



Healthy Bladder and Bowel Information for parents and carers

Bladder and bowel problems are really common in childhood. This leaflet contains a lot of useful information to help you care for your child. The good news is that a lot can be done to improve and manage bladder and bowel problems in childhood.

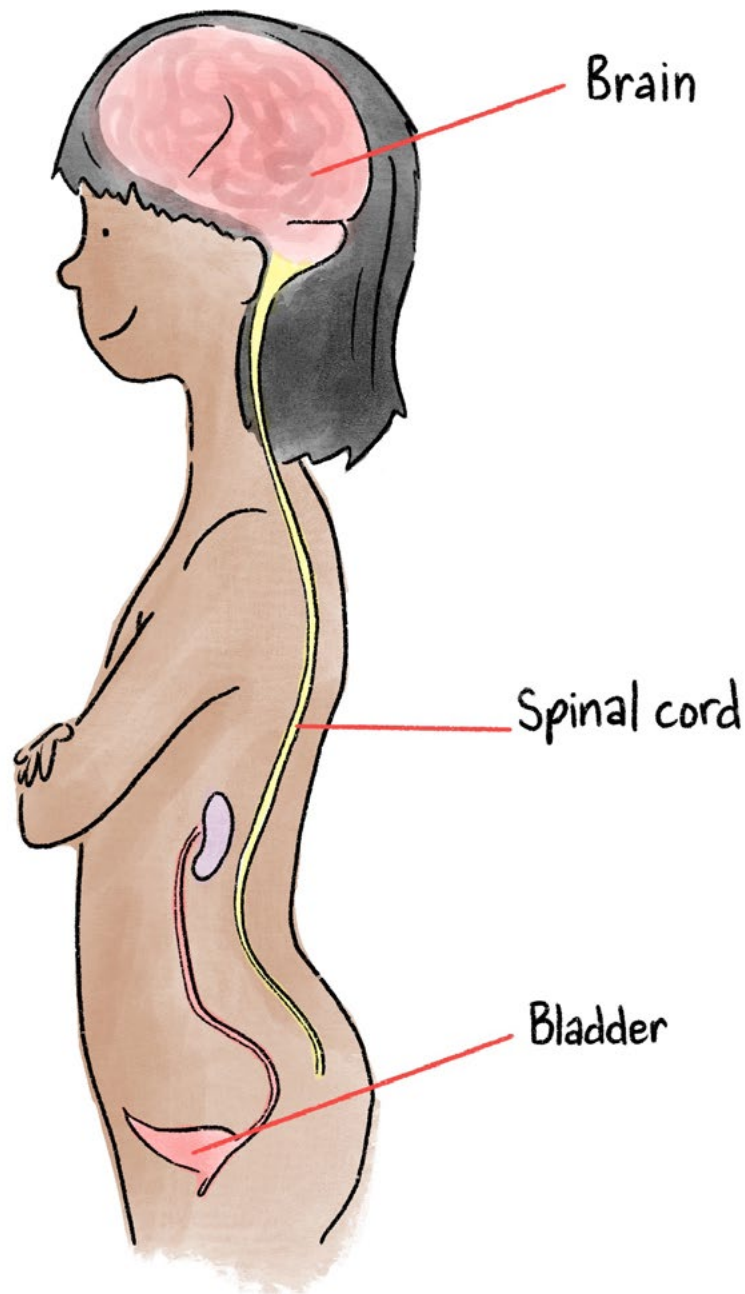


Contents

Introduction	3
Diet	6
Fluids	23
Poo	29
Wee	36
Toileting	46

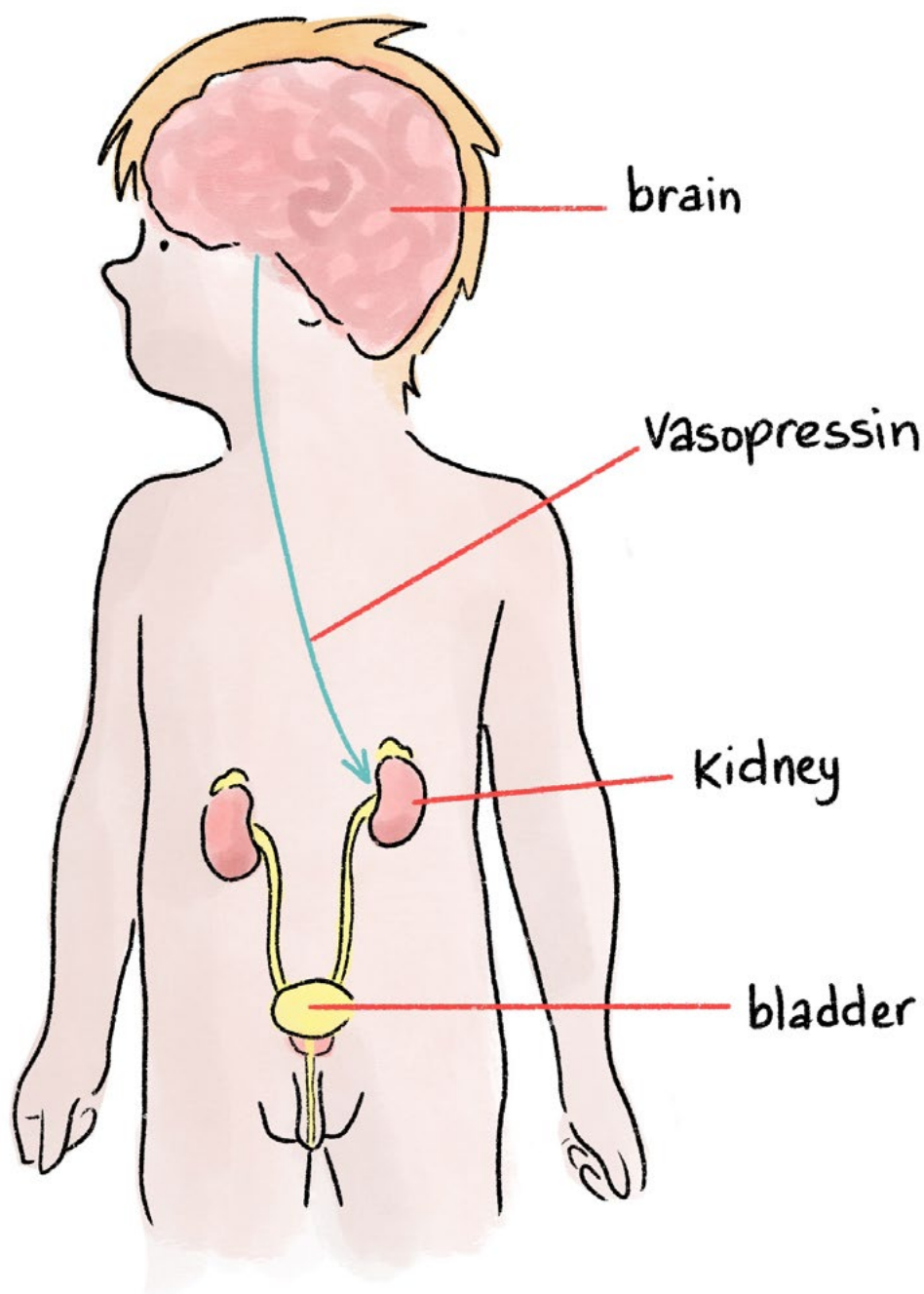
How the bladder works

- The **kidneys** make wee which is collected in the bladder
- The **bladder** is like a balloon and stretches to hold the urine.
- As it stretches a message is sent to our **brain** to say that the bladder is full
- The brain then tells us we need to go to the toilet
- Some children sleep through this message so when the bladder is too full, it empties causing bedwetting accidents.



How the bladder works at night

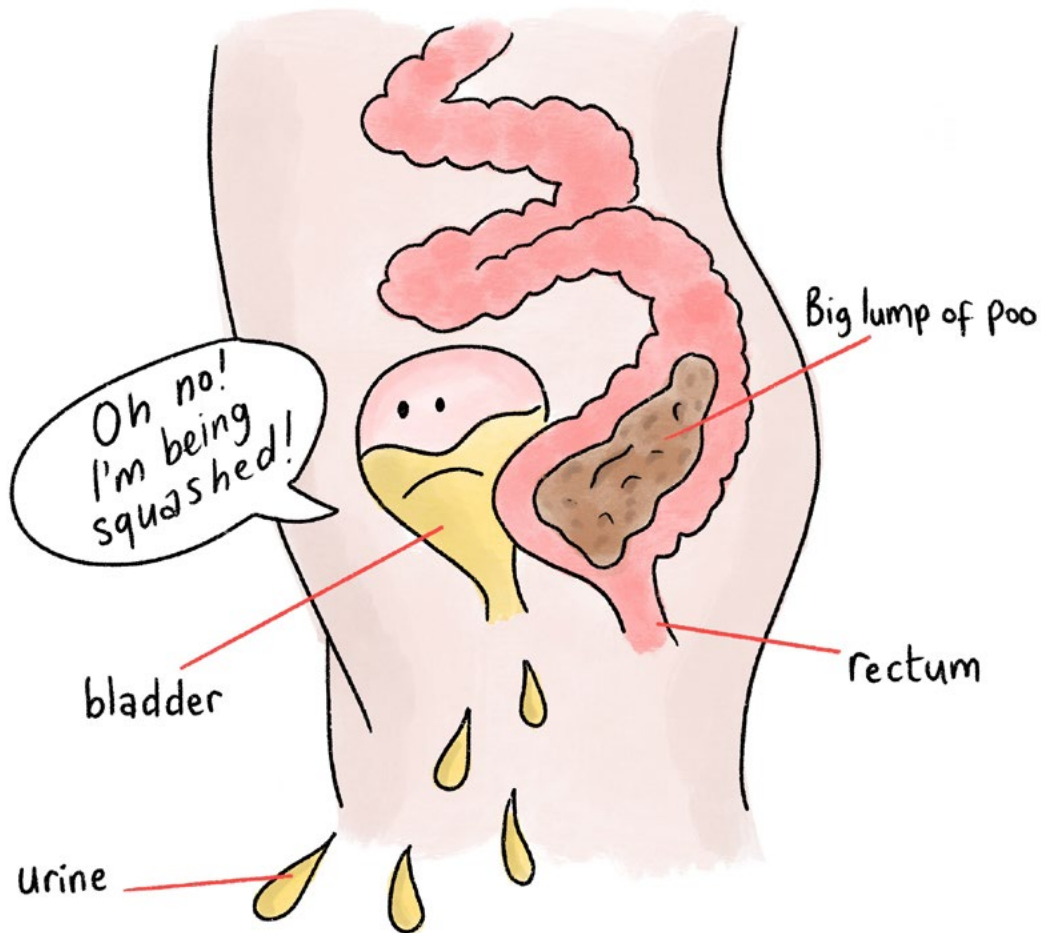
- At night, the brain produces a chemical called **vasopressin**
- This is a special hormone that tells the kidneys to make smaller, more concentrated amounts of urine so we can sleep longer without having to wake for a wee.
- Some children do not produce enough vasopressin so the kidneys keep producing large amounts of urine which can lead to bedwetting.



Bowels and Bladder

How often your child has a poo can have an effect on the bladder.

A full bowel can press against your child's bladder making them feel like they need a wee or stopping them from holding as much wee as usual.



Suspect constipation if your child is;

- passing a large and/or hard poo
- having dark watery poos
- going for a poo less than 4 times a week
- finding it difficult to poo
- having poo leaking in their pants

Diet

Children need regular meals and snacks to give them the energy and nutrients to grow and stay healthy.

Children under five years are growing rapidly and have high requirements for energy (kcal). This energy needs to come from nutritious foods. Children over the age of five should follow a healthy diet suitable for all the family.

Ensuring your child has a healthy balanced diet including fibre and that they have plenty to drink is important but without laxatives it will be unlikely to solve the problem of constipation.

Fibre

What is fibre?

Dietary fibre is the part of fruit, vegetables and grains that cannot be digested. It is an important part of a balanced diet because it

- Helps the muscles in the bowel to work properly. These muscles move stool through your body
- Adds bulk and softens the stool by holding water. This can help prevent or relieve constipation
- Promotes the healthy growth of bacteria in the bowels



Increasing fibre intake

- As you start to eat more fibre you may have some bloating and wind at first, this usually settles as your gut gets used to the fibre
- If you are not used to fibre it is best to increase the amount gradually

There are two types of fibre



- **Soluble (able to dissolve):** this type of fibre is broken down by natural bacteria in your bowels, making your stool softer and larger. It can be found in fruit (but not skins), oats, barley, vegetables and pulses



- **Insoluble (unable to dissolve):** this type of fibre passes through your body mostly unchanged, but it does absorb water. This increases the size of your stool so it passes through the bowel quicker. It can be found in nuts, fruit and vegetables with skins and pips, wholegrain cereals such as wheat, rye and rice.

Recommended Daily Intake

The association of UK Dieticians recommends normal daily fibre intake (from 2 years) should be as follows

Age	Amount of fibre/day
2-5y	15g
6-11y	20g
12-15y	25g
16+	30g

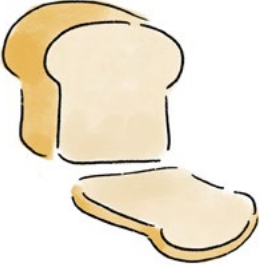



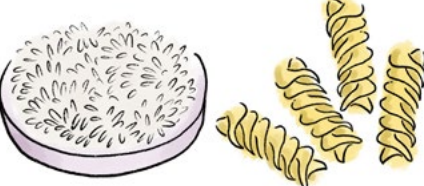
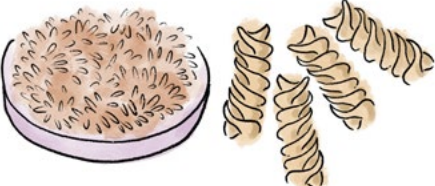


If you aim for a healthy balanced diet, using wholemeal versions of carbohydrates and 5 portions of fruit/vegetables a day, you should achieve this without having to count.

Tips

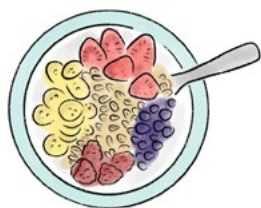
- Don't suddenly increase the amount of fibre in your diet
- Suddenly increase the amount of fibre you eat may make you feel bloated or have stomach cramps. Make one change at a time.
- Make sure you drink more fluids as you increase the amount of fibre you have, fibre absorbs fluids.



How can you increase fibre intake?

Instead of	Try
 <p data-bbox="215 629 443 667">White bread</p>	 <p data-bbox="694 629 1375 712">Wholemeal, granary or oatmeal bread, wholemeal pitta bread</p>
 <p data-bbox="162 1041 491 1124">Rice or corn-based cereals</p>	 <p data-bbox="667 1041 1401 1124">Bran or wholegrain cereals such as muesli, porridge or bran flakes</p>
 <p data-bbox="146 1388 507 1426">White rice and pasta</p>	 <p data-bbox="593 1388 1471 1471">Wholegrain or brown rice, wholewheat pasta. You can use half white rice and half wholemeal at first</p>
 <p data-bbox="114 1892 539 2011">Snacks such as cakes, biscuits, cream crackers, rice cakes</p>	 <p data-bbox="625 1892 1439 1975">Wholemeal crackers, rye crispbreads, oatcakes, flapjacks, wholemeal toast and dried fruit</p>

You could try



Add fruit to breakfast cereal



Have a high fibre breakfast cereal



Mix linseeds into yoghurt



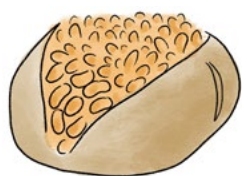
Offer fruit with every meal



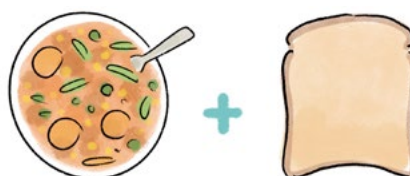
Blend together fruit and yoghurt to make a smoothie



Keep a supply of frozen vegetables



A meal of jacket potatoes with baked beans



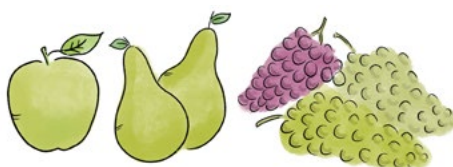
Vegetable soup with wholemeal bread or rye bread



Add extra vegetables to dishes such as bolognaise, curry and chilli



Add pulses such as baked beans or lentils to dishes



Leave the skin on vegetables and fruit

Fruit and Vegetables

Fruit and vegetables that are high in fibre include apples, berries, figs, pears, prunes, oranges, peas, cauliflower, broccoli, brussel sprouts and carrots.

Tinned, frozen or dried fruit and vegetables all count.

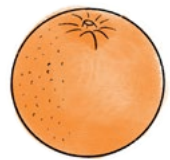
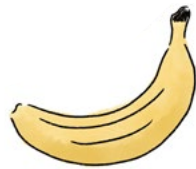
Fruit

One portion

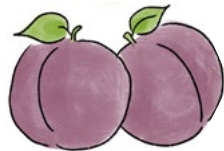
Large



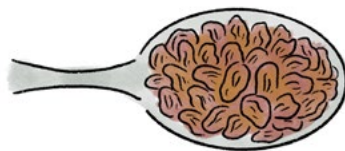
Medium



Small



Dried



Juice



One small glass (3oz) of 100% juice

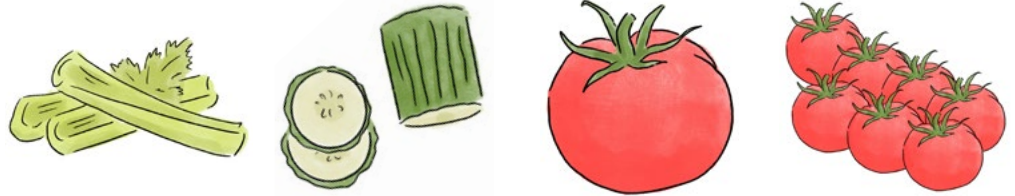
Vegetables

One portion

Cooked, frozen or tinned vegetables



Salad



Pulses and beans



Eatwell Plate

The Eatwell Plate shows you what proportion of your food needs to come from each food group



Portions:
5532-a-day
 A guide to the number of portions across the day in meals and snacks

Portion sizes

Fruit and Vegetables



The size of your cupped hand

Starchy carbohydrates



The size of your fist

Proteins



The size of your palm, not including fingers and thumb

Dairy



The size of your index and middle finger

Oil & spreads



The size of the tip of your thumb

Special considerations



Salt

- Keep salt intake within the recommended limits, reduce the risk of health problems in later life.
- Use herbs, spices or lemon to flavour food instead of salt.
- Do not add salt to food
- Limit salty snacks like crisps
- Reduce the amount of processed salty foods such as ready meals and processed meats.

Age	Maximum Daily Salt Intake
Under 1 year	Less than 1g
1 to 3 years	Less than 2g
4-6 years	Less than 3g
7 to 10 years	Less than 5g
Over 11 years	Less than 6 g



Eggs

- Babies can have eggs from around 6 months
- Young children should avoid raw or lightly cooked hens' eggs unless they have a red lion stamped on them (the British Lion Quality mark).
- Eggs (including duck, goose or quail) that do not have the red lion mark should be cooked until both the white and yolk are solid.

Shark, marlin and swordfish



Children under the age of 16 years should avoid eating any shark, marlin or swordfish as they contain high levels of mercury and can affect a child's development.



Nuts

- Whole nuts should not be given to children under the age 5 years because of the risk of choking
- You can give your baby nuts and peanuts from around 6 months old, as long as they're crushed, ground or a smooth nut or peanut butter.



Low-calorie foods

- For most children there is no need to offer 'low-calorie' or 'low-fat' foods because children of this age need lots of energy for growing and for physical activity.
- However, once a varied diet is accepted and provided your child is growing well semi-skimmed milk can be introduced from 2 years.

Sugar



- Foods which are high in sugar and fat will provide extra energy but few nutrients.
- High sugar intakes often lead to tooth decay and can lead to obesity in children.
- It is important to avoid giving your child frequent sugary drinks, snacks or sweets to protect their teeth and overall health.
- If you want to give them something sugary, it is best to limit these to twice per week or at mealtimes.

Healthy cooking methods

You can reduce the fat by adding less butter to mashed potato or on bread and using less oil in cooking. Using a spray bottle can help to reduce oil use.

Changing your cooking methods can help to reduce the amount of fat in your child's food.



These cooking methods reduce the fat content compared to frying

Family Meal Times

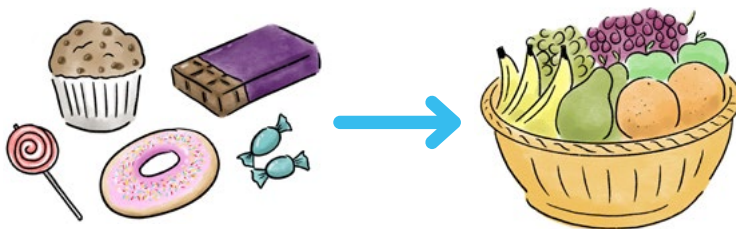
It's not just about what your child eats, but also the environment around them when they are eating.



When children eat with other members of the family and have the same meals, this encourages children to enjoy a variety of foods. If you can, try to sit down and eat meals as a family.



Avoid the distractions of the television or computer games so children can focus on the taste, smell and texture of their food and recognise their feelings of fullness.



Snacking can also affect a child's eating habits and can mean that they don't have a balanced diet. Try to keep snacking to twice per day and opt for fruit and vegetables, in place of snacks high in fat, salt and sugar.

Making it fun!

Food and eating should be enjoyable and fun! Children love to get involved.



Let them help with cooking, by putting foods in the pan or help with chopping up soft foods with close supervision.



Take them to the shops to help choose different foods.

Exposure, exposure, exposure!

Repeatedly offering a food, so that it becomes familiar. You might need to offer some foods 5 - 15 times or more before your child learns to like them, but they should get there in the end so do not give up!

Talk to your child about healthy eating, this will create a positive relationship for your child in relation to food.

Teaching your child about food during playtime can increase their familiarity with different foods, is known to increase children's willingness to try it and eventually to like it.

Ideas include;



Growing your own food



Messy food-related play



Reading stories and singing songs about healthy food

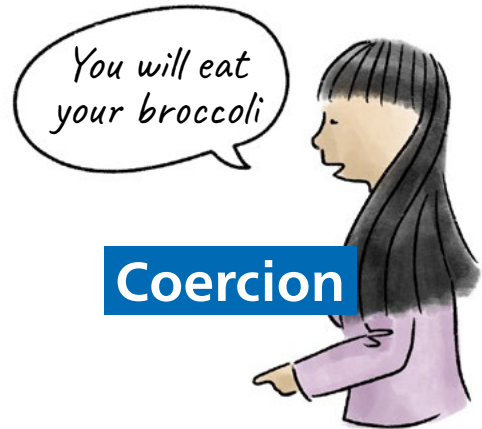
Avoid pressuring your child to eat

Pressurising or coercing your child into eating certain foods can sometimes work in the short-term. However, this tactic may backfire because your child is likely to develop negative associations with the food and be even less likely to eat it in the future.

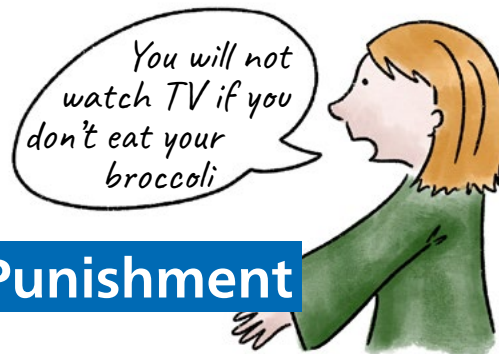
Pressure can take many forms;



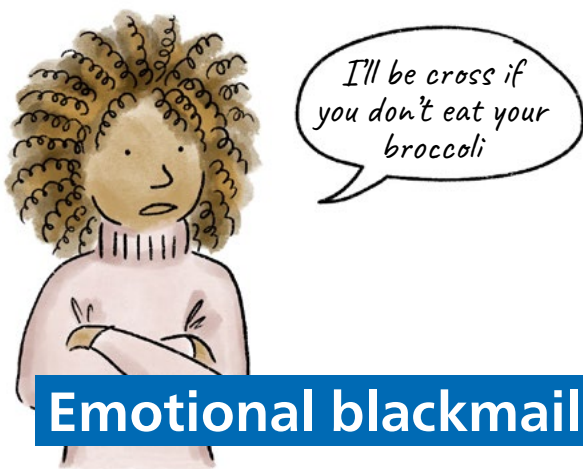
Bribery



Coercion



Punishment



Emotional blackmail



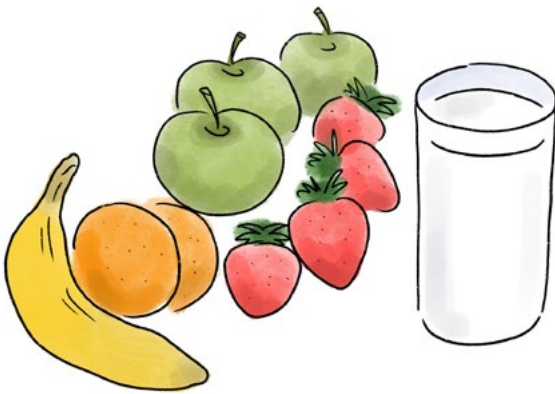
Force feeding



Pressure

Create a healthy home.

Aim to create a healthy home environment that is conducive to healthy eating.

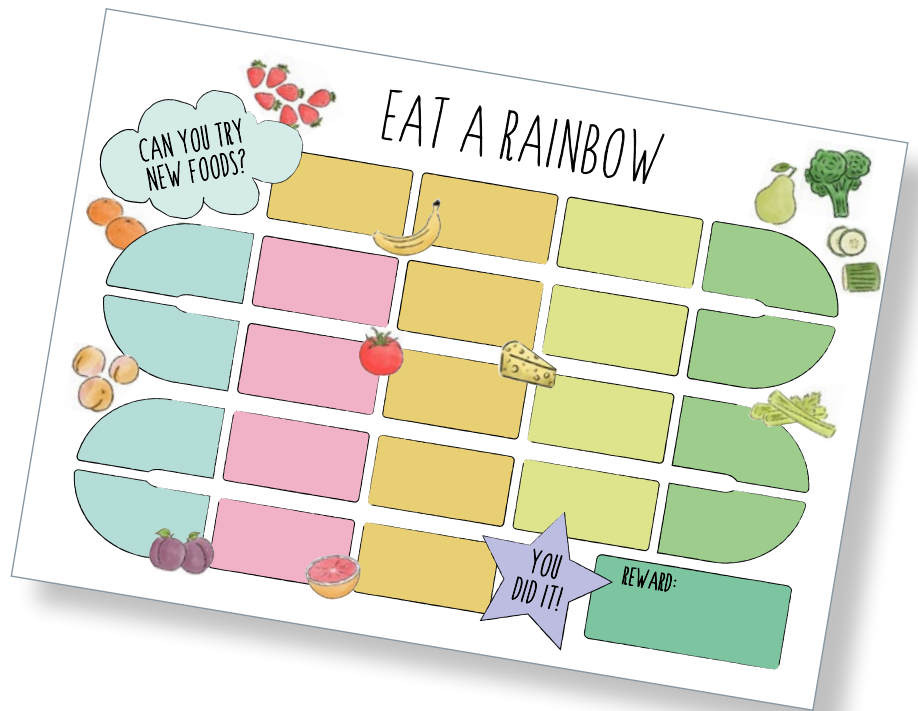


Stock up on healthy foods from the four main food groups and try to avoid having foods high in fat, salt and sugars on display or in your child's reach.



'Modelling', that is, allowing your child to learn from watching how you behave, has been shown to be an effective way to encourage children to accept new foods so lead by example and eat the foods that you would like your child to eat.

It is also a good idea to limit your child's exposure to food advertising, for example by limiting their screen time, as this might negatively influence your child's food preferences by encouraging liking of foods high in fat, salt and sugars.



Eating Reward Chart

A reward chart for food is a great way to encourage children to try new foods or to try different coloured foods. Eating a variety of foods is really important for healthy growth and development.

How to complete the Food Reward Chart

- The best approach is to offer foods in a relaxed way and to let your child decide how much they want to eat
- When your child tries a new food or eats something they previously refused, even if it's only a tiny piece, praise your child.
- Praise can help children to develop positive associations with food which will mean that they will be more likely to eat them again in the future.

This is for you to use at home with your child and does not need to be brought to your child's next appointment



 **MY FOOD DIARY** 

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST							
LUNCH							
DINNER							
SNACKS							

Completing a Food Diary

A food diary is a really useful way to record everything that is being eaten throughout the week.

How to complete a food diary

- Complete the Food Diary carefully for one week
- Include as much detail as you can about breakfast, lunch, dinner and snacks
- It is important to have a good understanding of your child's current diet to know be able to assess the variety and fibre content of the food they are eating.

Please remember to bring your Food Diary with you to your child's appointment

Fluid

Recommended fluid intake

Here are recommendations for adequate intake, this is a guide and should not be interpreted as a specific requirement. Higher intake will be required for children who are physically active or exposed to hot environments. Obese children may also require higher total water intake.

Age

Water from drinks



0-6m
120ml/kg



7-12m
600ml



1-3y
900ml



4-8y
1000-1400ml



9-13y
1200-2100ml



9-13y
1400-2300ml



14-18y
1400-2500ml



14-18y
1400-2500ml



1 glass = 250ml water

Fluid Intake

What you drink plays an important role in how your bladder behaves.

Regular fluid intake will help your child's bladder to hold larger volumes of urine. If drinks are limited the bladder doesn't stretch and it can make problems like bedwetting worse.

Drink at least 6-8 cups of drink a day



How big should the cup be?

A sensible size for your age would be:

> 2 year old	120 / 150mls
> 5 year old	175mls
> 7 year old	200mls
> 11 year old	250mls

Spread the drinks throughout the day



1 before school



3 at school



3 in the evening











Last drink at least 1h before bed

Don't worry!

Things might get worse before they get better – a bladder this is not used to storing much wee won't instantly manage increasing drinks. It takes time to encourage the bladder to behave.

What to drink

The best drinks for children are water and milk as they will not damage teeth. Fizzy drinks and sugary squash/cordial can provide excess energy and lead to unnecessary weight gain.

		Avoid	
	Water is best because it does not cause tooth decay		Caffeine
	Milk in moderation		Fizzy drinks
	Well diluted fruit juice and squash are ok (one part squash to ten parts water)		Artificial colour/ flavouring/ sweeteners
	Fresh juice and smoothies, give half pure juice/ half water. They contain quite a lot of sugar and should only be offered once per day		Tea is not recommended for children as it reduces iron absorption.

Top tips			
	Offering drinks with straws can encourage children to drink more and quicker		Timed water bottles can help at school if open cups are not available

Maintaining Hydration

Concentrated wee is not good for bladders. It can irritate the bladder and make it squeeze when it shouldn't.



The urine colour chart is a simple tool that can be used to assess if children are drinking enough fluids throughout the day to stay hydrated.

If urine matches the colours number 1, 2 or 3 they are hydrated

If urine matches colours 4-8 they are dehydrated and need to drink more fluid.

Some medicines and vitamins can discolour the urine.

Whilst drinking more water may encourage children to go to the toilet more often, achieving a healthy toilet function for children can result in fewer soiling incidents and prevent urinary tract infections.

1			Good
2			Good
3			Fair Watch out! You could do with drinking a bit more please.
4			Dehydrated You really need to have a drink soon!
5			Dehydrated You really need to have a drink soon!
6			Very Dehydrated Your bladder and kidneys are getting worried! Have a big drink as soon as you can!
7			Severely Dehydrated Get drinking as soon as you can – you bladder and kidneys are NOT HAPPY!



Drinking Reward Chart

A reward chart for drinks is a great way to encourage regular fluid intake. Taking regular drinks is really important to help the bladder stretch.

How to complete the Drinking Reward Chart

- Aim for 6 to 8 drinks a day
- Make sure drinks are spread evenly throughout the day
- Encourage your child to colour or tick the beakers after they have finished their drink
- Each beaker represents one drink
- Encourage the child to drink the whole drink straight away
- Talk with your child's teacher and explain the importance of giving them access to their drink all the time
- When the child finishes a drink, they can put a tick, smiley face or sticker in the beaker
- Agree an aim for the week and offer a reward, make the target achievable

This is for you to use at home with your child and does not need to be brought to your child's next appointment

Wee



TIME	DRINKS VOLUME	DRINKS TYPE	URINE VOLUME	NAPPY/PAD/PANTS - DAMP/WET/SOAKING
7am				
8am				
9am				
10am				
11am				
12am				
1pm				
2pm				
3pm				
4pm				
5pm				
6pm				
7pm				
8pm				
9pm				
10pm				
NIGHT TIME (EVEN)				
TOTALS				
				PASSED URINE?
				WET BED?

Frequency Volume Chart

A Frequency Volume Chart aims to help parents/carers keep a record of their child's urine output. It can help assess how often they pass urine and how much.

- Choose a day when your child is going to be home all day - not a school day!
- Complete this over two days
- Write down every drink, every wee, including wetting. Write by the nearest hour - you don't have to record the exact time.
- Please measure drinks and urine in mls
- If it is not possible to measure the occasional wee, please tick the box to show the child has passed urine
- Do not send your child to the toilet - try and record a normal day and let them go when they want to
- Some children will be able to wee directly into a measuring jug. If they can't, younger children can wee into a potty which you can empty into a measuring jug. Older children might prefer to wee into a plastic bowl in the toilet then tip it into a measuring jug.
- If your child gets up at night for a wee and can just use the toilet normally, tick to say they have been. Tick if they wet the bed, wear a nappy or pull-up.

Please remember to bring your Frequency Volume Chart with you to your child's next appointment

Bladder capacity

Many children who wet during the day or night have a small bladder capacity, which means they are unable to hold much wee.

We can estimate how much a bladder should hold by adding 1 to their age and multiplying by 30



For example, for a six year old it would be

$$6 + 1 = 7$$

$$7 \times 30 = 210\text{ml}$$

Age	Bladder Capacity (ml)
1	60
2	90
3	120
4	150
5	180
6	210
7	240
8	270
9	300
10	330
11	360
12	390
Average capacity of adult	300-600ml



 **BLADDER CAPACITY** 

DATE	TIME	VOLUME (ML)

Bladder Capacity Chart

Measuring bladder capacity is useful to know how much your child's bladder holds.

How to complete the Bladder Capacity Chart

- To do this we need your child to wee into a measuring jug when your child is ready to wee.
- Do not measure the first wee of the day.
- Only measure one wee a day
- Measure and record five bladder volumes on different days and at different times during the day

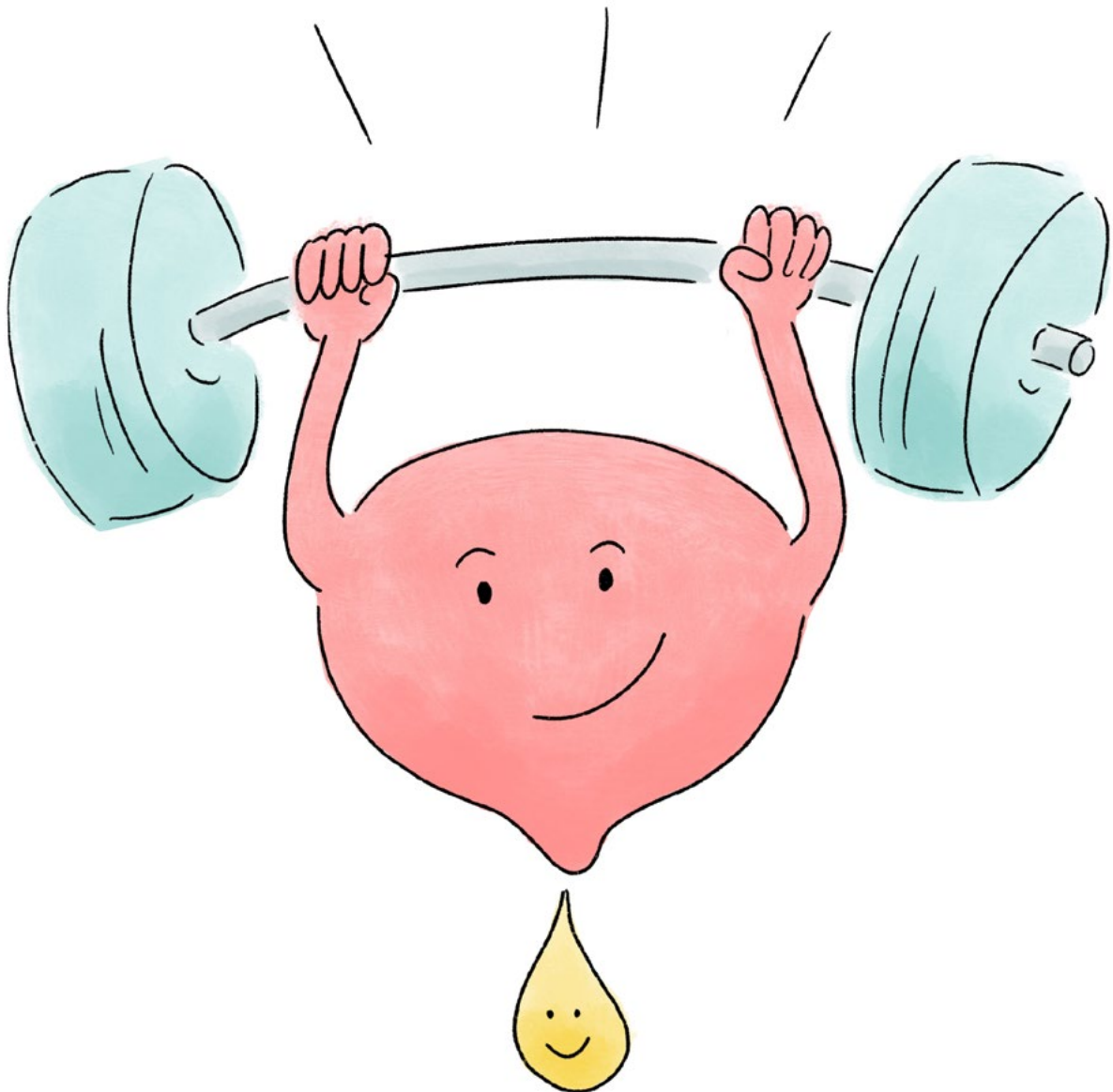
Please remember to bring your Bladder Capacity Chart with you to your child's appointment

Bladder Training

Bladder storage capacity can increase with maturity and training

The bladder is a large muscle, and it needs a regular workout

Having regular drinks and toilet trips for a wee can help strengthen the bladder and store more urine overnight



Bladder Training Tips



Aim to go to the toilet 4-7 times per day for a wee



Boys don't need to stand – its easier to relax sitting down



Have regular drinks through the day



Don't rush – take your time



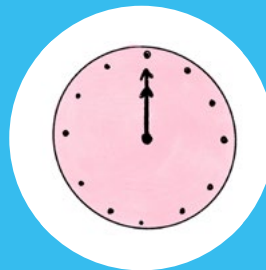
Don't hold on – go to the toilet as soon as you feel the urge



Have a wee before bed time, after a few minutes go back and try again, this is called double voiding










Try to wee all in one go – listen to the sound of the stream



The last drink should be no later than an hour before bedtime

Poo

Types of Poo

type 1		→ Looks like: Rabbit droppings	→ Separate hard lumps, like nuts hard to pass
type 2		→ Looks like: bunch of grapes	→ Sausage shaped but lumpy
type 3		→ Looks like: Corn on the cob	→ Like a sausage but with cracks on the surface
type 4		→ Looks like: Sausage	→ Like a sausage/snake Smooth and soft
type 5		→ Looks like: Chicken Nuggets	→ Soft blobs with clear cut edges
type 6		→ Looks like: Porridge	→ Mushy consistency with ragged edges
type 7		→ Looks like: Gravy	→ Liquid consistency with no solid pieces

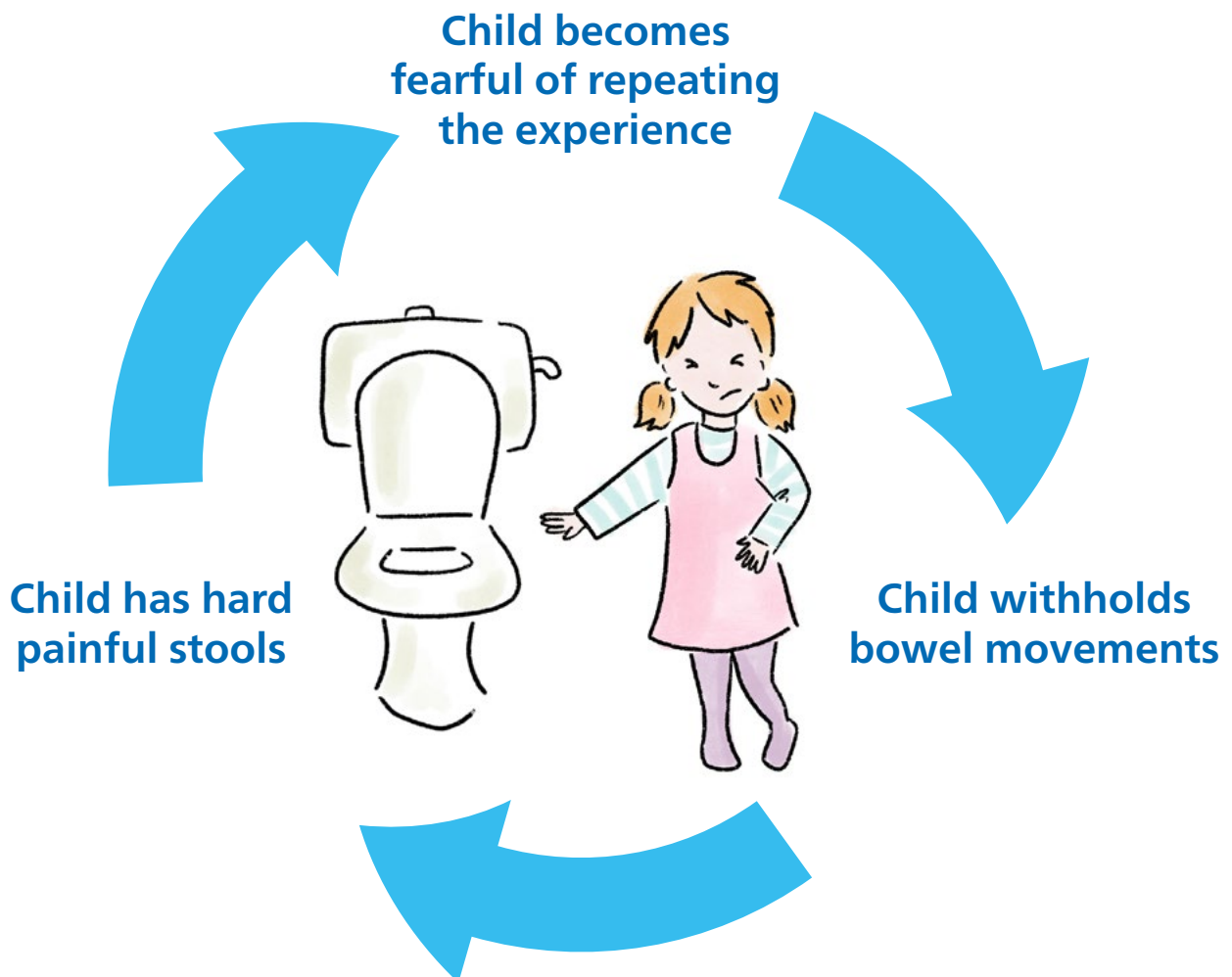
Type 1, 2 or 3 on the Bristol stool chart shows some degree of constipation.

Stool Withholding

Stool withholding is a common problem seen in toddlers. This is when toddlers try to hold onto their stool instead of passing it. It is one of the greatest risk factors for developing constipation.

This usually occurs around the time of potty training, when the child has discovered they can withhold. It may also occur at nursery age or at school age when the child does not/cannot/will not access the toilets.

Often the child has experienced pain on passing a stool, then because of the pain they hold onto their stool in order to avoid the pain. By holding onto their stool, the constipation becomes worse. Once they do finally pass the stool, it is usually hard, wide and large which leads to discomfort and reinforces their desire to continue to withhold.



Laxatives

Idiopathic constipation that has lasted for more than a few days is usually treated with laxatives.

Laxatives are normally continued for several weeks after the constipation has eased and a regular bowel habit has been established.

The duration of treatment may be several months.

Don't stop the laxatives abruptly, it is better to gradually reduce the dose depending on the consistency and frequency of the stools.

Laxatives used for children are divided into two types

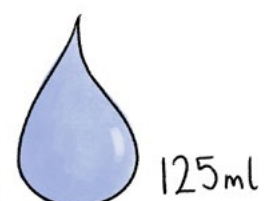
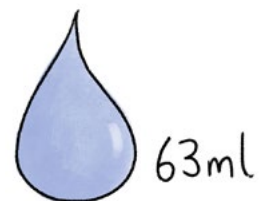


Macrogols which pulls fluid into the bowels, keeping the stools soft. They usually come as sachets that is made up into a drink



Stimulant laxatives which encourage the bowel to pass the stool out. These tend to be used in addition to a macrogol if the macrogol is not sufficient on its own.

- It is essential to mix it with the correct amount of water or it will not work
- Paediatric sachets should be mixed with at least 63mls water PER SACHET
- Adult sachets should be mixed with at least 125mls water PER SACHET
- **IMPORTANT** As the macrogol water is not absorbed, it can't be included in the child's daily fluid requirement.



How to Prepare Macrolog Laxatives



- 1 Empty the sachet of Macrolog powder into a cup.



- 2 First add the right amount of cold water.



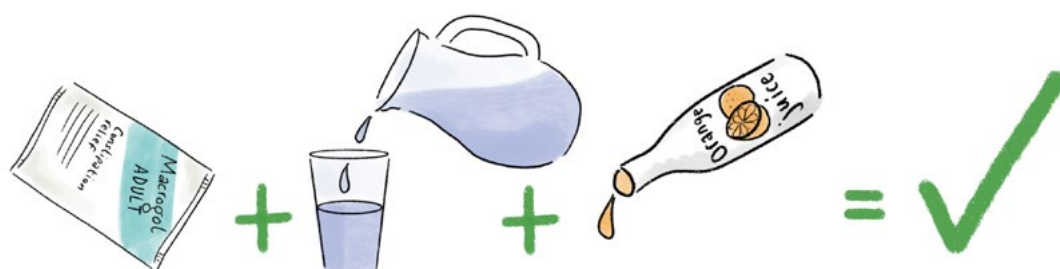
- 3 Stir until the powder has dissolved and the water is clear.



The resultant liquid can be mixed with anything your child likes, to encourage them to drink it, e.g. squash, juice, hot chocolate, milk.



If your child does not like the taste, try mixing the macrolog earlier and chill it in the fridge - it will last 6 hours (Laxido) or 24 hours (Movicol)



How to Prepare Macrogol Laxatives for Formula fed babies.



1 Boil fresh water



2 Pour water into bottle



3 Cool boiled water in fridge



4 Empty the sachet of Macrogol powder into a cup.



5 Add 63ml of cooled boiled water



6 Stir until the powder has dissolved and the water is clear.



7 Prepare formula according to the manufacturer's instructions using water which is at least 70°C



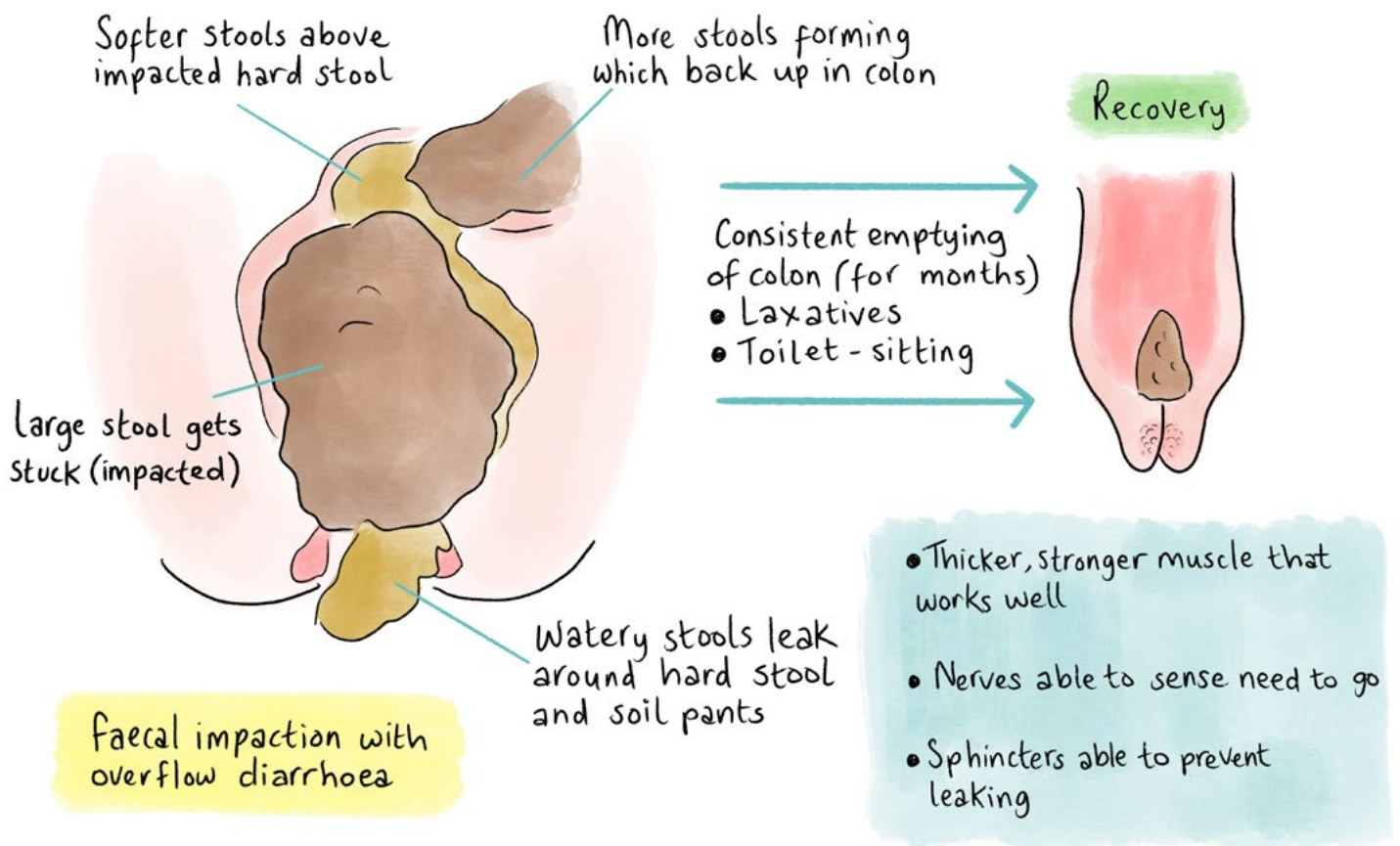
8 Add sufficient formula to macrogol water to flavour it and mix well.



DO NOT add macrogol water to the baby's whole feed in case they don't finish it.

About Impaction

Impaction is very bad constipation where poo can build up in the abdomen and become immobile in the intestines. The child may pass very small stools every few days or have very infrequent bowel movements. They may have 'leaks' of stools causing soiling, where poo has bypassed other hard poo, out of the child's control (**overflow**).



Disimpaction

Disimpaction means giving laxatives in sufficiently large quantities to 'clear out' all accumulated poo. If you give a standard dose of laxative it is likely to soften the poo but not stimulate the bowel to empty fully.

Starting Disimpaction: Age 1 to 4 years

On day 1 take two paediatric sachets, then follow the table below until the stools have become loose and watery for at least 24 hours.

Day	1	2	3	4	5	6+
Sachets*	2	4	4	6	6	8
Water to mix (ml)	125	250	250	375	375	500

Starting Disimpaction: Age 5-11 years

On day 1 take four paediatric sachets, then follow the table below until the stools have become loose and watery for at least 24 hours.

Day	1	2	3	4	5	6+
Sachets*	4	6	8	10	12	12
Water to mix (ml)	250	375	500	625	750	750

Starting Disimpaction: Age over 12 years

Children over 12 years should be treated with an adult preparation – the macrogol is exactly the same but there is twice as much in the sachet

Day	1	2	3	4	5	6+
Sachets*	4	6	8	8	8	8
Water to mix (ml)	500	750	1000	1000	1000	1000

* Number of sachets per day, taken over a 12 hour period

When is disimpaction achieved?

Your child has type 7 poo on two occasions



Stop the disimpaction regime when this happens



It is normal for this to take 7 to 14 days



If it takes longer than 14 days seek medical help



Once disimpaction is achieved, give half the dose needed for disimpaction

Maintenance

Adjust dose to ensure you child has a soft poo every day



Continue maintenance dose for at least 6 months



Constipation may return if sachets are stopped too soon

Usual maintenances doses

Age	Quantity
1-5 years	½ - 3 sachets/day
5-12 years	1-4 sachets/day
Over 12 years	1-2 adult sachets/day

Toileting

Strategies for toileting

Children all develop toileting skills at varied times and communication skills are vital to this process.

Many children will follow simple instructions best when supported with a visual cue. This could be an object of reference e.g. "toilet time" and then show your child an object which would represent this. This approach can be used with a photograph, sign, or visual card too.



Visual toileting strips in the bathroom area can help a child to remember what are the next steps, this can be at the side of the toilet area.

Social story or story books

Social stories can help increase understanding of the toileting process and help to build upon understanding of what will happen next.

There are many social stories which can be purchased and individualised to the child and also many character story books are available in many book shops.

Storyboard for Toileting



toilet



lid up



trousers down



underwear down



sit down



Do poo



Do wee



Stand close



Do wee



Use toilet paper



Wipe bottom



put toilet paper
in toilet



underwear up



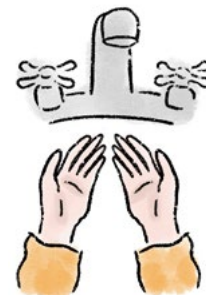
trousers up



lid down



flush toilet



wash hands



finished

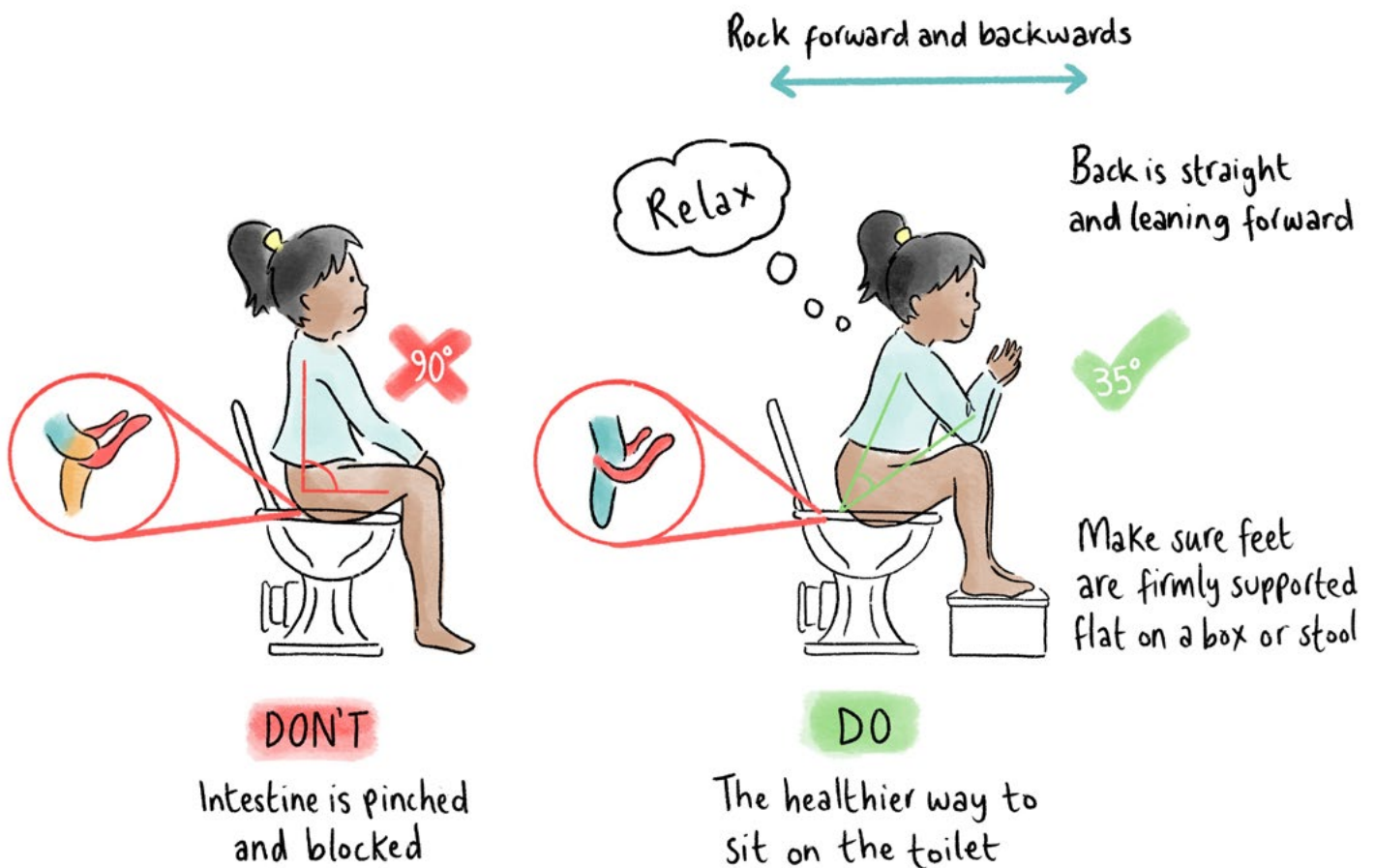
Toileting

Children with bladder and/or bowel problems cannot always rely on a good signal telling them they need to go to the toilet. In order to get the wee and poo in the toilet they need a regular toileting routine

Children tend to not spend enough time on the toilet and can hop on and off without concentrating on what they should be doing.

It is important that your child feels comfortable and relaxed when using the toilet.

Use a foot rest that is high enough that your child's knees are slightly above the hips. Correct positioning helps to relax the muscles that support comfortably and easy passage of stools.



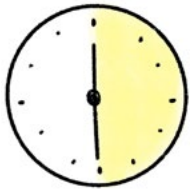
Toileting Top Tips



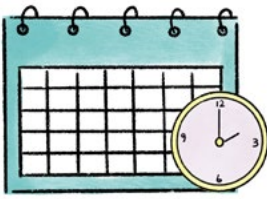
You can use a sand timer to encourage children to sit for longer periods of time. This can be gradually increased, start with 2 minutes and gradually increase to longer intervals.



Make sure the bathroom is warm and inviting! Close the windows and maybe put up some posters for your child to look at.



Take advantage of the body's natural 'gastrocolic reflex'. Encourage them to try on waking and about 20-30 minutes after main meals and before bed.



Try to keep to a routine, using the toilet around the same times every day and also when your child says they feel the need to go – always respond to the body's urge to poo!



Stay with your child. Do not leave the child sitting on the toilet by themselves for long periods of time.



Ensure the toilet is comfortable to sit on. Some children fear they will fall into the toilet, so it is important to get an add-on seat for smaller children.



A footstool is very important to ensure your child has good support for their feet



Put some toilet paper into the bowl first so that there is no splashback when a poo is passed. Some children get a fright if there is a splash!



When sitting on the toilet your child should be able to lean forward and rest their elbows on their knees higher than their hips.



Your child should be relaxed when sitting on the toilet and not straining.



Talk to your child when following these steps so that they know what you are trying to achieve.



Motivate sitting by having a 'Toilet Tub' this could contain a special toy, book or chosen fidget toy to only play when they are sitting. It really helps if you can make it fun



Making your child laugh, blowing bubbles or a balloon can help contract their tummy muscles



Massage tummy in a clockwise direction.

First Then



Many children find sitting on the toilet challenging. Trying a First and Then approach may help with resistant behaviours e.g "First Toilet, Then Dinosaurs"



Add a character of interest on the walls of the bathroom



Toileting Chart Positive Feedback

We all need to be motivated to make behaviour changes so our children will need the same.

You can see in your child's face, their smile and their eyes that children respond to praise. Giving your child positive feedback is a key part to help your child manage constipation.

A sticker chart is an easy way to reward your child's positive behaviours.

The idea is that there are specific toileting goals represented by different animals on the Potty Chart. Once they have reached the animal they put a stick on the woodland toilet trail.

Every time they reach an animal on the Potty Chart they get a small reward such as

- Special stickers
- Fun stationary – pencils, rubbers, colouring pencils
- Craft activity
- One-on-one activity with parent – special story, trip to the park, board game

Toileting goal ideas;

- I sat on the toilet
- I took my medication
- I did a poo on the toilet
- I told someone I need the toilet

Tips

- Be consistent – always give stickers and verbal praise promptly
- Focus on the positives, give stickers for positive behaviours
- Give verbal praise with each sticker
- Don't take stickers away once the child has earned that sticker

What if my child doesn't respond to toileting charts?

Not all children will respond to toileting charts and rewards, if that is the case for your child we have a variety of resources we can share. Visual social stories can often be helpful and you can try tailored rewards for children with additional needs.