

**The Scoop on Poop: back by
popular demand!**



Admit it.

Before you became a parent, you never really gave much thought to other people's poop.

Now you are captivated and can even discuss it over meal time: your child's poop with its changing colors and consistency. Your vocabulary for poop has likely also changed. Before your baby's birth, you probably used some grown-up word like "bowel movement" or "stool" or perhaps some "R" rated term not appropriate to this pediatric site.

We pediatricians have many conversations with new parents, and some not-so-new parents, about poop. Mostly this topic is of great interest to parents with newborns, but this issue come out at other milestones in a child's life, namely when starting solid foods and during potty training.

Poop comes in three basic colors that are all equal signs of normal health: **brown, yellow, and green**. Newborn stool, while typically yellow and mustard like, can occasionally come out in the two other colors, even if what goes in, namely breast milk or formula, stays the same. The color change is more a reflection of how long the milk takes to pass through the intestines and how much bile acid gets mixed in with the developing poop.

Bad colors of poop are: red (blood), white (complete absence of color), and tarry black. Only the first stool that babies pass on the first day of life, called meconium, is always tarry black and is normal. At any other time of life, black tarry stools are abnormal and are a sign of potential internal bleeding. You should always discuss with your child's doctor black poop, blood in poop (this is not normal), and white poop (which could indicate a liver problem).

Normal pooping behavior for a newborn can be grunting, turning red, crying, and generally appearing as if an explosion is about to occur. As long as what comes out after all this

effort is a soft (normal poop should always be soft), then this behavior is normal. Other babies poop effortlessly and this, too, is normal.

Besides its color, another topic of intense fascination to many parents is the **frequency and consistency** of poop. This aspect is often tied in with questions about diarrhea and constipation. Here is the scoop:

It is normal for newborns to poop during or after every feeding, although not all babies go this often. This means that if your baby feeds 8-12 times a day, then she can have 8-12 poops a day. One reason that newborns are seen every few weeks in the pediatric office is to check that they are gaining weight normally. Good weight gain means that calories taken in are enough for growth and are not just being pooped out. While normal poop can be very soft and mushy, diarrhea is watery and prevents normal weight gain.

After the first few weeks of life, a **change in pooping frequency** can occur. Some formula fed babies will continue their frequent pooping while others decrease to once a day or even once every 2-3 days. Some breastfed babies actually decrease their poop frequency to once a week! These babies' guts digest breast milk so efficiently that they are left with little waste product.

As long as these less-frequently-pooping babies are feeding well, not vomiting, acting well, have soft bellies rather than hard, distended bellies, and are growing normally, then parents and other caregivers can enjoy the less frequent diaper changes. Urine frequency should remain the same (at least 6 wet diapers every 24 hours, on average) and is a sign that your baby is adequately hydrated. Again, as long as what comes out in the end is soft, then your baby is not "constipated" but rather has "decreased poop frequency."

True constipation is poop that is hard and comes out as either

small hard pellets or a large hard mass. These poops are often painful to pass and can cause small tears in the anus. You should discuss true constipation with your child's health care provider. A typical remedy, assuming that everything else about your baby is okay, is adding a bit of prune or apple juice, generally $\frac{1}{2}$ to 1 ounce, to the formula bottle once or twice daily. True constipation in general is more common in formula-fed babies than breastfed babies.

Adding solid foods generally causes poop to become more firm or formed, but not always. It DOES always cause more odor and can also add color. Dr. Kardos still remembers her surprise over her eldest's first "sweet potato poop" as she and her husband asked each other, "Will you look at that? Isn't this exactly how it looked when he ATE it?" If constipation, meaning hard stools that are painful to pass, occurs during solid food introductions, you can usually help soften up the poop by giving more prunes and oatmeal and less rice and bananas.

Potty training can trigger constipation resulting from poop withholding. This withholding can result in backup in the intestines which leads to pain and poor eating. Children withhold for one of three main reasons:

1. They are afraid of the toilet or potty seat.
2. They had one painful poop and they resolve never to repeat the experience by trying to never go again.
3. They are locked into a control issue with their parents. Recall the truism "You can lead a horse to water but you can't make him drink." This applies to potty training as well.

Treatment for stool withholding is to QUIT potty training for at least a few weeks and to ADD as much stool softening foods and drinks as possible. Good-for-poop drinks and foods include prune juice, apple juice, pear juice, water, fiber-rich breads and cereals, beans, fresh fruits and vegetables. Sometimes,

under the guidance of your child's health care provider, children need medical stool softeners or laxatives until they overcome their fear of pooping. For more information about potty training we refer you to our post with podcast on this subject.

Our goal with this blog post was to highlight some frequently-asked-about poop topics and to reassure that **most things come out okay in the end**. And that's the real scoop.

Julie Kardos, MD and Naline Lai, MD

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Potty training: the advanced course



Just when you thought your child graduated from potty training ...there's more

Believe it or not, this post is for parents of kids who are already potty trained. Because sometimes even kids who are potty trained will refuse to use the toilet.

Changes and transitions, such as the start of a new school year, can trigger regression in kids who have been potty trained for years. Now that your children have been back to school for a few weeks take the quiz:

-Does your child come home from school and make **a mad dash for the bathroom** before he even gets his shoes off or asks you for a snack?

-Does your child stop eating and complain of **belly pain after**

two bites of dinner?

-Does your child's **poop routinely clog your toilet?**

-Is your child's **underwear sometimes damp?**

-Have you noticed **skid marks** (small streaks or smears of poop) on your child's underwear?

If you answer "yes" to ANY of these questions, then read on.

Advanced Potty Training

The main problem many kids encounter is that once school starts, they have a lot of new distractions and can't be bothered to pee or poop. First, the morning routine might be more rushed. In school, the teacher is teaching. Your kid is interacting with other kids. The school's bathroom is foreign, and may even have an auto-flush toilet: scary for the newly-trained. And unlike your newly potty-trained toddler who often finds it thrilling to try out every public restroom he sees, kids in school may feel more self-conscious, and not as adventurous, about visiting new bathrooms.

School bathrooms can be smelly, loud, and even places where kids bully each other. Some kids develop an aversion to using the school bathroom. These kids hold their pee and poop all day long until they get home, then run into the house and make a mad dash for the bathroom.

A child's internal debate

For a kid who becomes overstimulated at school or who develops an aversion to the school bathroom, his bladder and brain have a conversation that goes like this:

Bladder: I am full.

Brain: Hold it, I don't want to use the bathroom right now.

Bladder: But I REALLY have to pee.

Brain: Tough luck, Bladder, just wait till we get home.

Bladder: But I have no more room for pee!

Brain: Deal with it, Bladder!

So, the bladder has two choices:

1-Bladder overflows, at least enough to relieve a bit of pressure. This causes damp underwear. (For other reasons [click here](#) to review our post on damp underwear.)

OR

2-Bladder distends to accommodate more urine and confuses the nerves that supply sensation to the bladder. Kids lose the ability to tell if they have to urinate, which leads to full bladder-emptying accidents, and can lead to urinary tract infections.

A similar discussion can occur between your kid's brain and his rectum:

Rectum: I am full of poop, Brain. Take us to the bathroom.

Brain: In school? Are you kidding? I am enjoying this game the class is playing/I am embarrassed to poop in school/I am afraid of the school bathroom. HOLD IT!

Rectum: OK, but you're not going to like how this comes out in the end.

The rectum also has two choices: release just a bit of stool so it doesn't feel so full and uncomfortable – these are skid marks. OR it will just hold onto the stool, making it larger and harder all the while, so it becomes painful and scary to pass and ultimately clogs the toilet.

This cycle leads to more problems – over time, the distended rectum develops decreased sensation (sound familiar?) and ultimately the child loses the ability to feel when he has to

poop. Large poop masses in distended intestines can lead to pain while eating (the kid who eats two bites of dinner, then stops because of belly pain). Poop can leak out without your child knowing because he is unaware of the sensation of the chronically-ignored-full-rectum. In addition, a full rectum will also press on the bladder changing the way the brain is sensing whether or not to void.

How can we parents prevent these problems?

Remind your child to use the bathroom upon waking up in the morning and again before leaving the house for school. Even if he says he does not have to go, tell him to “Just check- sit for 2 minutes.”

Ask your child if he uses the bathroom in school. Preschool and early elementary school teachers often have scheduled bathroom breaks, but then it’s entirely up to your child to remember to use the bathroom. Encourage him to stop in the bathroom around lunch time in school.

Once home from school, remind your child to use the bathroom or “just check” if he hasn’t already done so.

If you leave the house again for an after-school activity, insist that he “just check” again to decrease your chances of having to use another “foreign” toilet.

Incorporate a potty check into your child’s bedtime routine, even if he went relatively recently. Ideally the healthy bladder empties four to six times a day and the healthy bowel easily passes a stool at least once a day or every other day.

Because boys usually stand to urinate, remind them to sit at least once or twice a day, even if they don’t feel the urge to poop. As a mom of three boys, trust me: they often surprise themselves.

Even middle school and high school kids can have these

problems. Suggest to your older child who, for whatever reason, avoids school bathrooms, that she can stop by the school nurse's office to use the bathroom. She could also get up in the middle of class, if needed, and use the bathroom when it is most likely to be empty of other students, unlike during change-of-class time.

School cafeteria food and snacks provided at sports or other after school activities are not always healthy and can contribute to making stools too hard, so make sure to provide healthy choices at home with plenty of fruits and vegetables. Teach your kids to avoid too many cookies and other high fat foods – these are constipating foods. Encourage water-drinking. Caffeine-containing drinks (ice tea, soda) cause excess urine production and thus more stress on the bladder that your child might already be forcing to “hold it” for too long.

As for the children who frequently run to the bathroom in the daytime, but only pee a tiny bit, beware of something called urinary frequency syndrome.

Final exam

1-Does your child use the bathroom regularly, without stress or pain?

2-Can your child “go with the flow” in school as well as home, without any toilet clogging?

3-At the end of the day, is your child's underwear without urine or skid marks?

If you can answer YES to all of the above, then you and your child have passed advanced potty training!

Julie Kardos, MD and Naline Lai, MD

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Why is my potty trained child's underwear occasionally damp?



A mom of a six-year-old patient asked recently, "Why is my daughter's underwear damp?"

"I guess you don't worry about keeping your kids dry."

- She's been potty trained for 3 years.
 - She is dry overnight.
 - She urinates about 6 times in the daytime.
 - She doesn't complain of pain during urination.
- Yet, her underwear is occasionally slightly wet.

We don't know if anyone has ever tracked the statistics, but this girl's cause of damp underwear is common in little girls. Called vaginal voiding, vaginal voiding occurs when a girl urinates on the toilet with her legs tightly pushed together. She pulls her pants down minimally, to about mid-thighs so urine gets trapped in the vagina as it comes out the urethra. When she stands up and pulls up her pants, the drop of urine that was trapped in the vagina will drip out into her underwear.

The treatment of vaginal voiding is simple. Make sure your daughter pulls her pants all the way down to her ankles when sitting on the toilet. Encourage her to spread her knees apart while urinating. You could even have her sit on the toilet seat BACKWARDS, facing the back of the toilet. This position forces the knees apart and prevents any urine from becoming trapped. In turn, her underwear will remain dry.

A reason both girls and boys occasionally have damp underwear is giggle incontinence or cough incontinence, which is exactly what it sounds like—a bit of urine gets leaked during laughing or coughing.

To help kids who leak during coughing or laughing, first make sure that they are not holding in their urine for too long. Have your child do a potty check, as in “go sit on the potty,” every 2-3 hours throughout the day. Try setting an alarm on her iPod or on your cell phone. Often, merely providing enough opportunities during the day to empty the bladder cures the problem of leaking during laughing or coughing.

After trying these simple measures, if your child's underwear is still wet or your child tells you that she still leaks during coughing or laughing, discuss this problem with your child's doctor. In addition, please know that while laughing daily is wonderful, daily coughing is not normal. Your child may need further evaluation for the source of a daily cough.

Damp or wet underwear may not be the most glamorous pediatric topic, but it is important for the kids who suffer from it. Hopefully this post offered a quick fix for some of your kids. You and your laundry machine will be happier.

Julie Kardos, MD and Naline Lai,MD

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The Scoop on Poop- another essential of life



As we said to Robin Young on NPR's *Here and Now*, "a lot of life's issues all boil down to the essentials of life...eat, sleep, drink, pee, poop and love." Continuing our ideas and updates on all of those baby essentials, here's the scoop on poop :

Okay, admit it.

Before you became a parent, you never really gave much thought to poop.

Now you are captivated and can even discuss it over meal time: your child's poop with its changing colors and consistency. Your vocabulary for poop has likely also changed as you are

now parents. Before your baby's birth, you probably used some grown-up word like "bowel movement" or "stool" or perhaps some "R" rated term not appropriate to this pediatric site. But now, all that has changed.

As pediatricians, we have many conversations with new parents, and some not-so-new parents, about poop. Mostly this topic is of real interest to parents with newborns, but poop issues come out at other milestones in a child's life, namely starting solid foods and potty training. So we present to you the scoop on poop.

Poop comes in three basic colors that are all equal signs of **normal** health: **brown, yellow, and green**. Newborn poop, while typically yellow and mustard like, can occasionally come out in the two other colors, even if what goes in, namely breast milk or formula, stays the same. The color change is more a reflection of how long the milk takes to pass through the intestines and how much bile acid gets mixed in with the developing poop.

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Normal pooping behavior for a newborn can be grunting, turning red, crying, and generally appearing as if an explosion is about to occur. As long as what comes out after all this effort is a soft poop (and normal poop should always be soft), then this behavior is normal. Other babies poop effortlessly and this, too, is normal.

Besides its color, another topic of intense fascination to

many parents is the frequency and consistency of poop. This aspect is often tied in with questions about **diarrhea** and **constipation**. Here is the scoop:

It is normal for newborns to poop during or after every feeding, although not all babies poop this often. This means that if your baby feeds 8-12 times a day, then she can have 8-12 poops a day. One reason that newborns are seen every few weeks in the pediatric office is to check that they are gaining weight normally: that calories taken in are enough for growth and are not just being pooped out. While normal poop can be very soft and mushy, **diarrhea is watery and prevents normal weight gain**.

After the first few weeks of life, a **change in pooping frequency** can occur. Some formula fed babies will continue their frequent pooping while others decrease to once a day or even once every 2-3 days. Some breastfed babies actually decrease their poop frequency to once a week! It turns out that breast milk can be very efficiently digested with little waste product. Again, as long as these babies are feeding well, not vomiting, acting well, have soft bellies rather than hard, distended bellies, and are growing normally, then you as parents can enjoy the less frequent diaper changes. Urine frequency should remain the same (at least 6 wet diapers every 24 hours, on average) and is a sign that your baby is adequately hydrated. Again, as long as what comes out in the end is soft, then your baby is not “constipated” but rather has “decreased poop frequency.”

True constipation is poop that is hard and comes out as either small hard pellets or a large hard poop mass. These poops are often painful to pass and can even cause small tears in the anus. You should discuss true constipation with your child's health care provider. A typical remedy, assuming that everything else about your baby is normal, is adding a bit of prune or apple juice, generally $\frac{1}{2}$ to 1 ounce, to the formula bottle once or twice daily. True constipation in general is

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Potty training can trigger constipation resulting from poop withholding. This poop withholding can result in backup of poop in the intestines which leads to pain and poor eating. Children withhold poop for one of three main reasons.

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They had one painful poop and they resolve never to repeat the experience by trying to never poop again.

They are locked into a control issue with their parents. Recall the truism "You can lead a horse to water but you can't make him drink." This applies to potty training as well.

Treatment for stool withholding is to QUIT potty training for at least a few weeks and to ADD as much stool softening foods and drinks as possible. Good-for-poop drinks and foods include prune juice, apple juice, pear juice, water, fiber-rich breads and cereals, beans, fresh fruits and vegetables. Sometimes, under the guidance of your child's health care provider, medical stool softeners are needed until your child overcomes his fear of pooping and resolves his control issue. For more information about potty training we refer you to our post with podcast on this subject.

Our goal with this blog post was to highlight some frequently-

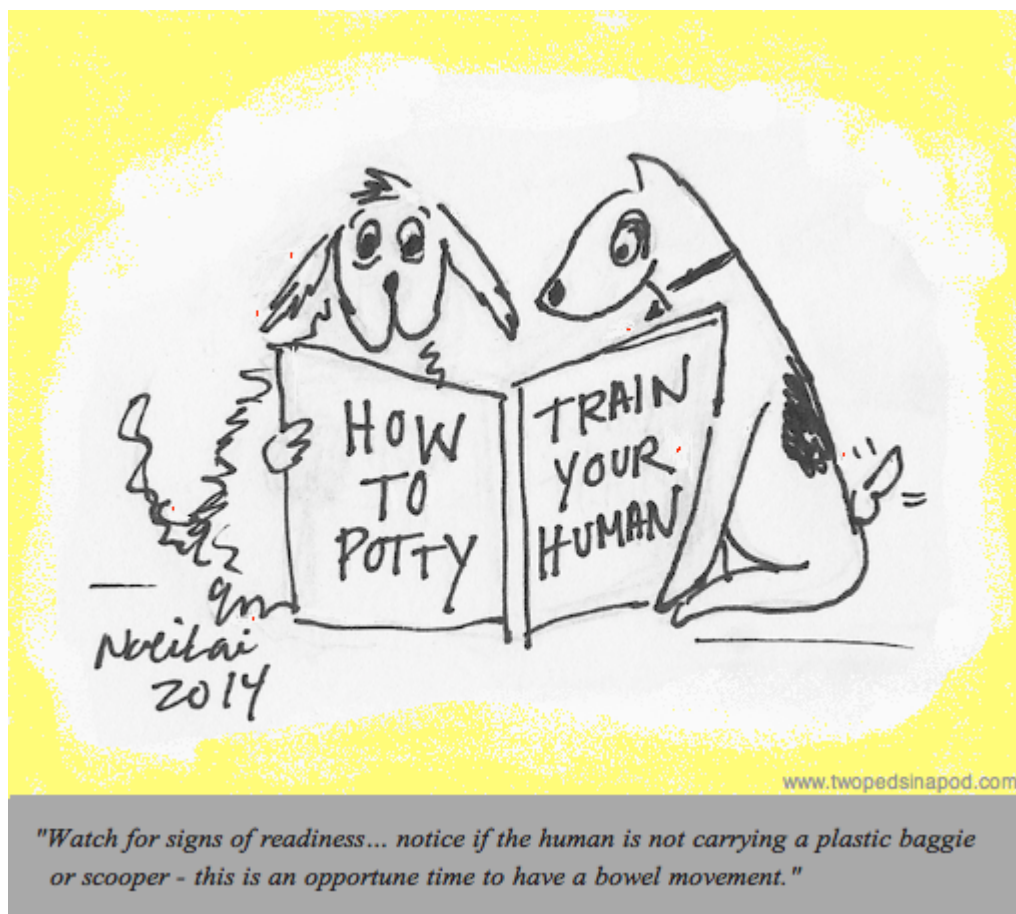
asked-about poop topics and to reassure that most things come out okay in the end. And that's the real scoop.

Julie Kardos, MD and Naline Lai, MD

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modified from original 2009 post

Potty training tips



Children master potty training typically between the ages of two and four years. Be patient, not everyone is “typical.” More important than your child’s age is whether she shows she is developmentally ready to train. These signs include:

- is generally agreeable/ can follow directions

- gets a funny expression on her face before passing urine or poop, or runs and hides, then produces a wet or soiled diaper
- asks to be changed/ pulls on her diaper when it becomes wet or soiled
- remains dry during the day time for at least two hours
- NOT because grandparents are pressuring you to start training their grandchild
- NOT if the child is constipated—the last thing you want to do is to teach withholding to a kid who already withholds
- NOT if a newborn sibling has just joined the family. A new baby in the house is often a time of REGRESSION, not progression. However, if your toddler begs to use the potty at this time, then by all means, allow her to try.

Hit play to listen to our potty training podcast:

<https://www.twopedsinapod.org/wp-content/uploads/2009/07/Episode-1-Potty-Training.mp3>

Naline Lai, MD and Julie Kardos, MD

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Parents of one-year-olds: Rule your Roost!

✖ When your baby turns one, you'll realize he has a much stronger will. My oldest threw his first tantrum the day he turned one. At first, we puzzled: why was he suddenly lying

face down on the kitchen floor? The indignant crying that followed clued us to his anger. "Oh, it's a tantrum," my husband and I laughed, relieved.

Parenting one-year-olds requires the recognition that your child innately desires to become independent of you. Eat, drink, sleep, pee, poop: eventually your child will learn to control these basics of life by himself. We want our children to feed themselves, go to sleep when they feel tired, and pee and poop on the potty. Of course, there's more to life such as playing, forming relationships, succeeding in school, etc, but we all need the basics. The challenge comes in recognizing when to allow your child more independence and when to reinforce your authority.

Here's the mantra: Parents provide unconditional love while they simultaneously make rules, enforce rules, and decide when rules need to be changed. Parents are the safety officers and provide food, clothing, and a safe place to sleep. Parents are teachers. Children are the sponges and the experimenters. Here are concrete examples of how to provide loving guidance:

Eating: The rules for parents are to provide healthy food choices, calm mealtimes, and to enforce sitting during meals. The child must sit to eat. Walking while eating poses a choking hazard. Children decide how much, if any, food they will eat. They choose if they eat only the chicken or only the peas and strawberries. They decide how much of their water or milk they drink. By age one, they should be feeding themselves part or ideally all of their meal. By 18 months they should be able to use a spoon or fork for part of their meal.

If, however, parents continue to completely spoon feed their children, cajole their children into eating "just one more bite," insist that their child can't have strawberries until they eat their chicken, or bribe their children by dangling a cookie as a reward for eating dinner, then the child gets the message that independence is undesirable. They will learn to ignore their internal sensations of hunger and fullness.

For perspective, remember that newborns eat frequently and enthusiastically because they gain an ounce per day on average, or one pound every 2-3 **weeks**. A typical one-year-old gains about 5 pounds during his entire second year, or one pound every 2-3 **months**. Normal, healthy toddlers do not always eat every meal of every day, nor do they finish all meals. Just provide the healthy food, sit back, and enjoy meal time with your toddler and the rest of the family.

A one-year-old child will throw food off of his high chair tray to see how you react. Do you laugh? Do you shout? Do you do a funny dance to try to get him to eat his food? Then he will continue to refuse to eat and throw the food instead. If you say blandly, "I see you are full. Here, let's get you down so you can play," then he will do one of two things:

- 1) He will go play. He was not hungry in the first place.
- 2) He will think twice about throwing food in the future because whenever he throws food, you put him down to play. He will learn to eat the food when he feels hungry instead of throwing it.

Sleep: The rule is that parents decide on reasonable bedtimes and naptimes. The toddler decides when he actually falls asleep. Singing to oneself or playing in the crib is fine. Even cries of protest are fine. Check to make sure he hasn't pooped or knocked his binky out of the crib. After you change the poopy diaper/hand back the binky, **LEAVE THE ROOM!** Many parents tell me that "he just seems like he wants to play at 2:00am or he seems hungry." Well, this assessment may be correct, but remember who is boss. Unless your family tradition is to play a game and have a snack every morning at 2:00am, then just say "No, time for sleep now," and ignore his protests.

Pee/poop: The rule is that parents keep bowel movements soft by offering a healthy diet. The toddler who feels pain when he poops will do his best not to have a bowel movement. Going into potty training a year or two from now with a constipated

child can lead to many battles.

Even if your child does not show interest in potty training for another year or two, talk up the advantages of putting pee and poop in the potty as early as age one. Remember, repetition is how kids learn.

Your one-year-old will test your resolve. He is now able to think to himself, "Is this STILL the rule?" or "What will happen if I do this?" That's why he goes repeatedly to forbidden territory such as the TV or a standing lamp or plug outlet, stops when you say "No no!", smiles, and proceeds to reach for the forbidden object.

When you feel exasperated by the number of times you need to redirect your toddler, remember that if toddlers learned everything the first time around, they wouldn't need parenting. Permit your growing child to develop her emerging independence whenever safely possible. Encourage her to feed herself even if that is messier and slower. Allow her to fall asleep in her crib and resist rocking her to sleep. Everyone deserves to learn how to fall asleep independently. You don't want to train a future insomniac adult.

And if you are baffled by your child's running away from you one minute and clinging to you the next, just think how confused your child must feel: she's driven towards independence on the one hand and on the other hand she knows she's wholly dependent upon you for basic needs. Above all else, remember the goal of parenthood is to help your child grow into a confident, independent adult... who remembers to call his parents every day to say good night... ok, at least once a week to check in.... ok, keep in touch with those who got him there!

Julie Kardos, MD with Naline Lai, MD

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When potty training gets hard: constipation



Unfortunately, constipation and potty training go together.

This should come as no surprise. Let's consider the two favorite words of two and three-year-olds: "Mine," and "No."

Now think of how these words apply to a toddler who is starting to understand the purpose of the potty. The well meaning parent says, "Honey, we want you to put your poop to the potty."

For many toddlers, the answer is... "NO! MINE!"

The problem begins when the toddler is determined NOT to give up her own poop. The longer your child holds in the poop, the harder and more difficult it will be to pass the poop. Thus, a vicious cycle begins. Your child finds pooping painful and scary. This cycle must be interrupted. Here are some tips:

Stop potty training and go back to diapers.

Before you groan at this suggestion, hear this story: The parents of one 2 ½-year-old were pleased that all “pee pee” was making it into the potty, but dismayed that she demanded a Pull-Up for poop. I suggested that she should wear diapers full time, and when pee AND poop go in the potty, then the princess underwear would come back. The child responded to me, “That isn’t very nice!” But guess what? That night, she pooped in the potty. Of course, her baby sibling is due in a few weeks, so we’ll see if success continues... but regression with new babies is a topic for another blog post.

Make the poop easy to pass.

Use natural interventions: increase water throughout the day and give undiluted juice such as prune, pear, apple, or pineapple (the other juices don’t hurt but do not actually help the cause) once a day. Offer fresh fruits, fresh vegetables, and high fiber cereals (just read the labels, try for more than 3 grams per serving). Encourage exercise.

Practice regular potty/toilet sitting.

Catch the poop when it’s naturally likely to come. The most likely time a toddler will poop is just after eating because of the gastrocolic reflex, a reflex which causes the bowels to move after eating. After every meal, have your potty trainer sit for 2-5 minutes. Treat this as a house rule. Read a book on the potty or tell stories to help pass the time.

Teach your child to prioritize pooping over playing.

If kids “really have to go” but they are busy playing, they will hold in the poop to avoid interruption. Watch for signs of a need to defecate such as squirming (better known as the potty dance) or hiding. To avoid a power struggle, say something like, “The poop wants to come out, let’s go,” rather than, “Do you want to go to the potty now?” and reward the child for sitting, not for producing.

Some over-the-counter products can help. You should discuss dosing, timing, risks, and benefits of each with your child's health care provider before choosing. Medicines include:

- Mineral oil: mix with something that tastes good such as juice or chocolate milk. The brand Kondremul tastes sweet and is hidden easily in milk because it's white. Mineral Oil makes poop so slippery that even a determined toddler will not "hold it."
- Polyethyleneglycol (PEG) 3350 (Miralax): with a prescribed amount of liquid, it has no taste and pulls extra water into the bowels so that the poop stays soft.
- Glycerin suppositories: can be the "quick fix" step before you have to resort to enemas, which are more traumatic.
- Children's laxatives such as Milk of Magnesia.
- Senna-containing products – in the past there were concerns of bowel dependency with long-term use. This concern has been questioned by specialists. Ask your doctor about the products.

At one potty training child's three year birthday party, the poor birthday boy spent half his party trying to pass a large hard poop, the result of several days of withholding. After one small glycerin suppository and a large amount of anxiety, he rejoined his friends; leaving his parents feeling guilty that they had not paid attention to his pooping frequency prior to the party. While the goal is for our children to be completely independent potty users, we have to help our potty trainers by keeping track of the frequency and consistency of their poop in order to prevent a withholding/painful pooping/constipation cycle from starting.

Be alert to potential medical causes of constipation (as opposed to behavioral or situational) and consult your child's health care provider if you can't seem to remedy the problem.

In the world of young potty trainers, try to avoid power

struggles, “keep things moving,” make things soft and easy,
and remember that this too shall pass.

Julie Kardos, MD with Naline Lai, MD

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