



# PERSISTENT DIARRHEA IN BABIES AND TODDLERS

Most mothers have, at one time or another, worried about their baby's bowel movements. It can feel a little odd to be so worried about their frequency, color, consistency, and timing. But those worries are just a normal part of motherhood. The most common concerns are about persistent diarrhea or gassiness. Either of these conditions may be attributed to "something in the mother's milk" by friends, family members, or health care providers. Most babies aren't bothered by gas, and small changes in your baby's bowel movements are rarely a cause for medical concern.

Exclusively breastfed newborns are expected to have frequent bowel movements. The color is usually mustard yellow and the consistency is usually something like cottage cheese. The color and texture can be slightly different from day to day or from baby to baby. It is normal for bowel movements to become less frequent as your baby gets older. Some older breastfed babies have bowel movements only once a week.

Substances that the baby consumes may have an effect. For example, in some cultures, babies are offered traditional teas from a young age. Vitamin supplements may cause intestinal gas or cramping. Vitamins that contain iron may cause constipation, or they can make some babies uncomfortable and colicky.

Antibiotics taken by either the mother or her baby can cause gassiness or loose stools. Antibiotic treatment can also contribute to another cause of gassiness—a yeast (thrush) infection. Eating yogurt or taking an acidophilus supplement during the time you or your baby is taking an antibiotic may help prevent a problem with yeast.

When older babies start solid foods, their stools definitely change. Toddlers sometimes go through periods when they will eat only a few foods. Or a well-meaning relative may feed them unfamiliar foods or allow overindulgence in sugary treats. Any of these patterns can affect the child's digestion.

A breastfed baby or toddler who has diarrhea caused by an illness will have 12 to 16 stools per day, watery stools with no substance, or stools with an offensive odor. He may also have a fever or other signs of illness. If your baby doesn't have such symptoms, there is probably no cause for concern.

## Common causes

- Vitamins or antibiotics taken by baby or mother,
- Transition to solid foods,
- Teething,
- Too much fruit juice or other sugary drinks or foods,
- "Nuisance diarrhea" (see text), or;
- Foremilk/hindmilk imbalance (see text).

If your baby seems sick or very uncomfortable because of an intestinal upset, consult with your health care provider

## "Nuisance diarrhea"

One of the most common causes of persistent diarrhea, especially in toddlers, is sometimes referred to as "transient lactose intolerance," although pediatrician Dr. William Sears uses what may be a more appropriate term, "nuisance diarrhea."

Dr. Sears offers this perspective: "Intestines heal slowly. It is very common for 'nuisance diarrhea' to last for several weeks during the recovery phase of a viral intestinal infection. 'The stools remain loose but baby remains well' may be the story for a month... ." Nuisance diarrhea will pass and it is not necessary, or helpful, to wean from breastfeeding.

## Lactose intolerance?

If a breastfed baby has persistent diarrhea, nursing mothers are sometimes told that their child is "lactose intolerant" and needs to be weaned from the breast. Usually, this is happening in an older child or toddler, and the persistent diarrhea has lasted several weeks. But weaning from the breast is seldom a solution to the problem, and it could make the situation even worse.

Lactose is the sugar found in the milk of all mammals. Human milk is extremely high in lactose; there is twice as much lactose in human milk as there is in cow's milk. Lactase is the enzyme that breaks down lactose in the intestines. In extremely rare cases, a baby may be born without any lactase. A baby who is completely lactase-deficient cannot digest the lactose in milk. Before the advent of lactose-free formulas, these babies did not survive.

Lactose intolerance, which is common in some ethnic groups, is caused by a slow decrease in the body's production of lactase. This occurs gradually over a period of several years and does not cause sudden diarrhea. Even in populations where lactose intolerance is common, it does not appear earlier than weaning age—which is considered to be between two-and-a-half and four years old. An individual with lactose intolerance notices its symptoms increasing gradually over a period of many years.

True lactose intolerance is not an allergy to milk; it is a gradually increasing deficiency of the enzyme lactase. If a mother is lactase deficient, it will not affect the lactose content of her milk. Also, a child cannot be intolerant of the lactose in mother's milk but able to tolerate the lactose in dairy products or vice versa—lactose is lactose.

A rare, sensitive baby may develop symptoms such as fussiness when his mother drinks milk or eats dairy products, and eliminating dairy products from the mother's diet may help her baby's disposition. But this is not lactose intolerance. In this case, it is caused by fragments of cow's milk proteins passing into the mother's milk. These are very different from the proteins in human milk and can cause reactions in some sensitive babies.

## Foremilk/hindmilk imbalance

Sometimes a younger breastfed baby is diagnosed as suffering from lactose intolerance because he has colic and explosive, green, frothy bowel movements. A baby with these symptoms may be suffering from a situation called foremilk/hindmilk imbalance. Foremilk, the milk the baby receives at the beginning of a feeding, is high in carbohydrates and low in fat. As the baby continues to nurse on the same breast, the milk gradually becomes higher in fat and lower in carbohydrates (hindmilk). This kind of upset in baby can often be remedied by allowing the baby to nurse from one breast until he is finished, as opposed to switching breasts at timed intervals.

## Something in the milk

Many cultures have traditions regarding foods that should be avoided while breastfeeding; however, the lists of foods vary widely between cultures. Most mothers find that they can eat anything they want in moderation without it bothering their babies. Occasionally, a sensitive baby will react to something in his mother's diet. A baby could react if a mother eats large amounts of fruit, or rarely, some vegetables such as broccoli or spinach. Some mothers find they need to avoid foods that cause intestinal upset for either parent or for other close relatives. Some laxatives, especially those containing senna or cascara, can cause diarrhea in the breastfed child. Vitamins and some medications taken by the mother could also cause intestinal upset in her baby. Caffeine and the artificial sweetener aspartame can sometimes have an effect on baby, particularly if ingested by the mother in large amounts.

## Conclusion

Research supports the idea that a baby with diarrhea should continue breastfeeding. Much of the work on this subject comes from countries where sanitation and hygiene are poor, and where diarrhea can be a serious, even life-threatening, problem in infants and small children. Taking babies off the breast even for a few days with each episode of diarrhea puts them at risk for malnutrition and premature weaning, and, hence, more severe attacks of diarrhea.

Putting the blame for the problem on breastfeeding is an easy answer, but it is seldom the right one. Persistent diarrhea and weight loss could be the symptoms of a more serious problem. Other possible causes of these symptoms need to be ruled out before weaning is considered.

What if the child is weaned from the breast and the problem persists? In this case, the child has been deprived not only of his best nutrition but also of his best comfort—and valuable time has been wasted during which the problem could get worse.

Persistent diarrhea can be challenging and worrisome, but parents can be reassured that weaning does not have to be considered a solution.

## For more information:

Sears, W. and Sears, M. *The Baby Book*. Boston: Little, Brown and Company, 2003.

For breastfeeding information, to order publications, or to find an LLL Leader near you, use our Web site at:

**[www.lalecheleague.org](http://www.lalecheleague.org)**

Or phone: 800 LA LECHE (9-5 Central Time) 847-519-7730 (24-hour referral service)