pain when urinating, and a general loss of appetite or a feeling of 'being out of sorts'. Worms do not usually cause tummy pains.

Treatment

A sticky tape test may confirm whether your child has worms. Apply a small piece of sticky tape to your child's anus first thing in the morning before they wash or go to the toilet. The presence and type of worm can then be confirmed by your doctor, who will advise you about treatment options.

The treatment for threadworms is safe, effective and extremely necessary as worms will not go away on their own. There are a number of over-the-counter pharmaceutical anti-worm medications available in Australia (such as Combantrim and Vermox) as well as prescription medications. A single dose takes 1-4 days to kill all the worms in the gut, and is usually repeated two weeks later. Consult your pharmacist or doctor for specific treatment protocols. Reinfection is easy as the eggs can lodge under a child's fingernails, and spread by further itching.

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Giardiasis is an infection of the lower intestine caused by a organism (most usually Giardia Lamblia) present in contaminated water or food. It is found throughout the world in both tropical and temperate climates, and over the past 20 years has become the most common infection transmitted via water in the world.

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Giardiasis

Giardiasis can affect anyone but is most commonly found in toddlers and pre-schoolers. Those who are not yet toilet-trained and who are around other infants (esp. in childcare settings) are most at risk of catching, and passing, the infection. It is spread by contact with the faeces of infected people and contaminated objects.

Symptoms occur 1 - 3 days after exposure to the parasite, and although two-thirds of all children do not experience any symptoms at all, they can still carry and pass the condition to others. Symptoms may include: stomach cramps and pain; severe diarrhoea (accompanied by wind); pale, unpleasant-smelling poos which float; nausea and vomiting; swollen abdomen; frequent burping and a loss of appetite.

Although most cases of giardiasis are mild and often settle without treatment, it can be a persistent condition, and if left untreated may cause the sufferer to remain infectious for many weeks. The parasites cling in large numbers to the lining of the small intestine, interfering with the absorption of the nutrients in food, causing continued discomfort.

If your child experiences diarrhoea for more than two weeks or in a severe form for over 48 hours, it is advisable to see a doctor, who may take a sample and test for giardiasis. The presence of giardiasis may not show up until at least three samples have been collected. In 80% of cases, the first test for the infection comes back negative. An anti-parasitic medication may be necessary.

It is essential that your child stays adequately hydrated to prevent the loss of fluids caused by diarrhoea. Oral rehydrating fluids (such as Gastrolyte) can be used and may be more palatable for young children in an ice-block form. Alternately, offer frequent sips of unsweetened, diluted fruit juices and water. Apple juice is ideal, especially if freshly juiced or organic.

Children with diarrhoea should be kept away from childcare until at least 24 hours after the diarrhoea has stopped. If possible, keep children in nappies separate from those who are toilet-trained to lessen the likelihood of the spread of infection. Also, avoid swimming for 2 -4 weeks as giardiasis can persist and pass easily into the water.

You can help prevent reinfection (or initial infection) by scrupulous hand washing before meals, after toileting and meal preparation. Avoid drinking water from rivers, lakes and creeks. If unsafe water is suspected, boil water for one minute and cool before drinking, or washing fruit. Use separate towels, linen and eating utensils for each family member. Herbal wormwood tea is reported as being especially effective against giardiasis.





Children over 3 years usually display similar symptoms to adults in regard to urinary tract infections, and may have frequent "accidents", a loss of appetite and sometimes a raised temperature.

Urinary tract infections

Urinary tract infections (UTIs) such as cystitis, are common in children, and affect girls more often than boys. Newborn males up to the age of 6 weeks however, are more susceptible to UTIs than female babies.

UTIs are most commonly caused by bacteria from the bowel that enters the urethra, causing a growth of germs in, and irritation to, the bladder. The primary symptoms of a UTI are: an intense urge to urinate (even when the bladder feels empty) and a burning sensation when urinating. Even though this frequent need to urinate is uncomfortable, it is the body's way of flushing out the infection, so encourage children to go to the toilet whenever they feel the urge.

Treatment may include antibiotics (especially with recurrent cases). Unsweetened cranberry juice has been used for over a century to treat cystitis, as it helps prevent bacteria from adhering to the bladder wall. Most essential is that your child's water intake is increased as this helps dilute urine, flushes bacteria, and helps lessen the pain and discomfort of the UTI.

Children under 3 years who have a urinary tract infection often find it more difficult to communicate their discomfort and may be confused by their increased need to wee. In addition, children under 3 years may exhibit a wider range of general infection such as: fever, diarrhoea, low energy and irritability. It is important that all children with signs of a UTI be checked by a doctor within 24 hours due to the possibility of underlying kidney or bladder problems, and because recurrent infections may cause scarring of the kidneys. UTIs are diagnosed by collecting a urine sample in a sterile container (available from your GP). Collected samples can be kept in the fridge for up to 48 hours if necessary.

Want more information?

Department of Health
<http://www.health.gov.au>

Royal Melbourne Childrens hospital - online resources
www.rch.org.au

Healthdirect
Phone 1800 022 222, 24 hours To speak to a registered nurse
www.healthdirect.gov.au

Raising Children Network
For information on raising children
www.raisingchildren.net.au

Parentline NSW
Phone 1300 1300 52
9am - 9pm weekdays and
4pm - 9pm weekends for advice on child health and parenting

Local Services

Lismore Community Health - Child and Family
Phone 02 6620 7687
8am – 5pm, Monday to Friday to make an appointment.

Goonellabah Child and Family Health Centre:
Phone 02 6625 0111
9am – 4:30pm, Monday to Friday to make an appointment.