Constipation and Soiling:

Before we begin an examination of the causes of constipation and soiling, we must understand what it is. Constipation is defined by a reduced stool frequency, or by painful bowel movements, even when the stool frequency is not reduced. Constipation accounts for 3% of visits to the pediatrician, and about 25% of visits to the pediatric gastroenterologist. Constipation is a problem for about 1 in 6 children at some time. Boys and girls are equally affected.
Genetics, diet, social habits, convenience, cultural beliefs, relationships within the family, and timing of daily activities influence how often a child has a bowel movement. In healthy children, the number of bowel movements (BM) changes with age and diet. For example, infants average four BMs each day during the first week of life, but decline to about two BMs each day by age two, and one BM each day by age four. However, healthy breast-fed infants may have no BMs for weeks. As you can see, there can be a wide range of "normal" frequency in healthy children. However, the presence of "alarm" symptoms such as vomiting, fever, failure to gain weight, or abdominal distention, along with the infrequent passage of stool, should prompt a visit to the pediatrician.
You may wish to read an overview of Defecation Disorders (also known as Poop Problems) from which this text was taken. We also offer more specific handouts on the characteristics and treatment of four pediatric functional gastrointestinal disorders that prompt parents to bring their child to the doctor for constipation and/or soiling: infant dyschezia, functional constipation, functional fecal retention, and non-retentive fecal soiling. [A functional disorder refers to a condition where the primary abnormality is an altered physiological function (the
way the body works) rather than an abnormality that is characterized by tissue damage or inflammation.

"But I AM trying!"