Breastfeeding and Medication



Lack of stools / constipation in a breastfed baby

- Babies under 4-6 weeks of age should pass at least 2 stools per day (often many more), along with gaining weight as expected.
- Infrequent stooling in a new-born is almost always a sign of inadequate milk intake rather than constipation signpost urgently to skilled breastfeeding support.
- Beyond 6 weeks, breastfed babies usually continue to pass stools daily. Some babies may change to much less frequent stooling. This is currently considered normal.
- Normal breastfed baby stools are yellow, loose and sweet smelling.
- True constipation in exclusively breastfed babies is rare.

Constipation in the neonate is a topic apparently rarely discussed in medical sources and may be seen as the domain of the health visitor or midwife. However, many "constipated" babies may be seen by their GP.

Newborn babies have multiple stools per day. Most breastfed babies pass a stool between three to five times per day. For formula-fed babies, the number of stools is usually between two to four per day (Blackmer 2010). Before considering treatment it is important to discuss how feeding and weight gain are going, and any recent changes. Take particular note if the mother reports that breastfeeding is painful, if baby is sleepy, or if there are any difficulties with feeding.

CKS Constipation in Children https://cks.nice.org.uk/constipation-in-children

'The expert opinion of previous external reviewers of this CKS topic is that constipation is less likely in exclusively breastfed babies, although bowel actions may be infrequent [ed. after 4-6 weeks].

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Distress or other features are better clinical indicators of true constipation. It may be appropriate to monitor an otherwise well, thriving breastfed baby before deciding whether treatment for constipation is indicated.'

Although it is easy to consider medication first line to resolve lack of stooling/constipation, this should be avoided until breastfeeding has been optimised.

The Newborn

In the first few days after birth, the baby passes meconium: dark and tarry stools, made of materials ingested in utero. Colostrum (early milk) is a natural laxative and helps the infant to pass the first stool.





Fig 2 Stool after milk has 'come in' approx. day 3 ©Wendy Jones

As the mother's milk volume increases, the baby's stool colour and consistency changes. An exclusively breastfed baby will produce loose and unformed motions of a dark-green colour that changes gradually to a mustard-yellow, sweet-smelling motion by day 4. (See La Leche League, NCT, Baby Poo Gallery for images).

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Breastfed babies should produce frequent bowel movements in the early days. Formula-fed babies have stools which are much more formed and smell less sweet. Much information can be gleaned from the appearance of baby bowel motions.

What does lack of stools in a breastfed baby suggest?

Lack of stools/infrequent stools in the early days is almost always a sign that a baby is not receiving enough milk. Constipation should never be considered until other more common and concerning issues have been explored. It is a signal for urgent referral for a breastfeeding assessment, such as to a local specialist or one of the breastfeeding helplines. If the baby is not producing frequent wet nappies either, then admission to hospital may also be needed to ensure that the baby receives essential nutrition and hydration.

An orange or red, brick-dust coloured stain in the baby's nappy in the first couple of days after birth is normal and a sign of urate crystals. The timely change to yellow motions is a sign that feeding is progressing well. 'Brick dust' nappies or green stools after the first few days should prompt urgent breastfeeding assessment.



Fig 3 Urate crystals in urine (brick dust) Image taken from Google Images.

After 4-6 weeks

After this age, some breastfed babies may pass stools less frequently. Some babies go several days without stooling. If the stool is soft and yellowish and the baby is otherwise well and gaining weight as expected, there is no concern.

It is also normal for babies to strain or even cry when opening their bowels, which is a sign of infant dyschezia — a normal phenomenon in babies that requires no medical intervention. The baby is not 'constipated' as long as their stools are soft, even if they have not passed one for a few days.

Sodium alginate (Gaviscon™)

If a baby has been given Infant Gaviscon™ they may become constipated. Medication for reflux is often given unnecessarily. Please see https://www.breastfeedingnetwork.org.uk/reflux/

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Formula fed babies and constipation

If a formula fed baby is constipated, it is important to ensure that the caregiver is sensitively provided with information about how to prepare and offer bottles. This information from Unicef may be helpful: https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/bottle-feeding-resources/guide-to-bottle-feeding/

Table with information for parents regarding nappies in a new-born baby, from UNICEF 2010

Nappies The contents of your baby's nappies will change during the first week. These changes will help you know if feeding is going well. Speak to your midwife if you have any concerns		
1-2 days old	1-2 or more per day urates may be present*	1 or more dark green/black 'tar like' called meconium
3-4 days old	3 or more per day nappies feel heavier	At least 2, changing in colour and consistency – brown/green/yellow, becoming looser ('changing stool')
5-6 days old	5 or more Heavy wet**	At least 2, yellow; may be quite watery
7 days to 28 days old	6 or more heavy wet	At least 2, at least the size of a £2 coin yellow and watery, 'seedy' appearance

^{*}Urates are a dark pink/red substance that many babies pass in the first couple of days. At this age they are not a problem, however if they go beyond the first couple of days you should tell your midwife as that may be a sign that your baby is not getting enough milk.

References

- Blackmer AB, Farrington EA. Constipation in the pediatric patient: an overview and pharmacologic considerations. Journal of Pediatric Health Care. 2010;24(6):385–399) https://www.jpedhc.org/article/S0891-5245(10)00263-4/fulltext
- NHS Choices. (2016b) How to change your baby's nappy. Available from:
 https://www.nhs.uk/conditions/pregnancy-and-baby/nappies/
 NICE. (2019) Clinical Knowledge Summaries. Constipation in children. Available from:
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^{**} With new disposable nappies it is often hard to tell if they are wet, so to get an idea if there is enough urine, take a nappy and add 2-4 tablespoons of water. This will give you an idea of what to look/feel for.

- Constipation in children and young people: diagnosis and management. Available from: https://www.nice.org.uk/guidance/cg99
- NICE (2019). Clinical Knowledge Summaries GORD in children. Available from: https://cks.nice.org.uk/gord-in-children

Resources

- Baby Poo Gallery: Facebook Page https://www.facebook.com/babypoogallery/ Charlotte
 Treitl, Association of Breastfeeding Mothers (ABM) Breastfeeding Mother Supporter
 (themilkrebel@gmail.com)
- La Leche League. What's in a nappy? Available from: https://www.laleche.org.uk/whats-in-a-nappy/
- NCT. Newborn baby poo in nappies: what to expect (with photographs). Available from: https://www.nct.org.uk/baby-toddler/nappies-and-poo/newborn-baby-poo-nappies-what-expect
- NHS Choices. (2016a) Breastfeeding: is my baby getting enough milk? Available from: https://www.nhs.uk/conditions/pregnancy-and-baby/breastfeeding-is-baby-getting-enough-milk/
- #SaveTimeProtectBreastfeeding: Facebook Page https://www.facebook.com/SaveTimeProtectBreastfeeding/
- UNICEF (2010). Breastfeeding checklist for mothers How can I tell that breastfeeding is going well? Available from: https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/10/mothers breastfeeding checklist.pdf

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