Breastfed babies have higher frequency of defecation and softer stools than bottle-fed babies.

25% of pediatric gastroenterology consultations are related to perceived defecation disorders.

Prevalence seems to increase with age.

1st year of life: 2.9%
2nd year of life: 10.1%
24 months: 27.3%

How to manage constipation in infants < 1 year:

If the reason of the consultation is: difficult or rare defecation (<1 per 3 days in FF and <1 per 7 days in BF) lasting for at least 2 weeks, look for the presence of warning signs:

**WARNING SIGNS**
- No meconium > 24 hr
- Abdominal distention
- Vomiting
- Failure to thrive
- Bloody / mucoid stools
- Neurodevelopmental delay
- Anal / sacral abnormalities
- Any signs of other organic causes

If yes, refer patient to specialty consultation.

If no, proceed with the following:

**Formula feeding with or without solid food**

"Functional constipation"
- Reassurance - Education
- Verify proper formula preparation

If improvement, yes. Follow-up or maintain therapy.

If no or partial improvement:

- Reassurance
- Family education
- Probably normal – follow-up

Consider one of the following:
- Lactulose
- PEG > 6 months
- Switch to eHF in suspicion of CMPA
- Rectal treatment for acute relief (glycerine suppo)

If improvement, refer patient to specialty consultation.

If no or partial improvement, yes.

- Maintenance therapy
- Follow-up

Adapted from Vandenplas et al., 2016

References:

Artificial feeding = formula feeding
FC = functional constipation
PEG = polyethylene glycol
pHF: partially hydrolyzed formula