







Presenter's Notes

"The Scoop on Poop"

Purpose: to provide parents with information about baby poop:

- What it "normal"?
- Why it changes so much?
- What it tells you about your baby's health?
- When to call a health care provider?
- What is "normal" adult poop?

What's included in this kit:

- "The Scoop on Poop" presentation
- Making Baby Poop Recipe handout

How to use the kit:

- Start with the icebreaker question?
- Show a diaper close up picture of the baby poop and ask participants:
 - What they think they are looking at?
 - When does this happen?
 - What's going on?
 - How to handle it?
 - When to check with a health care provider?

Note: This activity can be used as a main topic or as a shorter topic/nugget by using only a few of the pictures during the session.



Icebreaker

Ask participants:

How many diapers will you use in the first year of your baby's life?

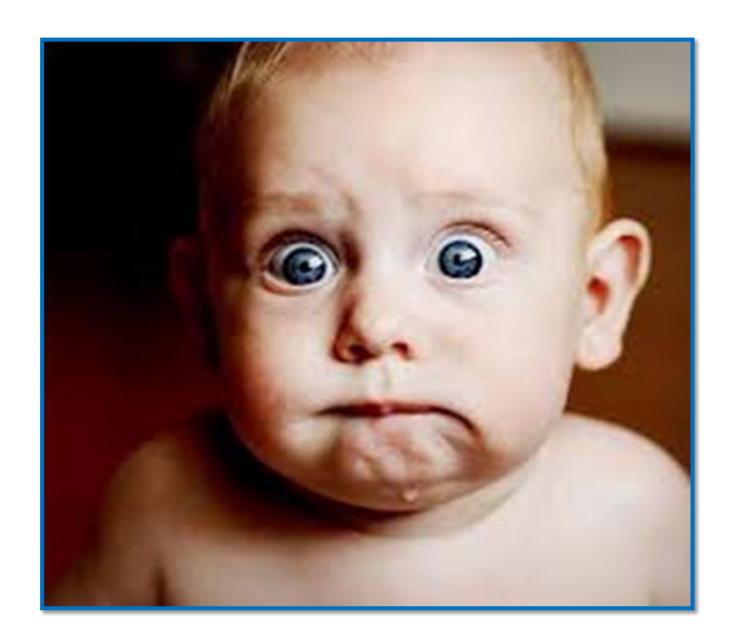
Answer:

If it seems like you're constantly changing diapers, you are not imagining it. By the end of the first year, you will have changed approximately 2,300 diapers! That is between 6-7 diapers a day.

Sometimes what we find in our baby's diaper surprises us and other times it makes us worry.

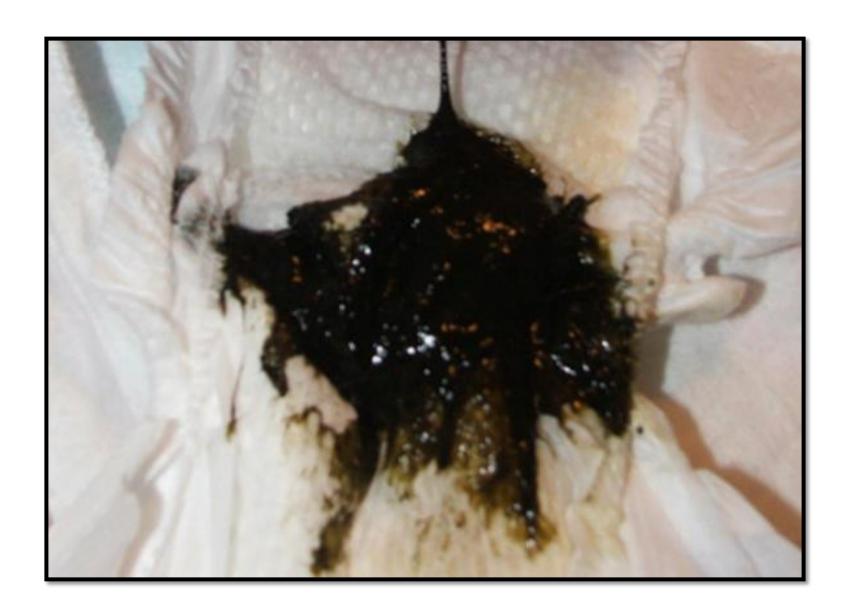
What is in the diaper is important because poop can tell us:

- If your baby is getting enough food. Nothing comes out the bottom unless something goes in the top.
- If your baby is healthy.
- When your baby needs to see a healthcare provider.



Did you know?

- Baby poop changes often during the first year of life, depending on baby's age and what baby is fed.
- Most babies strain, grunt and go red in the face when they poop, regardless of the texture or size of the poop.
- As long as their poop is not hard and dry, there is no need to worry. If your baby is straining and their poop is firm, hard pellets they are likely constipated.
- The most common time for constipation and straining is when your baby starts solids.
- Toddlers can often be fascinated with the contents of their diaper, so don't be surprised if they find ways to share this fascination with you.
- Learning to use the potty is a complicated process and involves many steps. Your child must be both physically and emotionally ready for toilet training. Most children are only ready to start when they are between 22 and 30 months of age, but every child is different.



Meconium – Newborn Poop

Did you know that poop was forming in your baby's intestines before birth? **Diaper close-up:** A dark greenish black, sticky, tarlike goop. There isn't much of an odour but it can smell like licorice.

When it happens: Within 24 to 48 hours after birth.

What's going on? Meconium. The sticky stuff is the waste that your newborn has been accumulating in utero such as amniotic fluid, cells that flake off his skin and hair and intestinal secretions. It's your baby's first poop and passes a day or 2 after birth, often while you are still in the hospital. The faster the baby passes meconium, the better it is to decrease jaundice (yellowing of the skin common in newborns). How to handle: The first milk you make called colostrum acts as a natural laxative and helps your baby pass meconium quickly. Meconium may take longer to pass for formula-fed babies. Meconium can be hard to wash off; a dollop of petroleum jelly or mineral oil can help.

When to check with your health care provider:

- Your newborn has not passed any meconium.
- Your newborn is still having meconium after 4 days old.
- Your newborn has less than 1 poop a day.

Most babies wait until birth to pass meconium, however occasionally babies will pass meconium before birth. This is called "meconium staining" and if this happens your baby will be watched closely for the first few days after birth. Your baby may need antibiotics or oxygen.



Transitional Poop

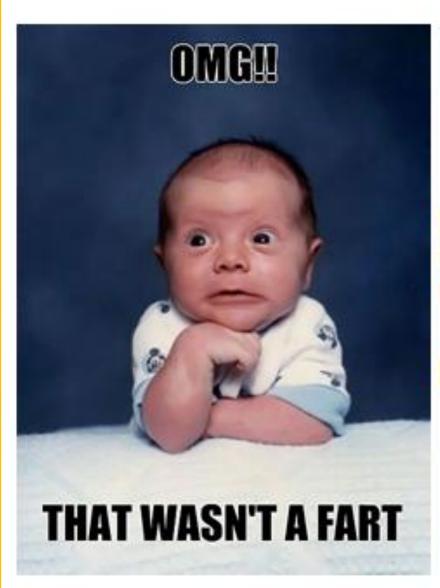
Diaper close-up: Army green in colour, less sticky.

When it happens: Anytime from day 1-5.

What's going on? Baby's intestines are clearing the rest of the meconium and the bilirubin left over. It is a sign that your baby is starting to digest breast milk or formula and that the intestinal tract is functioning.

How to handle: The more often you breastfeed, the faster your baby will clear the meconium poop and bilirubin. The sooner the baby is able to get rid of bilirubin, the less jaundice they will have.

- Your newborn is still having transition poops after day 5.
- Your newborn has less than 1 poop a day.





Breastfed Baby Poop

Diaper close-up: Bright yellow, runny may have little whitish curds. No smell.

When it happens: This is the poop for a breastfeed baby once milk supply increases around day 3-5.

What's going on? This is <u>normal</u> poop for a breastfeed baby. As milk transitions from colostrum, a thick yellow concentrated milk to thinner plentiful milk, poops will become runnier and more frequent. Often baby's poop is about the size of a loonie and this happens about 8-12 times in a day. This is thanks to the gastrocolic reflex, which occurs as the stomach stretches with food and the colon is automatically signaled to empty and make room for more. In babies, the gastrocolic reflex is immature, so each time they feed they usually squirt out a little poop.

How to handle: Don't panic. Some parents mistake this type of poop for diarrhea because it is so liquid and brightly coloured. Count how many poops in a day to make sure baby is getting enough milk. They should be having at least 3 loonie sized poops in a day in the first 6 weeks. Over time, breastmilk is so easily absorbed that there is little left over in the baby's colon and babies don't poop more than once daily, or even once weekly. In most cases, this will not happen before baby is 6 weeks old. If your baby does this, as long as baby is happy and gaining weight, there is no need to worry. Enjoy having fewer diapers to change.

- In the first 6 weeks, your breastfed baby is having less than 3 loonie sized poops in a day.
- After 6 weeks, your breastfed baby is having less than 1 poop a day, their tummy seems tight, they are
 crying and do not seem to be gaining enough weight.



Formula Fed Baby Poop

Diaper close-up: light brown/greenish, consistency of peanut butter. Usually has an odour.

When it happens: From day 2 onward, poop of formula fed babies (after meconium has passed).

What's going on? Formula is harder to digest and many ingredients are not thoroughly absorbed by the baby so it ends up in the poop making it thicker and darker in colour. Infant formulas are ironfortified but the iron in formula is poorly absorbed compared to the iron in breast milk. This gives formula-fed infant poops a greenish tint. Babies who receive formula will poop less frequently than babies who are eating just breast milk because their poop moves through the intestines more slowly. In the early weeks, formula fed babies may poop up to three or four times a day at first or as little as once or twice a day. After the first one or two months, baby may poop only every one or two days.

How to handle: Count how many poops a day.

- Your baby is receiving some formula and is pooping less than once a day in the first 6 weeks
- Your baby is receiving only formula and is pooping more than 4 times a day.
- Your baby is passing thick or hard poop.



Bright Green Baby Poop

Diaper close-up: Bright green poop.

When it happens: Can happen at any time after meconium poop. It often happens when babies are getting too much or too little breast milk.

What's going on? Breastfeeding moms often assume their baby has an allergy to something they are eating or has diarrhea. A baby having only breast milk rarely gets diarrhea because breast milk is full of antibacterial substances. It is also very unlikely that the baby is allergic to something in the mother's breast milk because her milk is genetically matched to her baby and her milk coats her baby's intestines to protect them from allergens.

In babies receiving formula, frequent (5 or more) loose green poops may be a sign of diarrhea/gastric infection.

How to handle: Continue to breastfeed and contact your health care provider or a public health nurse, lactation consultant or la leche league leader.

When to check with your health care provider:

- Your baby is not gaining much weight.
- Your baby is gaining a lot more than you expected.
- Your baby is very gassy and colicky.

Seek medical attention right away:

• If baby is using formula and having more than 5 watery green poops in a day, they could have a serious infection. You should seek medical attention right away if the baby is 6 months or younger.



Constipation

Diaper close-up: Brown, dry, and hard, either small and pellet like, or large and knobby.

When it happens: Constipation can occur at any age.

What's going on? Many babies get constipation, however it is more common in babies who receive formula or are starting solids. Babies who receive breast milk are rarely constipated as the milk is easily absorbed and always the right concentration.

How to handle: Don't be alarmed if you see a tiny streak of bright red blood in your baby's poop. When a hard poop is passed, it can cause a small rectal tear. These are usually painless and heal on their own.

Babies under 6 months old

- If baby is receiving formula, double check that you are following the right mixing instructions.
- Do not give water, juice, sugar water or supplements to babies under 6 months old.

Babies over 6 months

Consider what foods your baby is eating and ensure they are getting enough fluids i.e.
 breastfeeding/formula before they have solids. Make sure they are getting enough fibre from vegetables and whole grain products.

- Baby is under 6 months old and having hard difficult to pass poops
- Before you try any home remedy.





Solid Food Poop

Diaper close-up: A) solid brown, thicker than peanut butter, mushy and smelly. B) identifiable chunks of food in the poop or tinged with a surprising hue of the rainbow, like red, orange or dark blue. Red could mean beets, orange suggests carrots and dark blue implies blueberries.

When it happens: Once you start adding solid foods to your baby's diet i.e. ground meat, rice cereal, pureed vegetables, etc., you will notice a change in your baby's poop, especially if your baby is breastfed.

What's going on? The food is giving the poop a thicker consistency. If you are seeing some of the food in the poop, it is probably because certain foods are only partially digestible or travel so quickly through the intestines that they don't have time to completely break down. It also happens when your baby eats a lot of one type of food or doesn't chew a mouthful completely before swallowing.

How to handle: It's normal for your baby's poop to change to a thicker, smellier poop with undigested food visible sometimes.

When to check with your health care provider:

 Your baby's poop <u>always</u> has undigested food in it. The doctor will check to make sure your baby's intestines are absorbing food and nutrients properly.



Poop with Mucous

Diaper close-up: Greenish poop streaked with shiny, glistening strings; means there's mucous in it.

When it happens: Baby poop is constantly changing and it is likely that, at some point, your baby will have mucous in his poop.

What's going on? Mucous in your baby's poop can be caused by several things, most of which are not serious concerns. Reasons your baby's poop may have mucous:

- Food allergies
- Foremilk/hindmilk imbalance: Your baby is drinking too much of the high lactose foremilk while breastfeeding.
- Excess saliva that is produced by teething.
- A virus may cause diarrhea with frequent, watery stools that contain mucous
- Malabsorption, a rare occurrence where baby is not absorbing nutrients from breast milk or formula.

Mucous can cause diaper rash so it is necessary to find out what the issue is and treat it.

When to check with your health care provider:

• If mucous lasts for two days or more, seems to cause pain or distress or if there is visible blood in a poop.



Diarrhea

Diaper close-up: yellow, green or brown, very runny and appears to be made up of water more than solids. It can seep or "explode" out of the diaper.

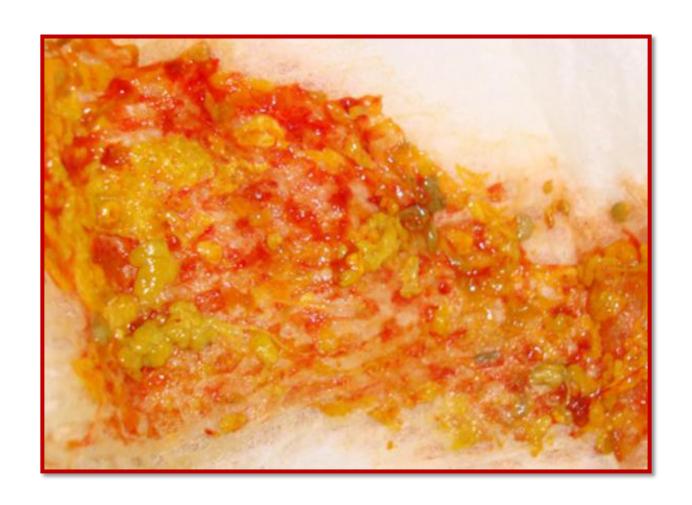
When it happens: Diarrhea can occur at any age.

What's going on? Diarrhea can be a sign of an infection or allergy. If it lasts for a while without being treated, it can lead to dehydration.

How to handle: Infants with diarrhea are susceptible to dehydration because their small bodies lose liquids faster than older children or adults. When your baby is losing fluids from diarrhea and isn't eating as much, you should offer the breast or bottle more often. Your healthcare provider may recommend you give your baby a pediatric oral rehydration drink. Don't switch formulas or give fruit juice to your baby as this may worsen diarrhea symptoms.

Note: Acid in diarrhea, continuously poopy diapers, and frequent wiping can lead to skin irritation and diaper rash. Change your baby's diapers often using a soft washcloth and warm water and patting dry or air-drying your baby's bottom. Apply a thick coating of diaper ointment, petroleum jelly or zinc oxide at each changing.

- Mucous or foul odour in three or more diarrhea stools (for infants one month of age or younger).
- Blood in the stool.
- Your baby has a fever along with the diarrhea.
- Your baby has signs of dehydration (a sunken fontanel, few wet diapers, dry eyes when crying, dry mouth, sunken eyes or lethargy).
- Your baby is 3 months old or younger, has more than two or three diarrhea-filled diapers per day or continues having diarrhea for more than a day or two.



Bloody Poop

Diaper close-up: Sometimes your baby's diaper may have blood in it. It may be bright red or at times it can be black if it has been digested.

When it happens: This can occur at any age.

What's going on?

- If your baby has a constipated poop with a hint of red blood this can happen as a result of tears in the anus or tiny hemorrhoids.
- Diarrhea mixed with red blood can be the result of a bacterial infection.
- When black blood appears in a baby's diaper, usually in little flecks that look like black poppy or sesame seeds, it's often because the baby is breastfed and swallowing blood from mom's cracked and bleeding nipples.

How to handle: You should always talk to baby's healthcare provider if there is blood in baby's stool, but whether or not this requires an emergency visit would depend upon your child's behaviour. If baby is happy and seems healthy, then call your doctor for advice or to make an appointment.

Seek medical attention right away:

- If your baby is experiencing abdominal pain, significant bleeding in the poop, diarrhea, vomiting, and/or fever, more urgent medical care is indicated.
- Persistent or increasing blood in the stool or blood mixed with mucous (described as "currant jelly" stool in the texts) requires an immediate call to your doctor.





Alarming Poop!

If you see anything completely out of the ordinary in your baby's diaper, call your healthcare provider.

Baby poop changes often during the first year of life and can look very different. If your baby's poop is red, black, or white, there may be a cause for concern.

Check with your health care provider if you see any:

- **Red poop** can be a sign of allergy or infection. The same is true of normal coloured poop with lots of mucus.
- **Black poop** (unlike meconium) may be a sign of bleeding in the upper intestinal tract.
- White poop or clay colored poop may signal liver or gallbladder problems.

Sometimes it's pee and not poop that worries us.

- In the first few days of baby's life, there may be a pink or reddish tinge in baby's wet diaper. This is called "brick dust". It can often be mistaken for blood. Once baby is drinking larger volumes of milk this should go away but if your baby continues to have this reddish tinge in the diaper by the 5th day of life, contact your healthcare provider to make sure baby is drinking enough.
- Baby girls, in the first few weeks of life, may have a clear white or slightly bloody vaginal discharge. This is normal and due to the withdrawal of the mother's hormones from her body to the baby which shows up after birth. Bleeding should stop within a few weeks. If this persists, consult with your healthcare provider.

Everyone Poops



Adult Poop!

Now that you are often checking your baby's diaper, you might want to give your own bowel movement a glance before you flush.

Most people don't know what "normal" bowel movements are and it is a difficult topic to discuss, even with a healthcare provider. Getting familiar with what's normal for you can also make it easier to spot issues earlier—when they're easier to treat.

What is normal?

- Poops should be a soft, single piece that passes without much effort.
- Bowel movements can vary from 3 per day to 3 per week.
- It is a myth that you need to go every day; you can go every other day as long as there is no strain.

What is constipation?

- If your poop is hard, in pieces and you have to strain to pass it.
 - Just because you go to the bathroom every day does not mean you are not constipated.
 - Just because you only go once every other day does not mean you are constipated.
 - During pregnancy, you are more likely to be constipated because the growing baby is swishing your intestines.
 - Many pain medications are constipating.
 - The most common cause of constipation is not enough fiber in your diet.

What can you do?

Most of us do not eat enough fiber. Women need 25 grams per day and men need 38 grams per day.

To get more fiber, eat more fruits, vegetables, whole grains, beans, nuts, and seeds. Drink more water.





What does explosive liquid and a seaweed green colour bowel movement mean?

- Unlike babies...green poop is a sign of infection for and adult.
- You may have a Clostridium difficile infection. This infection can be passed in feces and spread to food, surfaces and objects when people who are infected don't wash their hands thoroughly. If you touch a surface contaminated with C. difficile, you may unknowingly swallow the bacteria.

What can you do to prevent this?

- Wash your hands after using the bathroom, changing diapers and before eating or preparing food.
- Avoid unnecessary use of antibiotics especially when taken for viral illnesses (which often are ineffective.)
- Wash fruits and vegetables before eating them.

If your bowel movement smells like sulfur or eggs and you have diarrhea, what does it mean?

You could have giardia, an infection caused by swallowing contaminated water or eating food that is
contaminated. Children in diapers and people with diarrhea may accidentally contaminate pools and spas.
It is also possible to swallow giardia from surfaces such as bathroom handles, changing tables, diaper pails,
or toys that contain feces (poop) from an infected person or animal. Because cooking food kills giardia,
food is a less common source of infection than water.

What can you do?

- Follow Boil Water Notices issued from your community and follow the instructions provided.
- Do not drink untreated surface water from springs, streams, rivers, lakes, ponds or shallow wells. It is likely contaminated with animal feces.
- Do not drink unpasteurized milk or juices.
- Wash your hands before eating or handling food and after using the toilet, changing diapers, or touching animals.
- Make sure children, especially those who handle pets, wash their hands carefully before eating and on a regular basis.



What does it mean if your bowel movement is black or bright red?

- The most common cause is hemorrhoids. Often occurs in pregnancy from the pressure of the growing baby or right after childbirth from the pressure from pushing.
- Your G.I. tract is bleeding.
- Over-the-counter medications, such as Pepto-Bismol, can turn your poop black which is temporary and harmless.

What can you do?

- There are many over the counter creams you can use to ease the discomfort of hemorrhoids.
- Try to avoid constipation which can also cause hemorrhoids.
- See your healthcare provider if the bleeding does not get better with hemorrhoid cream or is accompanied by abdominal pain.

What about gas?

- You have excess gas in your digestive tract. If you've been eating lots of beans, sprouts, cabbage, or very large meals, it is normal for a bowel movement to float because of gas and it's not a cause for concern.
- When you are pregnant, you will be more likely to have gas because your growing baby is squishing your intestines into a smaller space. This should get better after the baby is born.
- It is a common myth that breastfeeding mothers will make their babies gassy if they eat foods that make them gassy. Just because you get gas from certain foods does not necessarily mean your baby will. Gas is created way down in our large intestines when the healthy bacteria in our gut breaks down the undigested carbohydrates (sugar, starches, soluble fiber). This gas is not absorbed into our blood stream so does not make it into our milk.
- Babies more often get gassy because they are swallowing air when they drink too quickly. To prevent this, don't rush feeding and stop to burp your baby.
- Breastfed babies are less likely to swallow air so may not need to be burped as often unless their mother has a strong let down or oversupply of milk.
- People who chew gum and swallow air have more gas!

Where Can I Get Help?

"The Scoop on Poop"

has been developed and produced in partnership by Healthy Child Manitoba Office and Youville Centre

For more information about your baby's poop or your bowel movements, contact your local healthcare provider or public health office.

The information in this presentation kit is not meant to replace physician advice.





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References

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